COMMUNITY TRANSPORTATION SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider’s National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

A community transportation provider must be a governmental entity, enrolled secure medical transportation provider, or registered as a nonprofit organization with the South Dakota Secretary of State. Enrolled secure medical transportation providers must also be enrolled as a community transportation provider in order to provide and bill for community transportation services. Community transportation providers must be domiciled in the State of South Dakota or enrolled as a Medicaid transportation provider in the entity’s or organization’s state of domicile. Vehicles used to provide the covered services must be owned or registered to the community transportation provider and license plates issued in South Dakota will be either commercial or exempt plates.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient’s Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid’s online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter and in the table below:

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Coverage Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/CHIP Full Coverage</td>
<td>Medically necessary services covered in accordance with the limitations described in this chapter.</td>
</tr>
<tr>
<td>Medicaid – Pregnancy Related Postpartum Care Only (47)</td>
<td>Coverage restricted to family planning and postpartum care only. Transportation must be to or from postpartum care medical appointments.</td>
</tr>
<tr>
<td>Medicaid – Pregnancy Related Coverage Only (77)</td>
<td>Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby. Transportation must be to or from pregnancy related medical appointments.</td>
</tr>
</tbody>
</table>
Unborn Children Prenatal Care Program (79) Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby. Transportation must be to or from pregnancy related medical appointments.

Refer to the Recipient Eligibility manual for additional information regarding eligibility.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Community Transportation Coverage
Transportation services must be provided in accordance with applicable federal, state, and local regulations. Transportation must be to or from medically necessary examinations or treatment. The services must be covered by South Dakota Medicaid and provided by a provider who is enrolled or eligible for enrollment with South Dakota Medicaid. In addition, the transportation must be to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written authorization from a medical provider in the recipient’s medical community to seek treatment at a different facility or provider.

Transportation must be from an eligible recipient’s residence, bus stop nearest to the recipient’s residence, place of work, or school to a medical provider, between medical providers, or from a medical provider to the recipient’s residence, bus stop nearest to the recipient’s residence, or place of work. A recipient’s residence does not include a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease.

Driver Requirements
Community transportation providers must ensure that the following driver requirements are met:

- Each driver providing services is at least 18 years old with one year of experience as a licensed driver who possesses a valid driver’s license for the class of vehicle driven.
- Each provider must have a process in place to address any violation of state drug law by a driver.
• Each driver providing services has not had a driver’s license suspended under the provisions of SDCL chapter 32-12 or had a conviction of driving under the influence pursuant to SDCL chapter 32-23 or under similar laws of another state during the previous three years.

• Each driver providing services has not been excluded from participation in any federal health care program and is not listed on the exclusion list of the Department of Health and Human Services Office of Inspector General.

Traffic Violations Disclosure Requirements
Community transportation providers are required to have in place a process to disclose to Medicaid the driving history, including traffic violations, of each driver employed or providing services. Providers should maintain the records of individual drivers’ driving history and traffic violations. Medicaid may request a copy of the records.

Long-Term Care Facilities
A nursing facility may not submit a claim for community transportation. Such services are considered routine under the provisions of ARSD 67:16:04:41 and are included in the facility’s cost reports required in ARSD 67:16:04:34.

Multiple Trips per Day
If a recipient is seeing several medical providers in one day, South Dakota Medicaid will pay up to 4 one-way community transportation and secure medical transportation trips within one date of service.

1. If a recipient is picked up at his/her residence and sees three providers in different locations, requiring transportation, and is then taken back home the claim needs to be billed as follows:
   • First line with A0130/A0120 and 2 units.
   • Second line with A0130/A0120 59 modifier and 2 units.

2. If a recipient is picked up at his/her residence and sees one provider and is returned home and then sees another provider again later in the day (getting picked up at home and dropped off at home again) the claim needs to be billed as follows:
   • First line with A0130/A0120 and 2 units.
   • Second line with A0130/A0120 59 modifier and 2 units.

3. If a recipient is picked up at his/her residence and sees two providers in different locations, requiring transportation, and then taken back home the claim needs to be billed as follows:
   • First line A0130/A0120 and 2 units.
   • Second line A0130/A0120 59 modifier and 1 unit.

It is inappropriate to bill the third-round trip on a different day than the date of service to receive reimbursement. If a recipient schedules more than two round trips in one day, the third trip is the patient’s responsibility.

NON-COVERED SERVICES

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.
Community Transportation Non-Covered Services
The following community transportation services are not covered:

- Services not specifically listed in the covered services section;
- Transportation to pick-up prescription drugs or eyeglasses; and
- Community transportation services provided by a secure medical transportation provider unless the provider is enrolled with Medicaid as a community transportation provider.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Community Transportation Documentation Requirements
The department requires community transportation providers keep documentation on file that supports that the recipient was transported to a medical appointment. As a best practice South Dakota Medicaid recommends providers use the department’s Transportation Documentation Form, which satisfies this requirement.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing
South Dakota Medicaid must receive a provider’s completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim for community transportation services must be submitted at the provider’s usual and customary charge. The applicable procedure codes, rates, and modifier codes for community transportation services can be found on the department’s transportation fee schedule. To be eligible for loaded mileage, the trip must be outside of city limits and 21 miles or more one way. Payment for community transportation services outside city limits includes the applicable trip fee as indicated on the department’s fee schedule. Attendant passengers are not billable. Only one mileage allowance is payable for each trip regardless of the number of passengers.

Claim Instructions
Claims for community transportation services must be submitted on a CMS 1500 claim form or via an 837P electronic transaction. Detailed claim instructions are available on our website. Claims must be submitted at the provider's usual and customary charge. Providers must include the origin and
destination of the recipient being transported in Block 19 of the CMS 1500 form or the equivalent on an 837P electronic transaction.

Modifiers
If applicable, the following modifier codes must be included on a provider’s claim:
- TK - Additional South Dakota Medicaid Recipient
- TN - Trip outside of city limits
- Applicable descriptive modifiers are required to be included on the claim.

Modifier payment effects are described on the department’s website.

DEFINITIONS

1. "Community transportation service," the nonemergency transporting of a recipient to and from medical services by a community transportation provider meeting the requirements of § 67:16:25:06.01;

2. "Loaded mileage," mileage driven while a patient is being transported; and

3. "Trip," the transporting of a person from the person’s home to a medical provider, between medical providers, or from a medical provider to the person's home.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. Can the same vehicle be used for secure and community transportation services?

A vehicle that provides securement devices as well as non-secured seating (ex: bus with wheelchair ramp) can be used to provide both types of transportation as long as the provider meets all eligibility conditions and is enrolled with Medicaid as both a secure medical transportation provider and a community transportation provider.

2. How does a secure medical transportation provider that is also enrolled as a community transportation provider bill for community transportation services?

Providers should follow the claim instructions in this manual. Community transportation services must be billed for using the applicable community transportation codes on the Transportation Services Fee Schedule. Billing for community transportation services using secure medical transportation codes is considered fraud and abuse of the program.

3. Can a nursing facility bill for community transportation?
No, the cost of transportation is already included in the facility’s reimbursement.

4. **Does South Dakota Medicaid provide a list of enrolled community transportation providers to recipients?**
   A list of enrolled provider is available on our website at https://dss.sd.gov/medicaid/recipients/communitytransportation.aspx. Providers can contact sdmedxgeneral@state.sd.us to update information on the list.

5. **Can a provider limit which Medicaid recipients they serve?**
   Providers may set reasonable limits such as hours of service or areas of operation; however, providers must serve all Medicaid recipients within the parameters of these limits. Transportation providers may not limit services to specific Medicaid recipients. For example, an assisted living provider cannot limit transportation to their own residents.