

# PassPORT

## User Manual



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# What is PassPORT?

PassPORT is a free web portal developed by Transdev to support the Non-Emergency Transportation Services Prior Authorization Program of Illinois, directed by the Illinois Department of Healthcare and Family Services (HFS).

Long term care facilities, dialysis centers, and NET Providers use PassPORT to

- View approved, denied, and pending prior authorization requests that are stored in the ADEPT system.
- Submit single trips and standing prior authorizations (SPAs) online.

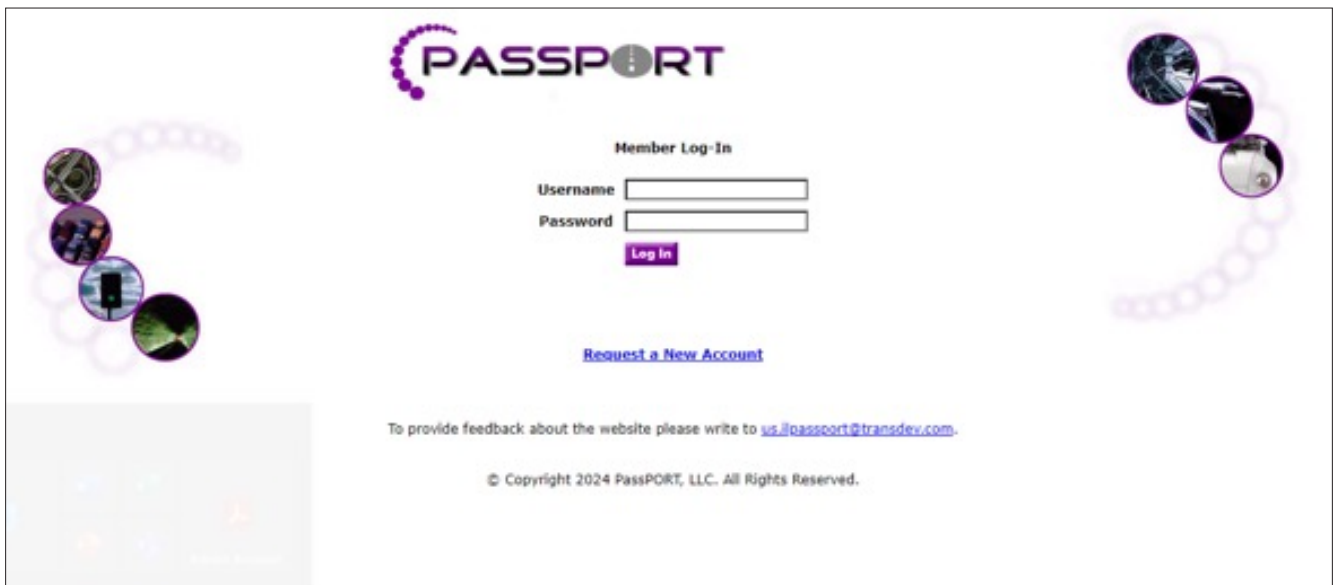
## Creating a New Account

If you do not yet have a PassPORT account, follow the steps below to create one.

1. Open your internet browser.
2. Navigate to <https://www.ft-passport-il.com/>.
3. Click **Request a New Account**.
4. Enter your name, phone number, email address and provider type.  
Once you select a Provider type, enter your Medicaid Provider ID.  
This is the 12-digit number you use to bill Illinois Medicaid.
5. Click **Submit Request**.  
You will receive login instructions by email.

# Logging into PassPORT

1. Open your internet browser.
2. Go to <https://www.ft-passport-il.com/>.
3. Log in using your username and password.
4. The first time you log on to PassPORT, you must review and accept the Terms of Use.
5. A successful login brings you to the welcome screen.  
Click Proceed to Passport to advance to the PassPORT home page.



**PASSPORT**

Member Log-In

Username

Password

[Log In](#)

[Request a New Account](#)

To provide feedback about the website please write to [us.ilpassport@transdev.com](mailto:us.ilpassport@transdev.com).

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For security, PassPORT automatically logs you out after a period of inactivity.

If you forget your Password or need help, email [US-ilpassport@transdev.com](mailto:US-ilpassport@transdev.com).

# The Home Page

The Home page contains links to the latest news, policy updates, HFS, and the PassPORT User Manual. (For additional info, visit [www.netspap.com](http://www.netspap.com))

## Search Trips

Hover over the **Trips** tab at the top of the page to see additional options. The options available to you depend on the type of provider you represent.

NET providers and long-term care facilities see:

- Trips by RTN
- Trips by Date
- Trips by Client
- Enter Trip

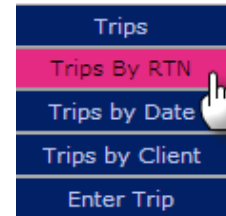
Dialysis Centers have the same options, plus *Renew Trip* and *Renew by RTN*.

## Trips by RTN (Request Tracking Number)

Look up a single request by its Request Tracking Number (RTN), a number assigned by Transdev when the request enters the system. The RTN is all numeric. NET Providers can only see requests assigned to their specific NET Provider Medicaid ID.

Follow these steps to search for trips by RTN.

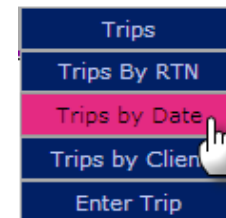
1. After logging in, hover over the Trips tab and the Trips menu appears.
2. Select **Trips by RTN** and enter the RTN where prompted.
3. Click **Continue**.  
The Billing Detail screen loads, typically in a new window or tab. All trips under the RTN number searched appear. See Appendix A for instructions on how to read this screen.
4. Click Trip Detail to open details in a different window or tab. See Appendix B for how to read this screen.  
To print these or any other screens: Click **File** in your Internet browser window, then click **Print**. The screen prints to your default printer. Close windows or tabs at any time by clicking on the “X” button in the upper right-hand corner.



## Trips by Date

Look up trips for a single date or date range. NET Providers will only be able to see requests assigned to their specific NET Provider Medicaid ID.

1. Hover over the Trips tab and select **Trips by Date**.
2. Select a **Trip Type**.
3. Enter beginning and ending dates to review. Searches are limited to one calendar week.
4. Select a **Trip Status**.  
**Note:** Choosing All shows approved, denied and trips pending HFS authorization.
5. When your search terms are set, click **Continue**.



Select a Trip Type:

Standing Orders

Enter begin date for trips to review (mm/dd/yyyy):

Enter end date for trips to review (mm/dd/yyyy):

Select a Trip Status:

Approved ☒

Denied ☐

All ☐

Continue

The search result will pop up in a separate browser window. Your pop-up blocker may prevent the window from appearing. Please adjust your pop-up blocker's settings.



A comprehensive **Trip Detail screen** opens in a new window or tab. Trip information displays in ascending RTN order, meaning the earliest requested RTNs are listed first. This feature helps you identify RTNs that may have been previously approved but are now denied. Pending requests are reported after denials.

See Appendix B for further instructions on how to read a Trip Detail screen.

<b>Trip Date</b> 9/1/2010 <b>RIN</b> 111111111 <b>Recipient Name</b> CYNTHIA DOE	<b>Service Level</b> Service Car <b>RTN</b> 1111111 (Trip Status: A-Approved) <b>Attendee</b> None	<b>From</b> RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617 <b>MEDICAL SERVICE</b> 1111 E 87TH STREET SUITE 700 CHICAGO, IL IL 60619	<b>To</b> <b>MEDICAL SERVICE</b> 1111 E 87TH STREET SUITE 700 CHICAGO, IL IL 60619 <b>RESIDENCE</b> 123 SOME STREET CHICAGO, IL IL 60617	<a href="#">Billing Detail</a>
Prior approval does NOT guarantee payment by HFS				
<b>Trip Date</b> 8/27/2010 <b>RIN</b> 222222222 <b>Recipient Name</b> WILLIAM DOE	<b>Service Level</b> Medicaid Transportation <b>RTN</b> 2222222 (Trip Status: A-Approved) <b>Attendee</b> Employee	<b>From</b> RESIDENCE 123 SOME STREET CHICAGO, IL IL 60637 <b>MEDICAL SERVICE</b> 1111 E 87TH STREET 700 CHICAGO, IL IL 60619	<b>To</b> <b>MEDICAL SERVICE</b> 1111 E 87TH STREET 700 CHICAGO, IL IL 60619 <b>RESIDENCE</b> 123 SOME STREET CHICAGO, IL IL 60637	<a href="#">Billing Detail</a>
Prior approval does NOT guarantee payment by HFS				
<b>Trip Date</b> 8/7/2010 <b>RIN</b> 333333333 <b>Recipient Name</b> JESSICA DOE	<b>Service Level</b> Service Car <b>RTN</b> 3333333 (Trip Status: A-Approved) <b>Attendee</b> None	<b>From</b> RESIDENCE 123 SOME STREET CHICAGO IL 60609 <b>MEDICAL SERVICE</b> 1111 E 87TH ST CHICAGO IL 60619	<b>To</b> <b>MEDICAL SERVICE</b> 1111 E 87TH ST CHICAGO IL 60619 <b>RESIDENCE</b> 123 SOME STREET CHICAGO IL 60609	<a href="#">Billing Detail</a>
Prior approval does NOT guarantee payment by HFS				
<b>Trip Date</b>	<b>Service Level</b>	<b>CANCELLED/DENIED</b>		<a href="#">Billing Detail</a>

## Trips by Client

Search for a Recipient ID Number (RIN), the nine-digit number assigned by HFS to each Participant.

1. Hover over the Trips tab and select **Trips by Client**.
2. Enter the **Recipient ID Number**.
3. Select the **Trip Type**.
4. Enter a beginning and ending date. The difference between begin date and end date cannot exceed 31 days.
5. Select a **Trip Status**.

Enter a Recipient ID Number:

Select a Trip Type:

Enter Begin Date (mm/dd/yyyy):

Enter End Date (mm/dd/yyyy):

Select a Trip Status:

Standing Orders

Approved

Denied

All

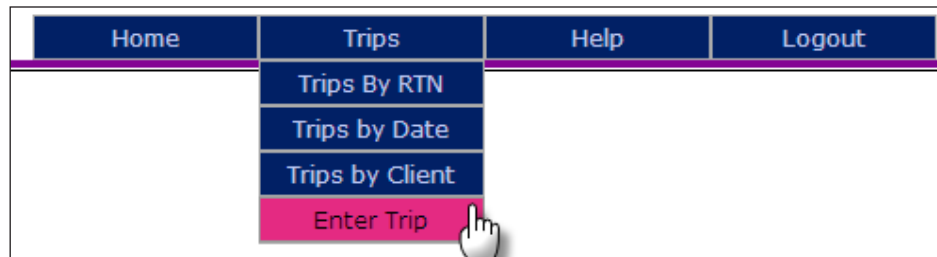
Continue

NAME	JOHN DOE	RIN	111111111	DOB	07/21/1940
RTN	1234567				
TRIP STATUS	PROC CODE	COS	ORIGIN	DESTINATION	QTY
P-Pending	A0130	002	R	D	79
P-Pending	A0425	002	R	D	*
P-Pending	A0130	002	D	R	79
P-Pending	A0425	002	D	R	*
<a href="#">Trip Detail</a>					
Disclaimer: The trip that you submitted is presently neither approved nor denied. You may use this RTN to check the status of your submitted request through PassPORT. The RTN may be used for billing only when the trip is displayed with Approved status.					
NAME	JOHN DOE	RIN	111111111	DOB	07/21/1940
RTN	1234570				
CANCELLED/DENIED					
REASON: Data entry error					
TRIP STATUS	PROC CODE	COS	ORIGIN	DESTINATION	QTY
D-Denied	A0130	002	R	D	79
D-Denied	A0425	002	R	D	*
D-Denied	A0130	002	D	R	79
D-Denied	A0425	002	D	R	*
<a href="#">Trip Detail</a>					
Prior approval does NOT guarantee payment by HFS					

The **Billing Detail screen** opens in a new window or tab. See Appendix A for instructions on how to read this screen.

# Entering Trips

To enter single trips and recurring/standing prior authorization requests, hover over the Trips tab and select **Enter Trip**. Trips details are collected in three steps, with each step making up one part of the online form.



## Step 1: Enter Participant and Provider Details

The Requesting Person's Name and Requesting Organization fields are entered automatically with your account information. These fields are non-editable.

A screenshot of the 'Step 1' form for entering trip details. The form is divided into several sections. The top section contains four non-editable fields: 'Requesting Person's Name' (Test Dialysis), 'Requesting Organization' (Test Dialysis Account), 'Recipient Identification Number (RIN)', and 'Callback Phone'. Below this is a section for 'Participant's First Name' and 'Participant's Last Name'. The next section contains 'Trip Frequency' (Single or Recurring, with Recurring selected), 'Trip Type' (One-way or Round trip, with One-way selected), 'From Date' and 'To Date' (both with date pickers), and 'Appointment Time' (with hour and minute dropdowns). The bottom section contains 'Appointment Days' (checkboxes for Su, Mo, Tu, We, Th, Fr, Sa) and 'Trip Reason' (a dropdown menu showing 'STANDING ORDER-DIALYSIS'). A 'Next >>' button is located at the bottom right of the form.

Complete the remaining fields. Keep these tips in mind:

- When entering a call back number, please enter the most direct number to reach you, the requesting user.
- Enter the Recipient Identification Number (RIN) and Participant's name exactly as they appear in the HFS system.



➤ Trip Frequency:

- Recurring trips are single RTN requests going to the same medical facility two or more times per month. Submit requests two or three times per month with a single Trip Reason, like “ORTHOPEDIC PROBLEM.” These will be processed as a Single Trip Request.
- Recurring trips going 4 times or more per month to the same medical facility are considered and processed as Standing Prior Authorizations (SPAs). See the next section for SPA request information for help entering these requests correctly.

➤ Trip Type: For round trips, be sure to enter the approximate return time.

➤ Trip Reason: When selecting a Trip Reason, pressing the first letter of the desired trip reason takes you to that selection in the list. If the specific diagnosis is not available, or to find out which is the best reason to use for a particular trip, email [US-ilpassport@transdev.com](mailto:US-ilpassport@transdev.com). Be sure to select the correct reason for all Standing Prior Authorization (SPA) requests.

### *Entering A Standing Prior Authorization (SPA)*

Recurring trips going four times or more per month to the same medical facility are considered and processed as Standing Prior Authorizations (SPA). If the SPA is for any of the below reasons, the appropriate SPA Trip Reason should be selected in the Trip Reason field:

- Standing Order-Aqua Therapy
- Standing Order-BHS
- Standing Order-Chemotherapy
- Standing Order-Dialysis
- Standing Order-Occupational
- Standing Order-Physical Therapy
- Standing Order-Radiation Therapy
- Standing Order-Speech

SPAs for any other reason begin with “T-” and should be selected from the pull-down menu in the Trip Reason field.

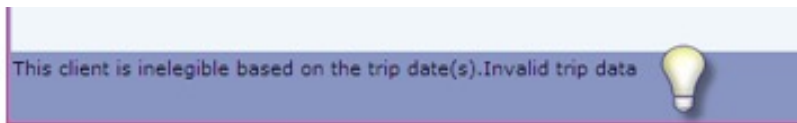
If no appropriate reason is available, fax a paper SPA form to Transdev. The form is available at [NETSPAP.com/forms](http://NETSPAP.com/forms). These requests must be processed as a Departmental Override.

1. Two or more requests for physical therapy, occupational therapy, speech therapy, aqua therapy, and group psychotherapy are considered SPAs and will be processed as such.
2. Recurring trips that are a continuation of a SPA will be processed as a SPA.

See Appendix C to review a current list of Trip Reasons available for both single and returning trips.

Questions about entering trips? Call Transdev's NETSPAP provider line at (866) 503 9040.

When all fields are completed, click Next. If any of the required information is missing, an error message appears in the bottom left hand corner of the screen.



Correct the information before proceeding.

## Step 2: Provide Trip Details

The Location Name, Phone, and Pick Up Address fields all default to the Recipient's information, based on HFS files. Change this information as necessary.

1. If the Participant is traveling on the same day to another medical appointment, select Yes where asked. Be sure to enter the details of the other medical transportation where requested.
2. Enter the correct medical provider's name and phone number so the appointment can be easily validated.
3. When entering the Destination Address, use the search function by typing the first few letters of the city name and clicking Search. State will populate automatically based on the city you select. Enter the appropriate ZIP code.
4. When "Hospital Discharge" is selected as the Trip Reason, the pickup and destination information in the form will flip. Edit fields as needed to reflect accurate information.

Step 2			
Location Name RESIDENCE		Phone 217-555-1212	
Pick Up Address	Street Number 100		
	Address CEDAR ST		
	Suite/Apt/Bldg		
City GREENVILLE		State IL	Zip Code 62246
Enter the first letter or two of the city name, then click "Search" to populate the selection box.		Origin Code	Select an Origin Code RESIDENCE MEDICAL SERVICE PHYSICIAN HOSPITAL
Is the recipient travelling to any other medical location on common appointment days? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Medical Provider Name		Medical Provider's Most Direct Phone Number	
Destination Address	Location Name		
	Street Number		
	Address		
	Suite/Apt/Bldg		
	City		State
	Enter the first letter or two of the city name, then click "Search" to populate the selection box.		Zip Code
	Destination Code		Select a Destination Code
<< Back Next >>			

## Choosing the correct Origin/Destination Codes

Use the following guidance to choose the appropriate origin/destination codes:

- Residence: Home, long term care, shelter or any facility that is not a medical facility.
- Medical Service: Non-hospital appointments where no specific doctor is seen.
- Physician: Appointments with a specific doctor, whether at hospital, clinic or private practice.
- Hospital: Hospital visits when not seeing a specific doctor, including MRI, radiology, lab, chemo/radiation, outpatient/inpatient treatments, and so on.

## Step 3: Enter Service Details

The Location Name, Phone, and Pick Up Address fields all default to the Recipient's information, based on HFS files. Change this information as necessary.

- Specify the category of service and enter the company name.  
If you enter the first few letters of the desired NET Provider in the text box and click Search, the city and phone number display to help you differentiate between similar names or service areas. If your desired NET provider does not display, reduce the number of letters you searched for, and confirm that you have selected the appropriate Category of Service.

The screenshot shows a web form titled "Step 3". It contains the following fields and controls:

- Category of Service:** A dropdown menu currently showing "Private Auto". To its right is the text: "Category of Service (The category of service MUST meet the medical needs of the recipient at the most economical level appropriate)".
- Company:** A text input field with a "Search" button to its right. Below the input field is a small dropdown arrow.
- Additional Information:** A dropdown menu currently showing "Non Applicable".
- Trip Notes:** A large text area with a scroll bar. Above it is the text: "Trip Notes: List any medical conditions, diagnoses or reasons which explain the requested category of service and/or need for attendants. Specifically explain the need for wheelchair or stretcher transport".
- Navigation:** At the bottom right are two buttons: "<< Back" and "Next >>".

- Under Additional Information, select the attendants, if applicable. Oxygen/Supplies will only be viewable for ALS and BLS transportation requests.
- Enter Trip Notes. Include only information Transdev needs to complete the transportation adjudication. Information should substantiate the need for the category of service requested, and any additional information requested.
- If this is the first time request, remember to provide First Assessment information, or contact Transdev to perform this assessment over the phone.

When all the fields have been entered correctly, click Next.

## Step 4: Review and Submit

Verify all of the information entered in the previous three steps. If changes are needed, click the edit button for that section. When all information is correct and complete, Click Proceed to Confirm. An agreement statement loads.

Read the agreement and click on the check box next to "I have read and understand this agreement." Click Save to finalize the request. The Save button will not be available until the box has been checked.

The Trip Confirmation or Trip Detail screen appears. Print if needed for your records. See Appendix B for details on reading this screen.

Review			
Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)	123456789	Callback Phone	630 123 4567
Participant's First Name	WILLIAM	Participant's Last Name	DOE
Reason for Trip	ANEURYSM	To Date	N/A
From Date	09/16/2010	Appointment Days	Single trip
Appointment Time	9:15	Trip Type	Round-trip
Approximate Return Time	11:00		
<a href="#">Edit Section 1</a>			
PU Loc Name	RESIDENCE	PU Phone	630 123 4567
PU Address	123 SOME STREET		
PU Apt / Bldg / Suite		PU County	COOK
PU City	CHICAGO	PU Zip Code	60647
PU State	IL	Medical Provider's Most Direct Phone Number	630 222 3333
Medical Provider's Name	DR. HILARY JONES		
Destination Loc Name	ST. ANTHONY'S MEDICAL CENTER		
DO Address	123 SOME MEDICAL ADDRESS		
Apt / Bldg / Suite	321	DO County	COOK
DO City	CHICAGO	DO Zip Code	60000
DO State	IL		
<a href="#">Edit Section 2</a>			
Category of Service	Service Car	Company	A A MEDICAR TRANSPORTATION SRV; OAK PARK; 708-8370378
Additional Info	Non Applicable		
Trip Notes	DETAILED INFORMATION FOR THE DIAGNOSIS WHICH JUSTIFIES THE REQUESTED CATEGORY OF SERVICE AND ANY ADDITIONAL INFORMATION REQUESTED.		
<a href="#">Edit Section 3</a>			
This trip will be reviewed by FT staff. Official approval or denial will be available for review in approximately 72 hours.			
<a href="#">Proceed to Confirm</a>			

## Renew Trip/Renew by RTN

Dialysis facilities can renew dialysis standing orders entered through PassPORT if all the information in the previously approved request remains the same and no corrections are needed.

In the toolbar, hover over Trips and Select Renew Trip or Renew by RTN as needed.

Home	Trips	Help	Logout
	Trips By RTN		
	Trips by Date		
	Trips by Client		
	Enter Trip		
	Renew Trip		
	Renew By RTN		

# APPENDIX A

## Reading the Billing Detail Screen

The screenshot shows a web browser window titled "Trips - Windows Internet Explorer" displaying a table of trip requests. The table has columns for NAME, RTR, TRIP STATUS, PROC CODE, COS, ORIGIN, DESTINATION, QTY, BEGIN DATE, and END DATE. The data is for a participant named JOHN DOE with RTR 1234567. The table shows three rows of trip data, all with a status of "A-Approved".

Callout boxes provide the following explanations:

- Request Tracking Number or Reference number assigned to the request.** Points to the RTR field.
- Name of the Participant for whom transportation is requested.** Points to the NAME field.
- Recipient Identification Number assigned by HFS to the Participant** Points to the RTR field.
- Beginning Date of the Request** Points to the BEGIN DATE field.
- Date of Birth of the Participant** Points to the RTR field.
- Status of the Request; may be "A-Approved", "D-Denied", or "P-Pending". Denied Requests will include a Denial Reason.** Points to the TRIP STATUS field.
- The Procedure Codes attached to the request** Points to the PROC CODE field.
- The Category of Service or Level of Service requested** Points to the COS field.
- The Origin Code for the request** Points to the ORIGIN field.
- The Destination Code for the request** Points to the DESTINATION field.
- The number of trips in the request** Points to the QTY field.
- Ending Date of the Request** Points to the END DATE field.

### Note:

Approved Requests that have a negotiated rate will display an Amount on the Right Hand side of the screen.

# APPENDIX B

## Reading the Trip Detail Screen

The screenshot shows a web browser window titled "Trips - Windows Internet Explorer" with the URL "https://www.ft-passport.com/TripDetail.aspx?ic=4444444". The page displays trip details for a request. Callout boxes provide the following information:

- Date the Transportation took or will take place:** Trip Date 9/26/2009, RIN 5111111111.
- Level of Service, or Category of Service, for the request:** Service Level Service Car, RIN 1234567, (Trip Status: A-Approved), Attendant None.
- Request Tracking Number (Reference number) assigned to the request:** RIN 5111111111.
- Status of the Request; may be "A-Approved", "D-Denied", or "P-Pending". Denied Requests will include a Denial Reason.** (Trip Status: A-Approved).
- Link to the Billing Detail screen:** Billing Detail (link).
- Recipient Identification Number assigned by HFS to the Participant:** RIN 5111111111.
- Name of the NET Provider (Transportation Company) used for the request:** NET Provider 123 TRANSPORTATION INC.
- Attendants assigned to assist the Participant for this request; may be a Non-Employee or Employee Attendant, or both.** Attendant None.
- The Pickup address of the first and second leg, respectively:** From RESIDENCE 123 SOME STREET HOPKINS PARK, IL IL 60964; TOTAL RENAL CARE INC 4557 LINCOLN HIGHWAY SUITE B MATTESON, IL IL 60443.
- The Drop off address of the first and second leg respectively:** To TOTAL RENAL CARE INC 4557 LINCOLN HIGHWAY SUITE B MATTESON, IL IL 60443; RESIDENCE 123 SOME STREET HOPKINS PARK, IL IL 60964.



# APPENDIX C

## Trip Reasons: Single Trips

### ACUPUNCTURE-NON APPROVABLE SERVICE

ALZHEIMER'S DISEASE  
AMPUTATION-ARM  
AMPUTATION-FINGER  
AMPUTATION-FOOT  
AMPUTATION-LEG  
AMPUTATION-TOE  
ANEMIA  
ANEURYSM  
ANOREXIA  
AQUA THERAPY  
ARTHRITIS  
ASTHMA  
AUTISM  
BACK CONDITIONS  
BCHS RECOMMENDATION  
BELL'S PALSY  
BHS-ADHD  
BHS-AGGRESSIVE DISORDER  
BHS-BIPOLAR DISORDER  
BHS-DEMENTIA  
BHS-DEPRESSION  
BHS-GROUP THERAPY  
BHS-INDIVIDUAL  
BHS-MENTALLY CHALLENGED  
BHS-PHOBIA  
BHS-PSYCHOSIS  
BHS-SCHIZOPHRENIA  
BHS-SUBSTANCE ABUSE  
BLADDER INFECTION  
BLIND  
BLOOD CLOT-EMBOLISM  
BLOOD DISORDER  
BRACHIAL PLEXUS INJURY  
BRAIN INJURY  
BREATHING-ASTHMA  
BREATHING-BRONCHITIS  
BREATHING-COPD  
BREATHING-DIFFICULTY  
BREATHING-EMPHYSEMA  
BREATHING-SHORTNESS/BREATH  
BREATHING-TRACHEOTOMY  
BURNS  
CANCER-BLADDER  
CANCER-BONE  
CANCER-BRAIN  
CANCER-BREAST  
CANCER-CERVICAL  
CANCER-COLON  
CANCER-KIDNEY  
CANCER-LIVER  
CANCER-LUNG  
CANCER-LYMPHOMA  
CANCER-METASTATIC  
CANCER-ORAL/THROAT  
CANCER-OVARIAN  
CANCER-PANCREATIC  
CANCER-PROSTATE  
CANCER-RECTAL  
CANCER-SKIN

CANCER-SPLEEN  
CANCER-STOMACH  
CANCER-TESTICULAR  
CANCER-THROAT  
CANCER-THYROID  
CANCER-UTERINE  
CARPAL TUNNEL SYNDROME  
CATARACT  
CATHETER  
CELLULITIS  
CEREBRAL PALSY  
CHEST PAIN  
CHF-CONGESTIVE HEART FAILURE  
CHIROPRACTIC CARE  
CIRCULATORY ISSUES  
CIRCUMCISION  
CLEFT PALATE/LIP  
CLUB FOOT  
COLONOSCOPY  
CONSTIPATION  
CONTRACTURES  
CORONARY ARTERY BYPASS GRAFT (CABG)  
CORONARY ARTERY DISEASE (CAD)  
CRANIAL FACIAL DEFORMITY  
CROHN'S DISEASE  
CVA-CEREBROVASCULAR ACCIDENT/STROKE  
CYSTIC FIBROSIS  
DCFS-BHS  
DEGENERATIVE JOINT DISEASE (DJD)  
DENTAL WORK  
DEPARTMENTAL OVERRIDE  
DERMATOLOGY  
DEVELOPMENTALLY DELAYED  
DIABETES  
DIALYSIS  
DIARRHEA  
DIFFICULTY SPEAKING-APHASIA  
DIFFICULTY SWALLOWING-DYSPHAGIA  
DIVERTICULITIS  
DIZZINESS/VERTIGO  
DYSKINESIA  
DYSTONIA  
EAR INFECTION  
ECT AND EECF  
EDEMA  
END STAGE RENAL FAILURE/DISEASE  
ENDOSCOPY  
ENT-EAR, NOSE & THROAT  
EPILEPSY/SEIZURES  
ERB'S PALSY  
FAILURE TO THRIVE  
FAINTING (SYNCOPE)  
FAMILY PLANNING  
FIBROMYALGIA  
FRACTURE (OPEN/CLOSED)  
G-TUBE CHANGE  
GALL STONE EXAMINATION/REMOVAL  
GASTROINTESTINAL CONDITION (S)  
GERD-GASTROESOPHAGEAL REFLUX DISEASE  
GLAUCOMA  
GOLDENHARS SYNDROME  
GOUT  
GUN SHOT WOUND  
HEADACHE  
HEARING PROBLEM  
HEART ATTACK  
HEART CONDITION  
HEMIPLEGIA/HEMIPARESIS

HEMOPHILIA  
HEMORRHOIDS  
HERNIA  
HIP-FRACTURE  
HIP-REPLACEMENT  
HIV-AIDS  
HODGKIN'S DISEASE  
HOSPITAL ADMIT  
HOSPITAL DISCHARGE  
HTN-HYPERTENSION  
HUMP IN BACK (KYPHOSIS)  
HYPERGLYCEMIA  
HYPERTENSION (HTN)  
HYPERTHYROIDISM  
HYPOGLYCEMIA  
HYPOTENSION  
HYPOTHYROIDISM  
IMMUNIZATION  
INFECTION  
INFLUENZA  
INJECTIONS  
IRRITABLE BOWEL SYNDROME  
IV INFUSION  
JAUNDICE  
KIDNEY DISEASE/FAILURE  
KNEE-REPLACEMENT  
LEUKEMIA  
LIVER DISEASE  
LIVER-CIRRHOSIS  
LIVER-HEPATITIS  
LOU GHERIG'S DISEASE  
LTC ADMIT  
LTC DISCHARGE  
LUMPECTOMY  
LUPUS  
MACULAR DEGENERATION  
MASTECTOMY  
MENINGITIS  
MENOPAUSE  
MORBID OBESITY  
MULTIPLE SCLEROSIS  
MUSCLE SPASM  
MUSCULAR DYSTROPHY, CONGENITAL  
MYASTHENIA GRAVIS  
NECK INJURY  
NEUROLOGICAL DISORDER  
NEUROPATHY  
NON-HODGKIN'S DISEASE  
NOSE BLEED (EPISTAXIS)  
OB/GYN  
OCCUPATIONAL THERAPY  
ORGANIC BRAIN SYNDROME  
ORTHOPEDIC PROBLEM  
OSTEOARTHRITIS  
OSTEOMYELITIS  
OSTEOPOROSIS  
PAIN (INDICATE TYPE IN NOTES)  
PARALYSIS  
PARAPLEGIA  
PARKINSON'S DISEASE  
PHYSICAL EXAM  
PHYSICAL THERAPY  
PINCHED NERVE  
PNEUMONIA  
PODIATRIST (FEET CONDITIONS)  
POLIO  
PRENATAL  
PROSTATE PROBLEM

# APPENDIX C

## Trip Reasons: Single Trips

PROSTHETIC FITTING OR ADJUSTMENT  
PULMONARY PROBLEM  
QUADRIPLEGIA  
RENAL FAILURE  
RHEUMATOID ARTHRITIS  
SASS SERVICES  
SCLERODERMA  
SEIZURE DISORDER (NEC)  
SICKLE CELL ANEMIA  
SKIN CONDITION  
SKIN GRAPH  
SLEEP DISORDER  
SPAO-CARDIAC REHAB-PHASE II  
SPAO-COPD  
SPAO-COUMADIN THERAPY  
SPAO-ECT AND EECF  
SPAO-HIGH RISK PRENATAL  
SPAO-IV INFUSION  
SPAO-OBESITY  
SPAO-PULMONARY REHAB-PHASE II  
SPAO-WOUND THERAPY  
SPEECH THERAPY  
SPINA BIFIDA  
SPINAL CORD INJURY  
SPINAL PROBLEM  
STANDING ORDER-AQUA THERAPY  
STANDING ORDER-BHS  
STANDING ORDER-CHEMOTHERAPY  
STANDING ORDER-DIALYSIS  
STANDING ORDER-OCCUPATIONAL  
STANDING ORDER-PHYSICAL THERAPY  
STANDING ORDER-RADIATION THERAPY  
STANDING ORDER-SPEECH THERAPY  
SURGERY  
T-ADHESIVE CAPSULITIS SHOULDER-39  
T-AIDS NEUROLOGICAL INVOLVEMENT-26  
T-AMPUTATION-39  
T-AMYOTOPIC LATERAL SCLEROSIS-26  
T-ANKYLOSING SPONDYLITIS-39  
T-ANOXIC BRAIN INJURY-39  
T-ARTHRITIS-39  
T-BRACHIAL PLEXUS LESION-39  
T-BRAIN TUMOR-39  
T-CARPAL TUNNEL SYNDROME-26  
T-CENTRAL CORD SYNDROME-39

T-CEREBELLAR ATAXIA-26  
T-CEREBROVASCULAR ACCIDENT-39  
T-CLOSED HEAD INJURY-39  
T-COMMUTATIVE TRAUMA-39  
T-COMPRESSION SYNDROME-39  
T-DEGENERATIVE JOINT DISEASE -39  
T-DEGLIVING INJURY -39  
T-DEQUERVIAN'S DISEASE-39  
T-DERMATOMYOCITIS -39  
T-DIABETES NEUROLOGICAL-26  
T-DUPUYTREN'S PARALYSIS-39  
T-ENCEPHALOPATHY -26  
T-ERBS PALSY-39  
T-FACIAL AND TRUNK BURNS -39  
T-FACIAL/TRUNK RECON SURGERY-39  
T-FRACTURE OF VERTEBRAL COLUMN-8  
T-GUILLAIN BARRE SYNDROME-26  
T-HEMIPARESIS-39  
T-HEMIPLEGIA-39  
T-HYPERTONIA-39  
T-HYPOTONIA-39  
T-INCOMP CAUDA EQUINA SYNDROME-39  
T-JUVENILE RHEUMATOID ARTHRITIS-39  
T-KLUMPKE'S PARALYSIS-39  
T-LUPUS ERYTHEMATOSIS-39  
T-LYMPHEDEMA-39  
T-MENINGITIS-26  
T-MULTIPLE FRACTURES-39  
T-MULTIPLE SCLEROSIS-26  
T-MUSCLE RUPTURE-39  
T-MUSCULAR DYSTROPHY-39  
T-MYASTHENIA GRAVIS-26  
T-OSTEOARTHRITIS-39  
T-PARAPLEGIA, PARAPARESIS-39  
T-PARKINSONS DISEASE-26  
T-PERIPHERAL NERVE INJURY-39  
T-POSTPOLIO SYNDROME-26  
T-PSORIATIC ARTHRITIS -39  
T-QUADRIPLEGIA, QUADRIPARESIS-39  
T-REFLEX SYMPATHETIC DYSTROPHY-39  
T-RHEUMATOID ARTHRITIS-39  
T-ROTATOR CUFF-39  
T-SCLERODERMA-39  
T-SENSORY INTEGRATIVE DYSFUNCTION-39  
T-SHOULDER DISLOCATION-39  
T-SHOULDER GLENNHUMERAL FRACTURE-39

T-SINGLE FRACTURE WRIST/ARMS-39  
T-SPINAL RADICULOPATHY-39  
T-SPINAL STENOSIS-39  
T-SPINOCEREBELLAR DEGENERATION-26  
T-SUBARACHNOID HEMORRHAGE-39  
T-SYRINGOMYELIA-26  
T-TENDON REPAIR-26  
T-TENDONITIS-26  
T-UPPER EXTREMITY BURNS-39  
T-UPPER EXTREMITY JOINT CONT-39  
T-UPPER EXTREMITY RECON SURGERY-39  
TEST-BLOOD DRAW  
TEST-CAT SCAN  
TEST-COUMADIN  
TEST-ECHO CARDIOGRAM  
TEST-EEG  
TEST-EKG  
TEST-MAMMOGRAM  
TEST-MRA  
TEST-MRI  
TEST-PRE-OP  
TEST-SLEEP STUDY  
TEST-SWALLOW STUDY  
TEST-ULTRASOUND  
TEST-X-RAY  
THROMBOPHLEBITIS  
THYROID PROBLEM  
TORN LIGAMENTS  
TOURETTE'S SYNDROME  
TRANSPLANT-BONE MARROW  
TRANSPLANT-ORGANS  
TUBERCULOSIS  
TUMOR  
ULCER-DECUBITUS  
ULCER-DIABETIC  
ULCER-GASTRIC  
ULCER-LOWER EXTREMITY  
URINARY TRACT INFECTION  
UROLOGICAL PROBLEM  
VARICOSIS  
VISUAL IMPAIRMENT  
WELL CHILD CARE  
WIC NON-APPROVABLE  
WOUND CARE

Continued

# APPENDIX C

## Trip Reasons: Recurring Trips

### DEPARTMENTAL OVERRIDE

STANDING ORDER -AQUA THERAPY

STANDING ORDER -BHS

STANDING ORDER-CHEMOTHERAPY

STANDING ORDER-DIALYSIS

STANDING ORDER-OCCUPATIONAL

STANDING ORDER-PHYSICAL THERAPY

STANDING ORDER -RADIATION THERAPY

STANDING ORDER-SPEECH THERAPY

T -ADHESIVE CAPSULITIS SHOULDER-39

T -AIDS NEUROLOGICAL INVOLVEMENT-26

T -AMPUTATION-39

T -AMYOTOPIC LATERAL SCLEROSIS -26

T -ANKYLOSING SPONDYLITIS -39

T -ANOXIC BRAIN INJURY-39

T -ARTHROGYPOSIS -39

T -BRACHIAL PLEXUS LESION-39

T -BRAIN TUMOR-39

T -CARPAL TUNNEL SYNDROME-26

T -CENTRAL CORD SYNDROME-39

T -CEREBELLAR ATAXIA -26

T -CEREBROVASCULAR ACCIDENT -39

T -CLOSED HEAD INJURY -39

T -COMMULATIVE TRAUMA-39

T -COMPRESSION SYNDROME-39

T -DEGENERATIVE JOINT DISEASE-39

T -DEGLIVING INJURY-39

T -DEQUERVIAN'S DISEASE -39

T -DERMATOMYOCITIS-39

T -DIABETES NEUROLOGICAL-26

T -DUPUYTREN'S PARALYSIS -39

T -ENCEPHALOPATHY-26

T -ERBS PALSY-39

T -FACIAL AND TRUNK BURNS-39

T -FACIAL/TRUNK RECON SURGERY -39

T -FRACTURE OF VERTEBRAL COLUMN-8

T -GUILLAIN BARRE SYNDROME-26

T -HEMIPARESIS-39

T -HEMIPLEGIA-39

T -HYPERTONIA-39

T -HYPOTONIA-39

T -INCOMP CAUDA EQUINA SYNDROME-39

T -JUVENILE RHEUMATOID ARTHRITIS-39

T -KLUMPKE'S PARALYSIS-39

T -LUPUS ERYTHEMATOSIS-39

T -LYMPHEDEMA-39

T -MENINGITIS -26

T -MULTIPLE FRACTURES -39

T -MULTIPLE SCLEROSIS-26

T -MUSCLE RUPTURE-39

T -MUSCULAR DYSTROPHY-39

T -MYASTHENIA GRAVIS -26

T -OSTEOARTHRITIS-39

T -PARAPLEGIA, PARAPARESIS-39

T -PARKINSONS DISEASE-26

T -PERIPHERAL NERVE INJURY-39

T -POSTPOLIO SYNDROME-26

T -PSORIATIC ARTHRITIS-39

T -QUADRIPLEGIA, QUADRI-PARESIS-39

T -REFLEX SYMPATHETIC DYSTROPHY-39

T -RHEUMATOID ARTHRITIS -39

T -ROTATOR CUFF -39

T -SCLERADERMA-39

T -SENSORY INTEGRATIVE DYSFNCTION-39

T -SHOULDER DISLOCATION-39

T -SHOULDER GLENHUMERAL FRACTURE-39

T -SINGLE FRACTURE WRIST/ARMS-39

T -SPINAL RADICULOPATHY-39

T -SPINAL STENOSIS-39

T -SPINOCEREBELLAR DEGENERATION-26

T -SUBARACHNOID HEMORRHAGE-39

T -SYRINGOMYELIA-26

T -TENDON REPAIR-26

T -TENDONITIS-26

T -UPPER EXTREMITY BURNS-39

T -UPPER EXTREMITY JOINT CONT-39

T -UPPER EXTREMITY RECON SURGERY -39