

TO BE RESCINDED

5160-4-06.1 **Physician attendance during patient transport.**

(A) The following paragraphs apply to patient transports for both pediatric patients twenty-four months of age or less and patients older than twenty-four months of age:

- (1) Face-to-face time begins when the physician assumes 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 may be billed.
- (2) Services provided by other members of the transport team must not be billed by the physician, but must be billed by the transportation company (e.g., ambulance provider).
- (3) 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.
- (4) 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 must not be reported using the patient transport codes.
- (5) The patient transport services are covered by the department only if the service is personally provided by a physician.
- (6) The codes for the initial care of the critically ill or critically injured patient may be billed only once on a given date.

(B) The following paragraphs apply to patient transports of pediatric patients:

- (1) The procedure codes 99466 and 99467 for pediatric 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-facility transport of a critically injured or critically ill pediatric patient twenty-four months of age or less.
- (2) These procedure codes are time-based. Pediatric patient transport services involving less than thirty minutes of face-to-face physician care may not be

reported using the patient transport codes.

- (3) Certain procedures are included in the global critically ill or critically injured pediatric patient transport codes and may not be billed separately. These procedures are specified in the pediatric critical care patient transport section of the current procedural terminology (CPT).
- (C) The following paragraphs apply to patient transports for individuals older than twenty-four months of age:
- (1) Critical care codes 99291 and 99292 should be billed when a physician is in attendance during the transport of a critically ill or critically injured patient over twenty-four months of age to or from a facility/hospital.
 - (2) When billing the critical care codes specified in paragraph (C)(1) of this rule for a patient transport, the provider must use modifier "UB" to indicate that the code is being billed for a patient transport for a critically ill or injured patient over twenty-four months of age. When billing 99292 for a critically ill patient who has had a physician in attendance during the patient transport and then received critical care in the hospital, bill 99292 UB for the time the physician spent in attendance during the transport. Bill code 99292 unmodified for the time spent providing critical care in the hospital.
 - (3) The critical care code policies specified in rule 5101:3-4-06 of the Administrative Code apply to patient transports billed with critical care codes, except that there is no maximum time limit for the face-to-face physician time spent during the transport of a critically ill or injured patient over twenty-four months of age.

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Certification

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