

## TO BE RESCINDED

5101:3-4-06.1 **Physician attendance during patient transport.**

- (A) The procedure codes 99289 and 99290 for patient transport found in rule 5101:3-1-60 of the Administrative Code are used to report the physical attendance and direct face-to-face time spent by a physician during the inter-agency transport of a critical care patient. Face-to-face time begins when the physician assumes primary responsibility of the patient at the referring facility/hospital and ends when the receiving facility/hospital accepts responsibility for the patient's care. Only the time the physician spends in direct face-to-face contact with the patient during the transport should be billed.
- (B) These procedure codes are time-based. Patient transport services involving less than thirty minutes of face-to-face physician care should not be reported using the patient transport codes.
- (C) Services provided by other members of the transport team should not be billed by the physician but should be billed by the transportation company, e.g. ambulance provider.
- (D) Routine monitoring evaluations, e.g. heart or respiratory rate, blood pressure, pulse oximetry, and the initiation of mechanical ventilation are included in the face-to-face time reported in the patient transport codes and will not be paid separately.
- (E) The direction of emergency care to transporting staff by a physician located in a hospital/facility by two-way communication is not considered direct face-to-face care and should not be reported using the patient transport codes.
- (F) The patient transport codes are covered by the department only if the service is personally provided by a physician.

Effective:

R.C. 119.032 review dates: 03/26/2003

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02  
Prior Effective Dates: 12/31/02