



Agenda: Transportation Providers

- NEMT
- Enrollment
- Community Transportation
- Ambulance
- Wheelchair
- Billing
- Common Claims Issues

DSS
Strong Families - South Dakota's Foundation and Our Future

Medicaid Non-Emergency Medical Travel (NEMT)

- NEMT provides reimbursement for eligible travel costs for the recipient and one escort.
 - Mileage
 - Per Diem
- Non-emergency travel may be provided by a commercial carrier.
 - Airline
 - Bus



Medicaid Non-Emergency Medical Travel (NEMT)

- NEMT Eligibility
 - In order to be reimbursed for travel the recipient must be on a medical assistance program that provides NEMT coverage at the time of service.
- NEMT Requirements
 - Travel must be to the closest medical facility or medical provider capable of providing the necessary services.
 - The services must be a Medicaid covered service provided by a SD Medicaid enrolled provider.
 - Trips to medical specialty providers other than a Primary Care Provider (PCP) or Health Home Provider (HHP) require a referral card.
 - NEMT must receive a completed reimbursement form within six months following the month the service was provided.



Medicaid Non-Emergency Medical Travel (NEMT)

- Only travel to the closest PCP or HHP is reimbursable. Travel that is not to the closest PCP or HHP will only be reimbursed if a "good cause" exception has been granted from the Managed Care Program.
- Per diem is not reimbursable when travel is to a PCP or HHP.



Medicaid Non-Emergency Medical Travel (NEMT)

- Mileage
 - Mileage must be outside the recipient's city of residence, which is limited to the actual miles between the two cities and does not include miles driven within the city.
 - Only one mileage allowance is payable for each trip regardless of the number of recipients being transported.
 - Mileage is a reimbursable service only if a trip is completed.
- Per Diem
 - Per Diem is reimbursable when the provider is at least 150 miles from the recipient's city of residence and travel is to obtain specialty care or treatment that results in an overnight stay.

NOTE: A recipient may not receive reimbursement for lodging and meals for days the recipient is an inpatient in a hospital or medical facility.



Medicaid Non-Emergency Medical Travel (NEMT)

➤ NEMT Charitable Organization Process

- Complete a [Request for Medical Transportation Reimbursement](#) form once assistance has been provided to a Medicaid recipient or family for medical travel.
 - The form must be submitted to the Department of Social Services, Office of Finance/EBT by faxing to (605) 773-8461 or emailing to DSS.EBTSTATEOFFICE@state.sd.us.
- NEMT documents the amount of assistance provided and enters a pending claim to alert us that a charitable organization assisted and secures any future payment for that specific trip to be paid to the charitable organization first with any remaining balance reimbursed to the recipient or family. **This is not a guarantee of reimbursement.**
- Once the trip has been completed, the recipient must then submit a Title XIX [PS1](#) Medical Transportation Reimbursement Form along with any supporting documentation to our office. This form **MUST** be returned before reimbursement can be made.



Medicaid Non-Emergency Medical Travel (NEMT)

- A [Title XIX Medical Transportation \[PS2\]\(#\) Reimbursement Form](#) must be completed and submitted for each medical trip. The form must be submitted within six months following the month the service was provided.
- Section 5: The form must be completed and signed by the recipient, parent or guardian.
- Section 6: Medical Provider Section - must be completed and signed by the receptionist, nurse or medical provider.
- Forms are available from your local Department of Social Services office or on the web at: <http://dss.sd.gov/medicaid/recipients/title19transportation.aspx> or calling toll free to 1-866-403-1433.
- This form, along with any necessary documentation must be turned in to a local Department of Social Services office or mailed, faxed or emailed directly to:

Department of Social Services
Office of Finance/EBT
700 Governor's Drive
Pierre, SD 57501
FAX: (605) 773-8461 or EMAIL: DSS.EBTSTATEOFFICE@STATE.SD.US



Slide 7

PS1 Is it called the title XIX Medicaid form? that is redundant. Also is the form called the transportation reimbursement form? Is transportation used here versus travel?

Yes, the forms are currently called:

"Request for Medical Transportation Reimbursement" and "Title XIX Medical Transportation Reimbursement Form". The form names have not been changed at this point in time. If we provide forms during the presentation, we want them to be named exactly as they are now so there is not any confusion. Shanna

Peterson, Shanna, 06/28/2017

Slide 8

PS2 Does this heading belong? The points below apply to providers and recipients and family. It seems like you can remove the title which will also promote the bullets below and make them bigger

Removed Heading.

Shanna

Peterson, Shanna, 06/28/2017

Medicaid Non-Emergency Medical Travel (NEMT)

➤ Payment

- All claims are worked in the order they are received in the office.
- Please allow 6-8 weeks from the date your claim was received in our office to be processed.
- You will receive a Paid Claims Statement showing specific travel dates and amounts in the mail once your claim has been paid.
- If we need additional information we will contact the recipient and any non-profit organization that assisted with the trip.



Provider Enrollment

- Transportation providers must be enrolled with SD Medicaid to render services
- Enrollment type of FAOIP - Facility/Agency/Organization/Institution/Pharmacy
- Requires Supporting documentation:
 - Provider Agreement
 - Supplemental Disclosure
 - Transportation Addendum
 - Financial institution documentation for EFT
 - License (conditional)
 - Other (conditional)



Provider Enrollment

- Community Transportation requirements
 - Use taxonomy code 343900000X
 - Must be non-profit organization per SD Secretary of State or government entity
 - Vehicle must be licensed by non-profit or government



Provider Enrollment

- Taxonomy codes distinguish eligible services
 - Community = 343900000X
 - Land Ambulance = 3416L0300X
 - Air Ambulance = 3416A0800X
 - Wheelchair = 343800000X



Points in Common for all Transportation Providers

- If more than one recipient is being transported all but one recipient need a TK modifier.
- Only one mileage allowance is payable for each trip regardless of the number of recipients.
- Origin and destination must be on the claim. Either the street address or the physicians/facility name.
- We do not pay for any person accompanying the recipient.
- An attendant by definition has to be a MD, CNP, PA, RN, LPN, Paramedic, EMT or other medical professional who provides medical care or supervision.
- Round to the nearest whole mile. Do not list partial miles.
- No payment is made for meals and lodging.



Wheelchair

- Only transport recipients whose only means of mobility is the wheelchair.
- You can only bill for miles outside city limits.
- You cannot bill for unloaded miles.
- For out-of-town rides with two or more recipients, only one receives the mileage.
- We suggest using a driver's log with signature of DR or RN to verify the appointment.
- We suggest using a driver's log that includes the odometer reading to justify the mileage.
- QM modifier. When called to pick up after discharge at a hospital.
- A0422 oxygen can only be billed if the supply of the transportation provider is used. This should only happen during stretcher van transportation or if recipient runs out of oxygen during regular wheelchair transportation.



Wheelchair – Securement Devices

- A vehicle used for wheelchair transportation must be equipped with a wheelchair securement device and a wheelchair occupant restraint system for each wheelchair and occupant being transported. Each wheelchair securement device must be installed and used according to the manufacturer's instruction. Each wheelchair occupant restraint system must provide pelvic and upper torso restraint and must comply with the requirements of 49 CFR § 571.222, S5.4.1 to S5.4.4, inclusive (October 1, 1997). The driver or the attendant must ensure that the wheelchair occupant restraint system is fastened around the wheelchair user before the driver sets the vehicle in motion.



Stretcher van transportation

- Covered for services that do not require an ambulance but wheelchair transportation is not sufficient.
- QM modifier cannot be billed with stretcher van base rate.
- Only loaded miles can be billed.
- A0422 oxygen can only be billed if the supply of the transportation provider is used.



Community Transportation

- We suggest using a driver's log with signature of Dr. or RN to verify the appointment.
- We suggest to using a driver's log that includes the odometer reading to justify the mileage.
- Loaded mileage is allowed if the trip extends beyond the city limits and is more than 20 miles one way.
- Unloaded mileage is only allowed if a trip expands beyond the city limits and is more than 20 miles one way **and** the driver is returning to the point of origin after delivering the recipient or is traveling to a medical institution to pick up a discharged recipient.
- No payment is made for recipients residing in a nursing home. Such service is included in the facility's cost.
- A0425, we received approval to remove the Medically Unlikely Edits (MUE).



Transportation Documentation Form

- This form is only for Secure and Community Transportation.
- The form can be found on the DSS website under Forms & Publications.
http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/transportation_doc_form.pdf
- Section 1 has the Medicaid Recipient Information
- Section 2 Shows the Trip information such as:
 - Type of transportation
 - Driver's Name
 - Date of trip
 - Medical Facility or Medical Practitioner's Name.



Transportation Documentation Form

- Section 3 attests that the recipient is confined to a wheelchair or requires transportation on a stretcher.
- Section 4 has the signatures of the
 - Recipient/Guardian
 - Driver
 - The representative of the Medical provider (Receptionist, Nurse, or Doctor).



Ambulance (Ground)

- Recipients must be transported **locally or to the nearest medical provider** that is equipped or trained to provide the necessary service.
- Ground ambulance service to or from a medical provider or between medical facilities are covered **when other means of transportation would endanger the life or health** of the patient.
- Ground ambulance services **are not taxi services.**
- Mileage may not be billed for more than one recipient per trip.
- If mileage is less than one mile bill as one mile.
- A0394 IV drug therapy supplies may only be billed if the IV was started by the ambulance crew with ambulance supplies **or** additional IV solution was used from the ambulance own supply.



Ambulance (Ground)

- A0396 esophageal intubation supplies may only be billed if the ambulance crew did the intubation with supplies from the ambulance.
- A0384 defibrillation supplies may only be billed if the supplies have been used for defibrillation. It is not to be billed if used as/with cardiac monitor.
- If the ground ambulance transports a patient to the airport and the flight crew provides all the services only BLS may be billed for the ground ambulance.
- If an ambulance is licensed as an ALS provider but the services provided are only BLS then only BLS services can be billed.



Ambulance (Air)

- Must be medically necessary.
- Can only bill if recipient is on board and transported.
- The written physician's order requiring this specific level of transport must be retained in the provider's records.



Billing

- All transportation providers should bill with the billing NPI in 33a and 24 J and the taxonomy code in 33b and 24J shaded area with the ZZ qualifier in 24 i.
- Make sure you are registered for our Medicaid Portal. Paper remittance Advices are no longer mailed.



Common Billing Issues

- Only four one-way trips can be billed per day for a recipient per CMS MUE edits.
- If more than two trips need to be billed the first line should have the base code and 2 units. The second line should have modifier 59 after the base code and 1 or 2 units.
- The pickup location is reported in loop and segments 285 2310E NM1 and 285 2420G NM1. The destination location is submitted in loop and segments 290 2310F NM1 and 290 2420H NM1. These loops and segments only have 80 character spaces. Claims with additional information will still need to be submitted on paper in typewritten form.
- On paper claims the origin and destination may be shown in locator 19 or in the shaded area of locator 24.



Modifiers

<u>Modifier</u>	<u>Description</u>
TK	Extra patient or passenger
TN	Rural/outside the provider's Customary service area
QM	Hospital arranged wheelchair van transport.



Resources

- [ARSD 67:16:25:08.01](#) Billing Requirements – Wheelchair.
- [ARSD 67:16:25:08.03](#) Billing Requirements – Air Ambulance
- [ARSD 67:16:25:08.04](#) Billing Requirements – Community Transportation Services.
- [ARSD 67:16:25:12.05](#) Claim Requirements – Modifier Codes
- [Billing Manual](#)
- [Fee Schedule](#)
- [Medicaid Portal](#)

