SECTION: TABLE OF CONTENTS

**CHAPTER 10: MEDICAL TRANSPORTATION** 

#### MEDICAL TRANSPORTATION

#### TABLE OF CONTENTS

S	U	BJ	ΙE	C	Г

**OVERVIEW** 

#### NON-EMERGENCY MEDICAL TRANSPORTATION

COVERED SERVICES	
Classification of Providers	
Public Providers	
Friends and Family Providers	
Non-Profit Providers	
Profit Providers	
Medical Service Area	
Out-of-State Transportation	
Exclusions	
Non-Profit and Profit Provider Service Area	
Expansion of Provider Service Area	

#### SERVICE ACCESS AND AUTHORIZATION SECTION 10.2

Determining the Need for an Attendant

#### **PROVIDER REQUIREMENTS**

Insurance Requirements for Profit and Non-Profit Providers Communication Requirements Vehicle Requirements Vehicle Inspection Inspection Requirements for Temporary Use Vehicles Ride Along Compliance Reviews Signage License Plate Requirements Adding or Deleting Vehicles Office Relocation Requirements

Page 1 of 3

PAGE(S) 3

# SECTION 10.3

## SECTION 10.1

**SECTION 10.0** 

## SECTION

11/13/2013 05/10/2013

**ISSUED:** 

**REPLACED:** 

IERGENCY MEDICAL TRANSPORTATION	SECTION 10.
<b>DN-EMERGENCY AMBULANCE TRANSPORTATION</b>	SECTION 10.
IBULANCE – MISCELLANEOUS POLICIES	SECTION 10.
Nursing Home Ambulance Transportation	
Limits and Overrides	
Service Limits for Emergency Services	
Service Limits for Non-Emergency Services	
Medicaid/Medicare Service Limits	
Page 2 of 3	Table of Conten

LOUISIANA MEDICAID PROGRAM

**SECTION: TABLE OF CONTENTS** 

### Advertising **PROVIDER RESPONSIBILITIES SECTION 10.4** Vehicle Operation Requirements, Safety and Professionalism **Emergency Action Procedure** Accident Reporting Requirements **STAFFING AND TRAINING SECTION 10.5 Driver Requirements RECORD KEEPING SECTION 10.6** Daily Trip Log Verification of Medical Transportation REIMBURSEMENT **SECTION 10.7** Friends and Family Non Profit Providers **Profit Providers SECTION 10.8 COMPLAINT PROCEDURES AMBULANCE SECTION 10.9 OVERVIEW** EMERGENCY MEDICAL TRANSPORTATION SECTION 10.10 NO ).11 AM .12

PAGE(S) 3

11/13/2013 05/10/2013

**ISSUED:** 

**REPLACED:** 

LOUISIANA MEDICAID PROGRAM

REPLACED	: 05/10/2013
CHAPTER 10: MEDICAL TRANSPORTATION	
SECTION: TABLE OF CONTENTS	PAGE(S) 3
Medicaid and Medicare Part B	
AIR TRANSPORTATION	SECTION 10.13
Prior Authorization of Services Commercial Air Transportation for Out of State Care	
HOSPITAL-BASED AMBULANCES	SECTION 10.14
AMBULANCE MEMBERSHIPS	SECTION 10.15
<b>RETURN TRIPS AND TRANSFERS</b>	SECTION 10.16
REIMBURSEMENT	SECTION 10.17
Mileage Emergency Ambulance Emergency Air Non-Emergency Ambulance Procedure Code A0226	
NEMT – FRIENDS AND FAMILY ENROLLMENT FORM	APPENDIX A
NEMT – INTRA-STATE RATES	APPENDIX B
NEMT – SURVEY LETTER	APPENDIX C
AMBULANCE – TRANSPORTATION CODES	APPENDIX D
AMBULANCE – TRANSPORTATION MODIFIERS	APPENDIX E
AMBULANCE – MEDICARE NON-COVERED TRANSPORT MODIFIER CODES	APPENDIX F
CONTACT INFORMATION	APPENDIX G
FORMS	APPENDIX H
CLAIMS FILING	APPENDIX I