
CHAPTER 10: MEDICAL TRANSPORTATION

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SERVICE ACCESS AND AUTHORIZATION

All non-emergency medical transportation must be prior authorized by the Bureau of Health Services Financing (BHSF) or its designee. Requests must be initiated through the BHSF contractor. (See Appendix G for contact information for contractor.)

Requests for transportation may be made by recipients, hemodialysis centers, non-profit transportation providers, or other BHSF-approved sources.

Under no circumstances can profit transportation providers schedule trips on behalf of recipients.

The Transportation Dispatch Office (TDO) will assign transportation on the basis of the least expensive means of transportation available in a geographic area with consideration given to the recipient's choice of provider. **Recipients must take advantage of free transportation and public transportation, if available.**

The provider must be certified to transport within the recipient's parish of origin. The prior authorization (PA) number is extremely important in securing reimbursement for any trip provided. The TDO will issue a ten-digit authorization number verifying that the service is approved. This authorization must be used to bill for transportation services. After authorizing a trip for a recipient, the TDO forwards the following information to the fiscal intermediary (FI):

- Recipient name,
- Medicaid ID number,
- Date of Service, procedure code for type of trip,
- The PA number, and
- The amount authorized.

Claims that are sent in for reimbursement must match all the above items to be processed by the claims processing system. Three-digit codes giving the reason(s) for the denial of a claim will be printed on the Remittance Advice (RA) with an explanation. All codes appearing on the RA will be shown on the second to last page of the RA. The FI should be contacted for assistance in resolving billing problems. The contractor should be contacted for assistance in resolving prior authorization issues.

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NOTE: The TDO is authorized by BHSF to void a PA number if the recipient or provider of service complains that the recipient has not been picked up from the provider's office or place of service and other arrangements were made to return the recipient to his/her home or place of residence.

Recipients and medical providers are asked to give at least 48 hours notice when calling to request transportation. When a recipient calls for same day service, the TDO will attempt to schedule the trip.

When a recipient requires a second trip in the same day, either the recipient or the medical provider must call the TDO to obtain authorization. When a scheduled trip cannot be completed, the recipient or provider must immediately notify the TDO. If the provider is unable to arrive at the scheduled destination within 2 hours of the expected time of pick up, it is the provider's responsibility to notify **both** the **TDO** and the **recipient**.

If notified early enough in advance of the appointment, the TDO must attempt to schedule an alternate provider to transport the recipient.

The BHSF requires the TDO to contact the medical provider to verify the recipient kept the appointment and to contact recipients and medical providers regarding their satisfaction with the transportation service. Complaints against transportation providers are forwarded to the state on a monthly basis.

Providers who are involved in an incident with a recipient should keep a log documenting the following:

- Nature of the incident,
- Names and contact information of any witnesses to the incident, and
- Any police involvement (citations issued or charges filed, etc).

Determining the Need for an Attendant

The TDO is responsible for determining if an attendant is required. The following conditions require an attendant:

- Sensory deficits, such as blindness or poor vision, deficits in hearing or receptive/expressive language disorder,
- Special needs such as:

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- Convalescence from surgical procedures,
 - General weakness (bed and chair bound),
 - Protection from hazards, e.g., protection from smoking,
 - Decubitus (skin sores), other problems which prohibit sitting for a long period of time where assistance is needed,
 - Incontinence or lack of bowel control (catheterized),
 - Assistance with going to the restroom, and
 - Artificial stoma, colostomy or gastrostomy.
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- Need for human assistance for mobility, with or without aids, such as crutches, walkers, wheelchairs or limbs (splinted or in a cast),
 - Poor function or in need of supervision (confused, disoriented, hostile, agitated or wanders off),
 - Alzheimer's Disease (or some other mental impairment), and/or
 - Poor command of the English language.

Medicaid does not pay for the transportation of the attendant. In addition the transportation provider:

- May not charge the recipient or anyone else for the transportation of the attendant,
- May refuse to transport more than one attendant per recipient and may require an attendant for an adult requiring attention during the trip,
- May be informed by the TDO if a recipient intends to bring along any children,
- Cannot bill for the accompanying children; however, the provider may refuse to transport these children.

A parent, legal guardian, or responsible person must accompany children under the age of 17. If the recipient is under the age of 17 and requires an attendant, the attendant **must:**

- Be age 17 or older,
- Be designated by the parent if the attendant is not the parent or legal guardian,

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- Be able to authorize medical treatment and care for the child, and
- Accompany the child to and from the medical appointment.

The attendant **must not:**

- Be a Medicaid provider or employee of a Medicaid provider that is providing services to the recipient being transported, or
- Be a transportation provider or an employee of a transportation provider, or
- Be an employee of a mental health facility.