LOUISIANA MEDICAID PROGRAM

ISSUED: 05/10/2013 REPLACED: 11/01/2010

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION: TABLE OF CONTENTS PAGE(S) 3

MEDICAL TRANSPORTATION

TABLE OF CONTENTS

<u>SUBJECT</u> SECTION

NON-EMERGENCY MEDICAL TRANSPORTATION

OVERVIEW SECTION 10.0

COVERED SERVICES SECTION 10.1

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

SECTION 10.3

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

LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

05/10/2013 11/01/2010

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION: TABLE OF CONTENTS

PAGE(S) 3

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

REIMBURSEMENT

SECTION 10.7

Friends and Family Non Profit Providers Profit Providers

COMPLAINT PROCEDURES

SECTION 10.8

AMBULANCE

OVERVIEW

SECTION 10.9

EMERGENCY MEDICAL TRANSPORTATION

SECTION 10.10

NON-EMERGENCY AMBULANCE TRANSPORTATION SECTION 10.11

NURSING HOME AMBULANCE TRANSPORTATION

SECTION 10.12

Limits and Overrides

Service Limits for Emergency Services Service Limits for Non-Emergency Services

Medicaid/Medicare: Service Limits

Medicaid and Medicare Part B

AIR TRANSPORTATION

SECTION 10.13

Page 2 of 3

Table of Contents

LOUISIANA MEDICAID PROGRAM	ISSUED: REPLACED:	
CHAPTER 10: MEDICAL TRANSPORTATIO	ON .	
SECTION: TABLE OF CONTENTS		PAGE(S) 3
Prior Authorization of Services Commercial Air Transportation for Out of	f State Care	
HOSPITAL-BASED AMBULANCES		SECTION 10.14
AMBULANCE MEMBERSHIPS		SECTION 10.15
RETURN TRIPS AND TRANSFERS		SECTION 10.16
REIMBURSEMENT		SECTION 10.17
Mileage Emergency Ambulance Emergency Air Non-Emergency Ambulance Procedure Code A0226		
NEMT – FRIENDS AND FAMILY ENROLLMENT	Γ FORM	APPENDIX A
NEMT – INTRA-STATE RATES		APPENDIX B
NEMT – SURVEY LETTER		APPENDIX C
AMBULANCE – TRANSPORTATION CODES		APPENDIX D
AMBULANCE – TRANSPORTATION MODIFIER	RS	APPENDIX E
AMBULANCE – MEDICARE NON-COVERED TRANSPORT MODIFIER CODES		APPENDIX F
CONTACT INFORMATION		APPENDIX G
FORMS		APPENDIX H

CLAIMS FILING

APPENDIX I