

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.



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.

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)

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

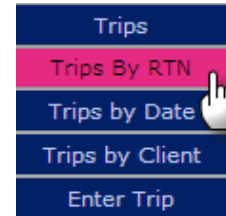
Dialysis Centers have the same options, plus *Renew Trip* and *Renew by RTN*.

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.

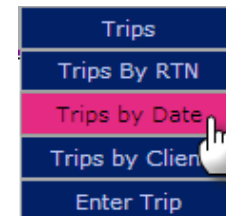
1. After logging in, hover over the Trips tab and the Trips menu appears.
2. Select Trips by RTN and enter the RTN where prompted.
3. Click Continue.
The Billing Detail screen loads, typically in a new window or tab. All trips under the RTN number searched appear. See Appendix A for instructions on how 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.

A search form with a light purple background. It contains the following elements: 'Select a Trip Type:' with a dropdown menu showing 'Standing Orders'; 'Enter begin date for trips to review (mm/dd/yyyy):' with a text input field and a calendar icon; 'Enter end date for trips to review (mm/dd/yyyy):' with a text input field and a calendar icon; 'Select a Trip Status:' with radio buttons for 'Approved' (selected), 'Denied', and 'All'; a 'Continue' button; and a footer note: '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.

Trip Date 9/1/2010 RTN 11111111 Recipient Name CYNTHIA DOE <small>Prior approval does NOT guarantee payment by HFS</small>	Service Level Service Car RTN 11111111 <small>(Trip Status: A-Approved)</small> Attendee None	From RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617 Medical Service 1111 S 87TH STREET SUITE 700 CHICAGO, IL IL 60619	To MEDICAL SERVICE 1111 S 87TH STREET SUITE 700 CHICAGO, IL IL 60619 RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617	View Detail
Trip Date 8/27/2010 RTN 22222222 Recipient Name WILLIAM DOE <small>Prior approval does NOT guarantee payment by HFS</small>	Service Level Medical Transportation RTN 22222222 <small>(Trip Status: A-Approved)</small> Attendee Employee	From RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617 Medical Service 1111 S 87TH STREET 700 CHICAGO, IL IL 60619	To MEDICAL SERVICE 1111 S 87TH STREET 700 CHICAGO, IL IL 60619 RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617	View Detail
Trip Date 8/7/2010 RTN 33333333 Recipient Name JESSICA DOE <small>Prior approval does NOT guarantee payment by HFS</small>	Service Level Service Car RTN 33333333 <small>(Trip Status: A-Approved)</small> Attendee None	From RESIDENCE 123 SOME STREET CHICAGO IL 60609 Medical Service 1111 S 87TH ST CHICAGO IL 60619	To MEDICAL SERVICE 1111 S 87TH ST CHICAGO IL 60619 RESIDENCE 123 SOME STREET CHICAGO IL 60609	View Detail
Trip Date	Service Level	CANCELLED/DENIED		View Detail

Trips by Client

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

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: Standing Orders

Enter Begin Date (mm/dd/yyyy):

Enter End Date (mm/dd/yyyy):

Select a Trip Status:
 Approved
 Denied
 All

NAME	JOHN DOE	RIN	11111111	DOB	07/21/1940		
RTN	1234567						
TRIP STATUS	PROC CODE	DOB	ORIGIN	DESTINATION	QTY	BEGIN DATE	END DATE
D-Pending	A0130	002	R	D	79	08/19/2010	02/17/2011
D-Pending	A0425	002	R	D	1	08/19/2010	02/17/2011
D-Pending	A0130	002	D	R	79	08/19/2010	02/17/2011
D-Pending	A0425	002	D	R	1	08/19/2010	02/17/2011

[Trip Detail](#)

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	11111111	DOB	07/21/1940		
RTN	1234570						
CANCELLED/DENIED							
REASON: Data entry error							
TRIP STATUS	PROC CODE	DOB	ORIGIN	DESTINATION	QTY	BEGIN DATE	END DATE
D-Denied	A0130	002	R	D	79	08/19/2010	02/17/2011
D-Denied	A0425	002	R	D	1	08/19/2010	02/17/2011
D-Denied	A0130	002	D	R	79	08/19/2010	02/17/2011
D-Denied	A0425	002	D	R	1	08/19/2010	02/17/2011

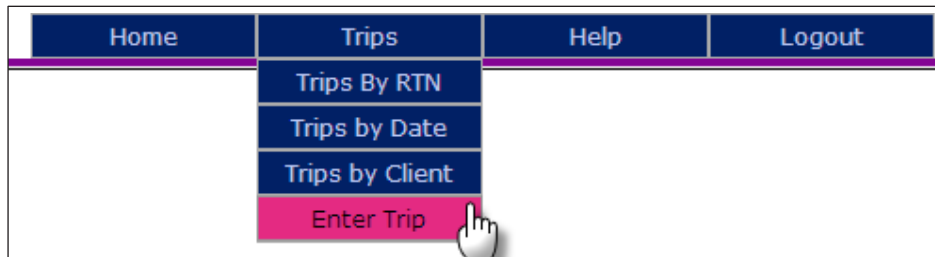
[Trip Detail](#)

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 Customer 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 input fields: 'Requesting Person's Name' (pre-filled with 'Test Dialysis'), 'Requesting Organization' (pre-filled with 'Test Dialysis Account'), 'Recipient Identification Number (RIN)', and 'Callback Phone'. The middle section contains two input fields: 'Participant's First Name' and 'Participant's Last Name'. The bottom section contains several options: 'Trip Frequency' (radio buttons for 'Single' and 'Recurring', with 'Recurring' selected), 'Trip Type' (radio buttons for 'One-way' and 'Round trip', with 'One-way' selected), 'From Date' and 'To Date' (date pickers), 'Appointment Time' (two dropdown menus for 'Select Hour' and 'Select Minute'), 'Appointment Days' (checkboxes for 'Su', 'Mo', 'Tu', 'We', 'Th', 'Fr', 'Sa'), and 'Trip Reason' (a dropdown menu with 'STANDING ORDER-DIALYSIS' selected). 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 Customer'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. 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.

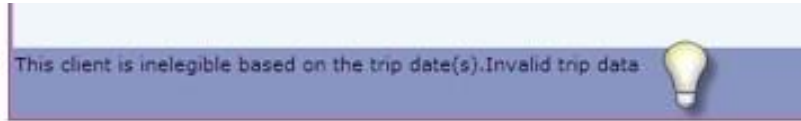
If no appropriate reason is available, fax a paper SPA form to Transdev. The form is available at NETSPAP.com/forms. These requests must be processed as a Departmental Override.

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 Customer 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		Address	
Street Number		Suite/Apt/Bldg	
City		State	Zip Code
Enter the first letter or two of the city name, then click "Search" to populate the selection box.		Destination Code Select a Destination Code	
<input type="button" value=" << Back"/> <input type="button" value=" 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". At the top left, there is a dropdown menu with "Private Auto" selected. 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)". Below this, there is a "Company" label, a text input field, and a "Search" button. Underneath the search field is another dropdown menu. Below that is the "Additional Information" label and a dropdown menu with "Non Applicable" selected. A large text area for "Trip Notes" is provided, with the instruction: "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". At the bottom right of the form 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		
Edit Section 1			
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		
Desination 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		
Edit Section 2			
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.		
Edit Section 3			
This trip will be reviewed by FT staff. Official approval or denial will be available for review in approximately 72 hours.			
Proceed to Confirm			

Step 5: Disclaimer Notice & Document Upload

Before finally submitting your booking, you will have to check the disclaimer notice to finalize your trip request. This will then allow you the option to upload any pertaining documents to your trip request. Files may be up to 3 MB in size and may only be PDF, PNG or DOCX. You may add up to 3 files.

I understand if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, that I have obtained the information on this form from the participant (or his or her representative), and the information provided is accurate to the best of my knowledge.

I have read and understood this agreement

Optional - Upload Supporting Files

Click 'Choose File' to optionally add supporting documentation Files may be up to 3 MB in size and may only be PDF, PNG or DOCX You may add up to 3 files. Note: Zip files will be blocked. If you have added a file in error, click the 'Clear' button
When you are finished, click 'Submit Booking' to record the trip

<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>

➤ After submitting a trip request, PassPORT will display the file names of the documents that were attached to the associated trip request (when looked up via the search function). See the example below:

NAME			
RTN			
Files:		Test.docx	
TRIP STATUS	ADJUD DATE	PROC CODE	COS
P-Pending		A0120	054
P-Pending		A0425	054

[Trip Detail](#)

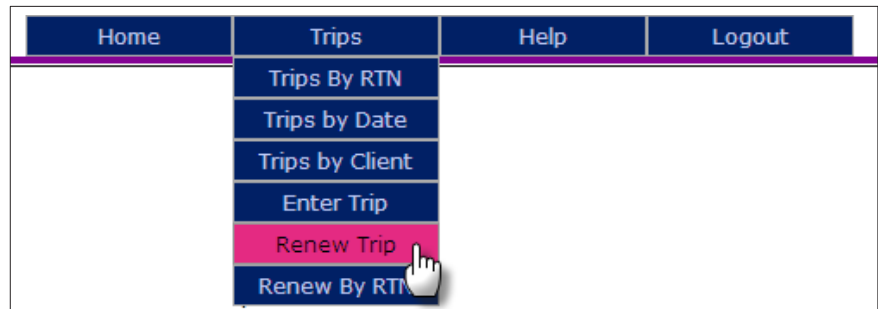
Disclaimer: The trip that you submitted is presently neither approved nor denied. You may use th

*See the “Search Trips” section in this User Guide for steps on how to search by RTN, Date, or Client.

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.



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, TRIP STATUS, PROC CODE, COB, ORIGIN, DESTINATION, QTY, BEGIN DATE, and END DATE. Callouts point to specific data points in the table and explain their meaning.

NAME	TRIP STATUS	PROC CODE	COB	ORIGIN	DESTINATION	QTY	BEGIN DATE	END DATE
JOHN DOE 1234567	A-Approved	A0120	054	R	D	13	09/25/2009	10/25/2009
	A-Approved	A0425	054	R	D	13	09/25/2009	10/25/2009
	A-Approved	A0120	054	D	R	13	09/25/2009	10/25/2009
	A-Approved	A0425	054	D	R	13	09/25/2009	10/25/2009

Request Tracking Number or Reference number assigned to the request. (Points to NAME)

Name of the Participant for whom transportation is requested. (Points to NAME)

Recipient Identification Number assigned by HFS to the Participant (Points to NAME)

Beginning Date of the Request (Points to BEGIN DATE)

Date of Birth of the Participant (Points to COB)

Status of the Request; may be "A-Approved", "D-Denied", or "P-Pending". Denied Requests will include a Denial Reason. (Points to TRIP STATUS)

The Procedure Codes attached to the request (Points to PROC CODE)

The Category of Service or Level of Service requested (Points to COB)

The Origin Code for the request (Points to ORIGIN)

The Destination Code for the request (Points to DESTINATION)

The number of trips in the request (Points to QTY)

Ending Date of the Request (Points to END DATE)

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 displaying a trip detail page. The page contains several fields and sections, each with a callout box explaining its content:

- Date the Transportation took or will take place:** Trip Date: 9/26/2009
- Level of Service, or Category of Service, for the request:** Service Level: Service Car
- Request Tracking Number (Reference number) assigned to the request:** RTN: 1234567
- 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
- Recipient Identification Number assigned by HFS to the Participant:** RIN: 511111111
- 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-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-DEGLOVING 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-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
 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 -DEGLOVING 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 -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