MEDICAL TRANSPORTATION

The MCO is required to provide emergency and non-emergency medical transportation for its enrollees. Coverage information by enrollment type is provided in the following matrix:

Enrollment	Non-Ambulance	Non-Emergency Ambulance	Emergency Ambulance
Managed care for physical and behavioral health	MCO	MCO	MCO
Managed care for physical health only (CSoC children)	MCO	MCO	MCO
Managed care for behavioral health only	MCO	MCO	Medicaid FFS
Nursing home residents	Included in facility per diem	MCO	MCO for month of admission*; Medicaid FFS for subsequent months
Children in ICF-IIDs†	Included in facility per diem	MCO	Medicaid FFS
Adults in ICF-IIDs†	Included in facility per diem	Medicaid FFS^	Medicaid FFS
Excluded populations	Medicaid FFS^	Medicaid FFS^	Medicaid FFS

† Intermediate Care Facility for Individuals with Intellectual Disabilities

^ Southeastrans is currently approving and reimbursing for these transportation services covered by Medicaid FFS.

*During the single transitional month where an enrollee is both in a P-linkage and certified in LTC, the MCO will remain responsible for all transportation services that are not the responsibility of the nursing facility.

The MCO may elect to contract with a transportation broker but shall maintain ultimate responsibility for adhering to and otherwise fully complying with the policies, instructions, and guidelines herein, any applicable Contract provisions, and any applicable state and federal requirements.

Non-Emergency Medical Transportation

Non-emergency medical transportation (NEMT) is transportation provided to Medicaid enrollees to and/or from a Medicaid covered service or value-added benefit (VAB) when no other means of transportation is available. NEMT does not include transportation provided on an emergency basis, such as trips to emergency departments in life threatening situations.

This section is applicable to non-ambulance, non-emergency medical transportation only. See the *Ambulance* section of this Manual for guidelines specific to non-emergency ambulance transportation (NEAT). Services shall be provided in accordance with the Louisiana Administrative Code, Title 50, Part XXVII, Chapter 5.

Covered Services

The MCO shall cover NEMT for the least costly means of transportation available that accommodates the level of service required by the enrollee to and/or from a Medicaid covered service.

NEMT must be within the enrollee's transportation service area. The transportation service area is defined as the area that complies with the geographic access standards outlined in the **Provider Network Companion Guide**.

Eligible expenses include the following when necessary to ensure the delivery of medically necessary services:

- Transportation for the enrollee and one attendant; and
- Meals, lodging, and other related travel expenses for the enrollee and one attendant when long distance travel is required. Long distance is defined as when the total travel time, including the duration of the appointment plus the travel to and from the appointment, exceeds 12 hours.
    - The MCO must establish a reimbursement policy that does not exceed per diem rates established by the U.S. General Services Administration [link].
    - The MCO must allow for meals and lodging, for each trip that are not otherwise covered in the inpatient per diem, primary insurance, or other payer source.
    - If the MCO denies meals and lodging services to an enrollee who requests these services, the member must receive a written notice of denial explaining the reason for denial and the member's right to an appeal.

Scheduled trips in which no transportation of the enrollee occurs are not billable.

Reimbursement to transportation providers shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed to by the MCO and the transportation provider in the provider agreement.

Exceptions to Standards

The transportation service area applies for P-linkage enrollees who are enrolled in an MCO for physical health, behavioral health, and transportation services. It is not applicable to B-linkage enrollees who are enrolled in an MCO for specialized behavioral health and NEMT services.

If a P-linkage enrollee does not have a choice of at least two medical providers within the geographic access standards, the transportation service area may be extended to the nearest medical provider beyond the geographic access standards. If the enrollee does have a choice of at least two medical providers within the transportation service area but chooses to travel outside of the transportation service area in order to access a preferred healthcare provider, the MCO shall review all requests and shall either issue a decision or submit a written request for exception to LDH for approval. If LDH denies the request, the MCO shall deny the request and will not be reimbursed for the trip. If LDH approves the request, the approval is valid for all of the enrollee's appointments to the specific healthcare provider or facility listed on the exception. If the physical location of the healthcare provider or facility is modified, the approval is rendered invalid.

Enrollees may seek medically necessary services in another state when it is the nearest option available. All non-emergency out-of-state transportation must be prior approved by the MCO. The MCO may approve transportation to out-of-state medical care only if the enrollee has been granted approval to receive medical treatment out of state.

Enrollees are linked to specific Opioid Treatment Program (OTP) locations; however, enrollees may receive opioid treatment at another clinic (i.e., "guest dose"). The MCO shall cover transportation to any OTP location, not just the location to which the enrollee is linked or that is in the enrollee's home parish or region.

The MCO must maintain documentation to support exceptions to standards and submit documentation to LDH upon request.

Exclusions

The MCO shall not be reimbursed for transportation to or from the following locations:

- Pharmacies;
- Nursing facilities;
- Hospice care; or
- Women, Infants, and Children (WIC) service appointments at the Office of Public Health.

NOTE: This is not an exclusive list.

The MCO may reimburse for transportation to or from a pharmacy, WIC appointment, or other value-added benefit as an approved MCO value-added benefit, regardless if it is a standalone trip or as an additional stop. The MCO shall flag both the service and the transportation as a value-added benefit in accordance with the **MCO System Companion Guide**.

Commercial Air Transportation for Out-of-State Care

The MCO may approve NEMT on commercial airlines for out-of-state trips when no comparable healthcare services can be provided in Louisiana, and the risk to the enrollee's health is grave if transported by other means. All out-of-state non-emergency medical care must be prior authorized by the MCO. Transportation may be included in the prior authorization for medical services. MCO approval shall be contingent on the treating physician's confirmation that there are no negative impacts to the health and safety of the enrollee by utilizing commercial air transportation.

The MCO shall reimburse air travel for the enrollee plus a maximum of one attendant, if medically necessary or if the enrollee is a child, at the lowest, refundable, coach/economy class fare. Upgrades (e.g., fare class or seat) and additional costs (e.g., in-flight refreshments) shall not be reimbursed.

Scheduling and Dispatching

General Requirements

Requests for transportation may be made by enrollees, healthcare providers, or non-profit transportation providers. The MCO may not impose a limit on the number of appointments that may be scheduled by an enrollee or healthcare provider during a single call. Under no circumstances may profit providers schedule trips on behalf of enrollees. This prohibition extends to healthcare providers who have an ownership interest in the transportation company.

To be eligible for reimbursement, NEMT trips must be reviewed by the MCO, prior to scheduling, for enrollee eligibility and verification that the originating or destination address belongs to a medical facility. Additional approval requirements for out-of-state travel and commercial air are addressed in this manual.

The MCO shall assign transportation providers on the basis of the least costly means available, including the use of free and/or public transportation when possible, with consideration given to the enrollee's choice of transportation provider. The MCO shall ensure that the provider accommodates the level of service required to safely transport the enrollee (e.g., ambulatory, wheelchair, transfer).

When multiple providers meet the least costly standard, the MCO should dispatch trips to providers whose primary service region for operation, according to the provider's Disclosure of Ownership Information Form for Entity and Business, is the same as the enrollee's domicile and who are able to comply with all travel and wait time standards. The MCO is prohibited from dispatching trips to out-of-region providers, unless the MCO retains documentation to support that there is no willing and available provider in the region[1] where the enrollee is domiciled able to comply with time requirements or that the out-of-region provider is the least costly option.

With the exception of urgent transportation requests and discharges from inpatient facilities, enrollees and healthcare providers are expected to give at least 48 hours' notice when requesting transportation; however, the MCO must make a reasonable attempt to schedule the trip with less than 48 hours' notice.

MCOs shall make every effort to schedule urgent transportation requests and may not deny a request based solely on the appointment being scheduled less than 48 hours in advance. Urgent transportation refers to a request for transportation made by a healthcare provider for a medical service which does not warrant emergency transport but cannot be postponed. Urgent transportation shall include chemotherapy, radiation, dialysis, OTP, or other necessary medical care that cannot be rescheduled to a later time. An urgent transportation request may occur concurrently with a standing order.

NEMT providers shall pick up enrollees no later than three hours after notification by an inpatient facility of a scheduled discharge or two hours after the scheduled discharge time, whichever is later. Examples are as follows:

- If an inpatient facility notifies the MCO at 12:00 pm for a 12:30 pm discharge, the enrollee shall be picked up no later than 3 pm.
- If an inpatient facility notifies the MCO at 12:00 pm for a 2 pm discharge, the enrollee shall be picked up no later than 4 pm.
- If an inpatient facility notifies the MCO at 8 pm for a 7 am discharge the next day, the enrollee shall be picked up no later than 9 am.

The MCO shall allow enrollees who have recurring treatment and therapies, such as dialysis, chemotherapy, OTP, or wound care, to establish a standing order for transportation. This allowance shall extend to the healthcare facility providing the recurring treatment or therapies. The MCO shall assign transportation providers to the standing order on the basis of the least costly means available. If multiple transportation providers meet the least costly standard, the standing order should be scheduled with the same transportation provider to ensure continuity of care and to prevent missed treatments.

[1] Defined as the LDH administrative regions illustrated at https://ldh.la.gov/index.cfm/page/2.

The standing order shall be flexible, allowing the enrollee or healthcare facility to revise the pickup and/or drop-off time, incorporate additional recurring appointments, and change the completion date of treatment. The MCO shall update the standing order upon request of these changes and may not deny transportation associated with these changes. MCOs shall review all standing orders at least once per calendar month to ensure the agreement with the assigned transportation provider is the most cost-effective option available. Results of these reviews shall be retained and made available to LDH upon request.

When a transportation provider cannot perform the service, the MCO shall require the provider to immediately notify the MCO in order for the MCO to secure an alternate provider.

When the transportation broker is unable to fulfill an enrollee's request for NEMT services after providing the enrollee with a confirmation number for the requested transport, the MCO shall require the transportation broker to notify the enrollee immediately that the transportation services will be canceled. The MCO shall require the transportation broker to notify enrollees of any other changes to trip details. Notifications shall be provided via phone, e-mail, or text, depending on the enrollee's preferred method of communication.

The MCO shall monitor providers to ensure that they do not reject local trips in favor of long distance trips. Providers who exhibit a pattern of rejecting local trips may be subject to trip reductions or other sanctions, particularly if such action results in actual harm to an enrollee or places the enrollee at risk of imminent harm.

If a child is to be transported, either as the enrollee or an additional passenger, the parent or guardian of the child is responsible for providing an appropriate child passenger restraint system as outlined by La. R.S. 32:295. The MCO is responsible for notifying the parents or guardians of this requirement when scheduling the trip.

Additional Passengers

The MCO must inform the transportation provider if an enrollee intends to bring accompanying children or if an attendant is required.

The MCO shall prohibit transportation providers from charging the enrollee or anyone else for the transportation of additional passengers and shall not reimburse any claims submitted for transporting additional passengers.

Children

The MCO's policy must allow the transportation provider to refuse to transport accompanying children.

Attendants

The MCO is responsible for determining if an attendant is required. If required, the MCO shall ensure that the attendant accompany the enrollee to and from the medical appointment. The following non-exclusive list of conditions may require an attendant:

- Sensory deficits;
- Need for human assistance for mobility;
- Dementia or other cognitive impairments;
- At risk of elopement;
- Behavioral disorders;
- Need for interpretation or translation assistance; or

- Special needs such as:
    - Convalescence from surgical procedures;
    - Decubitus ulcers or other problems which prohibit sitting for a long period of time;
    - Incontinence or lack of bowel control;
    - Assistance with toileting; and
    - Artificial stoma, colostomy or gastrostomy.

An attendant shall be required when the enrollee is under the age of 17. This attendant must:

- Be a parent, legal guardian, or responsible person designated by the parent/legal guardian; and
- Be able to authorize medical treatment and care for the enrollee.

Attendants may not:

- Be under the age of 17;
- Be a Medicaid provider or employee of a Medicaid provider that is providing services to the enrollee being transported, except for employees of a mental health facility in the event an enrollee has been identified as being a danger to themselves or others or at risk for elopement; or
- Be a transportation provider or an employee of a transportation provider.

Provider Requirements

Classification of Providers

NEMT is provided to Medicaid enrollees through four classifications of NEMT providers. The MCO shall consider scheduling NEMT providers in the following order:

1. Public
2. Gas reimbursement
3. Non-profit
4. Profit

Public providers include city and parish intrastate mass transit systems (e.g., bus, train).

Gas reimbursement providers are individuals, including friends or family members. The provider may not reside at the same physical address as the enrollee being transported and may not transport more than five enrollees except where there are more than five enrollees in the same household.

Non-profit providers include those providers who are operated by or affiliated with a public organization such as state, federal, parish or city entities, community action agencies, or parish Councils on Aging. If a provider qualifies as a non-profit entity according to Internal Revenue Service (IRS) regulations, they may only enroll as non-profit providers.

Profit providers include corporations, limited liability companies, partnerships, or sole proprietors. Profit providers must comply with all state laws and the regulations of any governing state agency, commission, or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid program.

General Requirements

The MCO shall ensure that the transportation provider agrees to cover the entire parish or parishes for which he or she provides NEMT services.

The MCO shall ensure that the transportation provider performs door-to-door assistance to and from the main entrance of the pickup and drop off locations upon request of enrollees who may require additional assistance.

Gas Reimbursement Provider Requirements

The MCO shall ensure that gas reimbursement providers are 18 years of age or older and possess a current Louisiana driver's license. The provider may not reside at the same address as the enrollee.

In order to be eligible for reimbursement, the MCO must obtain the following from gas reimbursement providers:

- An enrollment form that includes at a minimum:
  - Provider's full name;
  - Provider's physical address (P.O. Box is not valid);
  - Provider's mailing address;
  - Provider's phone number;
  - Provider's social security number; and
  - List of no more than five enrollees or all enrollees within one household, for whom the driver may be reimbursed. Enrollee information must include the full name, date of birth, and Medicaid ID;
- A clear and legible copy of the valid driver's license and attestation that a valid state inspection sticker will be maintained as part of the enrollment packet; and
- A copy of the vehicle's registration and insurance that meets or exceeds the minimum insurance required by the State of Louisiana.

Reimbursement to gas reimbursement providers is intended to cover all persons in the vehicle at the time of the trip (i.e., reimbursement shall be made for one trip regardless of the number of enrollees or additional passengers in the vehicle).

The MCO shall issue IRS Form 1099 to all gas reimbursement providers for income tax purposes.

Profit and Non-Profit Provider Requirements

The MCO shall obtain credentials from each profit and non-profit NEMT provider prior to and continually thereafter providing services under the NEMT program. The MCO may not assign any trips to profit and non-profit providers at any point who do not meet the requirements of this section. The MCO may not reimburse any provider in violation of these requirements on the date of service. These requirements are not applicable to pubic or gas reimbursement providers.

Administrative Requirements

The MCO shall obtain the following administrative documents from the NEMT provider:

- A Disclosure of Ownership Information Form for Entity and Business [link] as required by 42 C.F.R. §§ 455.104-455.106;

- The provider's National Provider Identifier (NPI) number in their business entity name if the provider has obtained one from the National Plan and Provider Enumeration System (NPPES);
- A copy of the IRS Form CP 575 showing the Employer Identification Number (EIN) and business entity name which must match all other documentation including, but not limited to, vehicle signage. A copy of the IRS Form 147C is acceptable if the IRS Form CP 575 is not available;
- An IRS Form W-9 which matches the information on the IRS Form CP 575 or 147C;
- A Certificate of Public Necessity (CPNC) issued by the Orleans Parish Taxicab Service and Enforcement Bureau for each provider, driver, and vehicle that will operate in Orleans Parish; and
- An NEMT permit issued by the Jefferson Parish Emergency Management Office for each provider, driver, and vehicle that will operate in Jefferson Parish.

The MCO shall conduct a search of Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), Louisiana Adverse Actions List Search, the System of Award Management (SAM), and other applicable sites as may be determined by LDH, monthly to capture exclusions and reinstatements that have occurred since the previous search. Any and all exclusion information discovered shall be reported to LDH within three business days. Any individual or entity that employs or contracts with an excluded NEMT provider/individual cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider or individual. This is a prohibited affiliation. This prohibition applies even when the Medicaid reimbursement itself is made to another provider who is not excluded.

The MCO is responsible for the return to the State of any money paid for services provided by an excluded NEMT provider within 30 days of discovery. Failure by the MCO to ensure compliance with requirements to prevent and return, as applicable, payments to excluded providers may also result in LDH assessing monetary penalties and/or other remedies including, but not limited to, a deduction from the MCO's monthly capitation payment.

Insurance Requirements

The MCO shall ensure that profit and non-profit NEMT providers have~~, at a minimum,~~ general liability coverage ~~of $100,000 on the business entity~~ if required by a local ordinance in areas where the NEMT provider operates, in addition to automobile liability coverage of $25,000 for bodily injury per person, $50,000 per accident, and $25,000 for property damages. Automobile liability coverage should include either:

- Symbols 7, 8, and 9; or
- Symbols 2, 8, and 9.

The NEMT provider's certificate of insurance must state that this coverage is for a Non-Emergency Medical Transportation Vehicle. The policy must have a 30-day cancellation clause issued to the MCO. LDH must be listed as an additional insured on the automobile liability and general liability policies. The MCO shall obtain a copy of the policy from the provider.

If a transportation provider adds a vehicle, the MCO shall obtain from the NEMT provider an updated copy of the policy, which shows that the additional vehicle is insured, prior to use of the vehicle.

The MCO shall ensure that all transportation companies carry worker's compensation insurance as required by Louisiana law.

Operation without the minimum insurance coverage is a violation of the NEMT provider requirements. LDH or the MCO may recoup all payments for trips occurring during the period of violation.

Driver Requirements

Drivers shall meet the following minimum requirements in order to transport Medicaid enrollees:

- Be 21 years of age or older;
- Possess a current driver's license (class D or CDL);
- Possess the appropriate municipal or parochial permits if operating in Orleans and Jefferson Parish;
- Have an Official Driving Record with neither three or more moving violations, nor any convictions for operating a vehicle while intoxicated, within the past three years;
- Comply with La. R.S. 40:1203.1 - 40:1203.7. Transportation providers shall conduct an annual criminal history check on all NEMT drivers. The criminal history check must be performed by the Louisiana State Police, an agency authorized by the Louisiana State Police, or the FBI. The results of the criminal history check must be transmitted directly to the MCO or its transportation broker by the authorizing agency. The driver must have a "clean" record, with no convictions for prohibited crimes, unless the person has received a pardon of the conviction or has had their conviction expunged; and
- Have successfully passed a five-panel drug screen, at a minimum, which shall be performed annually and upon reasonable suspicion. The results of the drug screen must be transmitted directly to the MCO by the testing agency. Any driver, or prospective driver, who fails the drug screen may resume driver responsibilities after a substance abuse professional issues a final evaluation and return to work clearance. The MCO shall confirm that the driver successfully completes three follow-up screens over the six-month period following return to duty.

The MCO shall obtain documentation demonstrating compliance with these requirements.

Training Requirements

NEMT drivers shall complete the following training requirements prior to transporting any Medicaid enrollees:

- Defensive driving, utilizing an in-person course (online courses are not acceptable) of no less than four hours, to be renewed every three years, at a minimum;
- Cardiopulmonary resuscitation (CPR), culminating in an active certification issued by a licensed instructor;
- Child passenger restraint systems, including installation and usage in compliance with La. R.S. 32:295;
- Wheelchair securement and Passenger Assistance Safety and Sensitivity (PASS), utilizing an in-person course, to be renewed every two years, at a minimum; and
- Health Insurance Portability and Accountability Act (HIPAA) privacy and security.

The MCO shall obtain supporting documentation and ensure compliance with driver training requirements.

Vehicle Requirements

The MCO shall ensure that each vehicle authorized to transport enrollees under the NEMT program attains compliance with all vehicle requirements prior to transporting any Medicaid enrollees and maintains compliance thereafter.

General Requirements

The transportation provider shall own or lease its vehicles. The MCO shall obtain documentation that the vehicle is registered in the name of the company.

The MCO shall ensure that vehicles meet the following minimum requirements:

- Windshield in good condition and free of vision impairments;
- Active LA inspection sticker or, if applicable, the inspection sticker for vehicles operating in Orleans and Jefferson Parish;
- Certificate of Public Necessity and Convenience (CPNC) for each vehicle operating in New Orleans and NEMT permit for each vehicle operating in Jefferson Parish;
- Signage on the appropriate sides of the vehicle (see *Signage*);
- License plate, with an active registration sticker;
- Vehicle Identification Number (VIN) on a portion of the vehicle;
- Registration and insurance card secured in the vehicle;
- Functioning air conditioning and heating in the front and rear of the vehicle;
- Functioning seatbelts;
- Seat belt cutter secured in the vehicle within the driver's reach;
- Fire extinguisher, showing the pressure gauge is reading within the manufacturer's optimal setting, secured in the vehicle; and
- MCO or its transportation broker's decal, displaying the date the vehicle passed inspection, attached to the vehicle.

Stretcher vans, two-door vehicles, and pickup trucks are not allowable vehicle types. Salvage title vehicles are also not allowed.

If the vehicle is equipped to transport wheelchairs, the MCO must ensure that it complies with all applicable Americans with Disabilities Act (ADA) requirements, including requirements for restraints, tie-downs, lifts, and ramps.

The MCO shall require NEMT providers to notify the MCO of any newly added vehicles in order for the MCO to properly inspect and credential the vehicle prior to use within the NEMT Program. Providers must submit copies of vehicle registration and Certificate of Insurance (COI) for all newly added vehicles. Providers operating in New Orleans or Jefferson Parish must also submit copies of their appropriate municipal or parochial permits.

Signage

Each vehicle must have signage that displays the name and the telephone number of the enrolled provider and the vehicle number. The signage must be located on the driver side, passenger side, and, if a van, on the rear of the vehicle. Signs must not be affixed to the windows where they would interfere with the vision of the driver.

Vehicles funded by the Louisiana Department of Transportation and Development (DOTD) are required to have the DOTD transit logo displayed on them. This logo will be accepted as appropriate signage for enrollment in the NEMT program.

Vehicles operating in Orleans Parish must use their Orleans Parish Certificate of Public Necessity and Convenience (CPNC) number as their vehicle number. The CPNC number must meet Orleans Parish regulations for size, contrast of color, and location.

License Plates

Each NEMT vehicle must have a "for hire", "public", or "public handicapped" license plate, in accordance with La. R.S. 45:181 and 49:121. The vehicle must be licensed in the provider's business name when obtaining the license plate.

Vehicle Inspections

The MCO must perform an inspection prior to the vehicle being placed into the NEMT Program and annually thereafter.

The inspection must ensure that the vehicle meets all items covered under the Louisiana Highway Regulatory Act and functions as intended by the manufacturer.

Vehicle inspections shall be documented electronically and include digitized photographs evidencing that requirements have been met, including, but not limited to:

- Each side of the vehicle and appropriate signage;
- LA inspection sticker which should also include the vehicle VIN;
- Clear and legible license plate, registration sticker, VIN, and registration and insurance cards;
- Location of the seat belt cutter and fire extinguisher, including a pressure gauge reading;
- Active use of a temperature gun directed at a vent measuring the temperature of the air conditioning/heating of the front vent and rear vent, when one is present, of the vehicle. The reading should be no hotter than 52 degrees Fahrenheit when measuring the air conditioning nor cooler than 100 degrees Fahrenheit when measuring the heater;
- Interior of the vehicle showing all seat belts secured properly; and
- The MCO's decal, displaying the date the vehicle passed inspection, attached to the vehicle.

If the vehicle is equipped to transport wheelchairs, the inspector shall ensure that the wheelchair lift and all backup mechanisms are in working order. Digital photographs of the following are also required:

- Wheelchair secured showing proper application of the securements to the base; and
- Wheelchair shoulder and lap belt properly secured with the wheelchair in frame for reference.

All vehicle identifying information must be captured during the inspection to include VIN, year, make, model, vehicle color, license plate number, date of inspection, name and signature of inspector, and inspection results.

Unannounced Compliance Reviews

In an ongoing effort to identify and remedy non-compliant behavior, LDH or the MCO may perform unannounced vehicle compliance reviews. During these reviews, NEMT providers may be monitored for driver, vehicle, and program compliance which includes, but is not limited to, the examination of all provider manifests, signature pages, drivers' licenses, vehicle registration, insurance cards, vehicle safety checks, etc. Non-compliance with any

of the aforementioned may result in sanctions, suspension, and/or exclusion from the LA Medicaid Program. Providers do NOT have the right to refuse an unannounced compliance review.

Provider Responsibilities

The MCO shall ensure that transportation providers comply with the following provider responsibilities for all NEMT services within this section.

Travel and Wait Times

Transportation providers must perform services in a timely and professional manner. The MCO shall ensure that providers meet the following standards:

- Enrollees must arrive at least 15 minutes, but no more than two hours, prior to their appointments;
- Enrollees shall be picked up no more than two hours after the appointment has concluded; and
- Enrollees shall not be in the vehicle for more than one hour beyond the estimated travel time.

Vehicle Operation Requirements, Safety, and Professionalism

The MCO shall ensure that drivers project responsible, professional, and courteous behavior by monitoring compliance of the following requirements.

Drivers must **exercise the utmost safety** in caring for enrollees while transporting them and guard against becoming insensitive to their physical and emotional conditions.

Drivers must ensure:

- The equipment and vehicle used are kept clean and serviceable at all times;
- All laws of the State of Louisiana are observed while transporting passengers; and
- The vehicle is safe and in good operating condition.

NOTE: A vehicle must not be driven unless the driver determines that the following parts and accessories are in good working order: vehicle brakes, parking brakes, steering mechanism, lighting devices and reflectors, tires, horn, windshield wipers, and mirrors.

Drivers must:

- Not use or be under the influence of alcohol within four hours before going on duty or while operating, or having physical control of, a vehicle.
- Not be under the influence of an amphetamine of any formulation thereof, a narcotic drug or any derivative thereof, or other substance to a degree which renders the driver incapable of safely operating a vehicle.
- Not use or be under the influence of marijuana, including therapeutic or medical marijuana as permitted by state law, while operating, or having physical control of, a vehicle. The crossing of state lines with medical marijuana as well as the unlawful distribution, dispensation, possession, or use of marijuana in the workplace is otherwise prohibited.
- Come to a complete stop at all railroad crossings.

- ❖ Utilize the proper procedures required to move enrollees into and out of the vehicle equipped to transport non-ambulatory, wheelchair enrollees.
- ❖ Ensure that all passengers are wearing seatbelts or are otherwise secured. If the passenger uses a wheelchair during transport, the driver must ensure the appropriate use of an occupant restraint system. Lap positioning belts and chest straps are not sufficient safety restraints for wheelchair passengers.
- ❖ Ensure that no smoking or vaping occurs in the vehicle as in accordance with current Occupational, Safety and Health Administration (OSHA) regulations.
- ❖ Always turn the engine off when fueling a motor vehicle, and never fuel the vehicle where there is smoke or an open flame.
- ❖ Ensure that vehicles are not towed or pushed with passengers on board.

Drivers shall ensure the proper installation and usage of the child passenger restraint systems in compliance with La. R.S. 32:295. Non-compliance with these laws may result in immediate suspension of the driver and/or provider.

Emergency Action Procedure

If an emergency arises while transporting an enrollee, the driver must immediately assess the situation and determine whether to:

- ❖ Stop the vehicle and assist with the emergency;
- ❖ Proceed immediately to the nearest medical facility; or
- ❖ Call 911 for emergency medical assistance.

If the enrollee is taken to an emergency medical facility, the driver must immediately notify the MCO or its transportation broker and a member of the enrollee's family. When driving to the emergency medical facility, the driver should remain calm and alert and drive as quickly as conditions permit for safe vehicle operation.

Incident Reporting Requirements

Drivers who are involved in an incident shall notify emergency services immediately and in accordance with La. R.S. 32:398.

The transportation provider must report the following to the MCO:

Reporting Requirements	Reporting Period
For all motor vehicle accidents: • Time, date, location, and summary of incident; • Provider name; • Driver and vehicle information; • Enrollee name, Medicaid ID number, and contact information; • Name and contact information for all other passengers; • Injuries sustained; • Names and contact information of witnesses; • Any police issued citations or summons; and • Results of drug screen which was conducted within 12 hours of the incident.	Within 72 hours of the accident

Copy of the Louisiana Uniform Motor Vehicle Accident Report	Within 15 business days of the accident
Written report of all incidents when a Medicaid enrollee dies or is injured while in the provider's care, regardless of the cause	Within 72 hours of the incident

If the MCO contracts with a transportation broker, the transportation broker shall provide a detailed accounting of each incident to the MCO upon notification by the provider.

Record Keeping

The MCO shall require transportation providers to maintain sufficient documentation to identify the enrollees transported, trips made, locations traveled, driver qualifications, vehicle capabilities, and safety information.

Daily Trip Log

The MCO shall obtain a daily trip log from profit and non-profit providers that captures the following information:

- Trip identification number;
- Enrollee's name, Medicaid ID number, address, and signature;
- Destination address;
- Healthcare provider or facility's name, if applicable;
- Departure date and time;
- Arrival date and time;
- Driver's name;
- VIN; and
- Any other comments regarding the trip.

The daily trip log shall be maintained in electronic format and sorted chronologically.

Prior to reimbursement, the MCO shall verify that each claim from a profit or non-profit provider has a corresponding entry in the daily trip log.

Gas Reimbursement Form

The MCO shall obtain a gas reimbursement form for **every** NEMT claim from a gas reimbursement provider to be eligible for reimbursement. The gas reimbursement form must be typed or written in ink and include the following information:

- Trip identification number;
- Driver's full name;
- Driver's residential address;
- Driver's phone number;
- Driver's e-mail address (if applicable);
- Driver's relationship to enrollee;
- Enrollee's name;
- Enrollee's Medicaid ID number;

- Enrollee's address;
- Transportation date;
- Name of facility/medical provider;
- Address of facility/medical provider;
- Phone number of facility/medical provider;
- Signature of driver attesting that the information on the form is true and correct;
- Signature of enrollee or parent/guardian attesting that the information on the form is true and correct;
- Medical facility/physician's signature and date; and
- Medical facility's stamp.

Prior to reimbursement, the MCO shall verify that each claim from a gas reimbursement provider has a corresponding and properly completed gas reimbursement form.

Claims and Encounters

Claims Filing

Transportation providers shall submit all transportation claims to the MCO. Claims shall be submitted within 365 days of the date of service.

The MCO shall maintain a system that accepts electronic claim submissions and may not require providers to submit paper claims.

Encounter Submissions

The MCO shall submit encounters in compliance with the contract and the **MCO System Companion Guide**.

The MCO shall flag value-added benefits in accordance with the **MCO System Companion Guide**.

Ambulance

Ambulance transportation is emergency or non-emergency medical transportation provided to Medicaid enrollees to and/or from a Medicaid covered service or VAB by ground or air ambulance when the enrollee's condition is such that use of any other method of transportation is contraindicated or would make the enrollee susceptible to injury.

To participate in the Medicaid program, ambulance providers must meet the requirements of La. R.S. 40:1135.3. Licensing by the LDH Bureau of Emergency Medical Services is also required. Services must be provided in accordance with state law and regulations governing the administration of these services. Additionally, licensure is required for the medical technicians and other ambulance personnel by the LDH Bureau of Emergency Medical Services.

Reimbursement to ambulance providers shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the MCO or its transportation broker and the transportation provider in the provider agreement.

Terms utilized in the published Medicaid fee schedule are defined as follows:

- ***Basic Life Support (BLS)***[2]: Emergency medical care administered to the EMT-basic scope of practice.
- ***Advanced Life Support (ALS)***[3]: Emergency medical care administered to at least the level of an emergency medical technician-paramedic's scope of practice.
- ***Specialty Care Transport***[4]: Interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

The MCO shall reimburse ambulance providers for mileage to the nearest appropriate facility. Reimbursement for mileage will vary depending on whether the transport is for an emergency or non-emergency event. Reimbursement for mileage shall be limited to actual mileage from point of pick up to point of delivery. Mileage can only be reimbursed for miles traveled with the enrollee in the ambulance.

Refer to the *Hospital Services* section of this Manual for policies related to hospital-based ambulance services.

Emergency Ambulance Transportation

Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the enrollee (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

An enrollee may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.

The MCO shall ensure that ambulance providers retain documentation that appropriately supports that at least one of these criteria was met and that the enrollee would be susceptible to injury using any other method of transportation. An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such.

The MCO may not require prior review or authorization for emergency ambulance transportation.

The MCO shall reimburse for oxygen and disposable supplies separately when medically necessary.

Treatment-in-Place

Physician directed treatment-in-place service is the facilitation of a telehealth visit by an ambulance provider.

Each paid treatment-in-place ambulance claim must have a separate and corresponding paid treatment-in-place telehealth claim, and each paid treatment-in-place telehealth claim must have a separate and corresponding paid

[2] Defined by *Louisiana Administrative Code*, Title 48, Part I, Section 6001.
[3] Defined by *Louisiana Administrative Code*, Title 48, Part I, Section 6001. Refer to 42 C.F.R. §414.605 for the distinction between ALS levels 1 and 2.
[4] Defined by 42 C.F.R. §414.605.

treatment-in-place ambulance claim or a separate and corresponding paid ambulance transportation claim. The MCO may not reimburse for both an emergency transport to a hospital and an ambulance treatment-in-place service for the same incident.

Treatment-in-Place Ambulance Services

The MCO shall restrict payment of treatment-in-place ambulance services to those identified on the Physician Directed Ambulance Treatment-in-Place Fee Schedule and edit claims for non-payable procedure codes as follows:

- If a treatment-in-place ambulance claim is billed with mileage, the MCO shall deny the entire claim document.
- If an unpayable procedure code, that is not mileage, is billed on a treatment-in-place ambulance claim, the MCO shall deny only the line with the unpayable code.
- Claims for allowable telehealth procedure codes must be billed with procedure code G2021. The G2021 code shall be accepted, paid at $0.00, and used by the MCO to identify treatment-in-place telehealth services.
- As with all telehealth claims, providers must include POS identifier “02” and modifier "95" with their claim to identify the claim as a telehealth service. Providers must follow CPT guidance relative to the definition of a new patient versus an established patient.

Valid treatment-in-place ambulance claim modifiers include:

Modifier	Origination Site	Destination
DW	Diagnostic or therapeutic site other than P or H when these are used as origin codes	Tx-in-Place
EW	Residential, domiciliary, custodial facility (other than 1819 facility)	Tx-in-Place
GW	Hospital based ESRD facility	Tx-in-Place
HW	Hospital	Tx-in-Place
IW	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport	Tx-in-Place
JW	Freestanding ESRD facility	Tx-in-Place
NW	Skilled nursing facility	Tx-in-Place
PW	Physician’s office	Tx-in-Place
RW	Residence	Tx-in-Place
SW	Scene of accident or acute event	Tx-in-Place

If an enrollee being treated-in-place has a real-time deterioration in their clinical condition necessitating immediate transport to an emergency department, as determined by the ambulance provider (i.e., EMT or paramedic), telehealth provider, or enrollee, the MCO may not reimburse for both the treatment-in-place ambulance service and the transport to the emergency department. In this situation, **the MCO shall reimburse for the emergency department transport only**. The MCO shall require ambulance providers to submit pre-hospital care summary reports when ambulance treatment-in-place and ambulance transportation claims are billed for the same enrollee with the same date of service.

If an enrollee is offered treatment-in-place services but declines the services, ambulance providers should include procedure code G2022 on claims for ambulance transportation to an emergency department. Use of this informational procedure code is optional and does not affect the establishment of medical necessity of the service or reimbursement of the ambulance transportation claim. The G2022 code shall be accepted, paid at $0.00, and used by the MCO to identify enrollee refusal of treatment-in-place services.

Treatment-in-Place Telehealth Services

The MCO shall restrict payment of treatment-in-place telehealth services to those identified on the Treatment-in-Place Telehealth Services Fee Schedule.

Valid rendering providers are licensed physicians, advanced practice registered nurses, and physician assistants.

Ambulance Service Exclusions

Medicaid does not cover "Ambulance 911-Non-emergency" services. If the enrollee's medical condition does not present itself as an emergency in accordance with the criteria in this Manual, the service may be considered a non-covered service by Medicaid.

Ambulance providers shall code and bill such non-emergency services using modifiers GY, QL, or TQ to indicate that the services performed were non-covered Medicaid services.

The MCO may allow ambulance providers to bill enrollees for non-covered services only if the enrollee was informed prior to transportation, verbally and in writing, that the service would not be covered by Medicaid and the enrollee agreed to accept the responsibility for payment. The MCO shall ensure that the provider obtains a signed statement or form which documents that the enrollee was verbally informed of the out-of-pocket expense.

Emergency Action Procedure

If a medical emergency arises while transporting an enrollee, the ambulance driver must immediately assess the situation and determine whether to proceed immediately to the closest, most appropriate healthcare facility. If the enrollee is taken to an emergency medical facility, the ambulance driver must notify the MCO or its transportation broker within 48 hours of the transport.

Non-Emergency Ambulance Transportation

Non-emergency ambulance transportation (NEAT) is transportation provided by ground or air ambulance to a Medicaid enrollee to and/or from a Medicaid covered service or VAB when no other means of transportation is available and the enrollee's condition is such that use of any other method of transportation is contraindicated or would make the enrollee susceptible to injury. The nature of the trip is not an emergency, but the enrollee requires the use of an ambulance.

Certification of Ambulance Transportation

The enrollee's treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician assistant, or a clinical nurse specialist must certify on the Certification of Ambulance Transportation (CAT) that the transport is medically necessary and describe the medical condition which necessitates ambulance services. The certifying authority shall complete the date range on the CAT, which shall be no more than 180 days. A single CAT should be utilized by the MCO for all of the enrollee's transports within the specified date range. The MCO may not require a new CAT from the certifying authority for the same enrollee during this date range.

NEAT must be scheduled by the enrollee or a medical facility through the MCO or the ambulance provider.

- If transportation is scheduled *through the MCO*, the MCO shall verify, prior to scheduling, enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form for the date of service is obtained, reviewed, and accepted by the MCO or its transportation broker priorto transport. Once the trip has been dispatched to an ambulance provider and completed, the ambulance provider shall be reimbursed upon submission of the clean claim for the transport.
- If transportation is scheduled *through the ambulance provider*, the MCO shall require the ambulance provider to verify enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form for the date of service is obtained, reviewed, and accepted by the ambulance provider prior to ~~transport~~ reimbursement. The MCO shall reimburse the ambulance provider only if a completed Certification of Ambulance Transportation form is submitted with the clean claim or is on file with the MCO or its transportation broker prior to reimbursement.

Mileage must be reimbursed in accordance with the type of service indicated by the licensed medical professional on the Certification of Ambulance Transportation.

The Certification of Ambulance Transportation form is located at www.lamedicaid.com [link].

Out-of-State Transportation

Enrollees may seek medically necessary services in another state when it is the nearest option available. All out-of-state NEAT transportation to facilities that are not the nearest available option, must be prior approved by the MCO. The MCO may approve transportation to out-of-state medical care only if the enrollee has been granted approval to receive medical treatment out of state.

The MCO must maintain documentation to support compliance with these standards and must submit documentation to LDH upon request.

Scheduling and Dispatching

MCOs shall make every effort to schedule urgent transportation requests and may not deny a request based solely on the appointment being scheduled less than 48 hours in advance. Urgent transportation refers to a request for transportation made by a healthcare provider for a medical service which does not warrant emergency transport but cannot be postponed. Urgent transportation shall include chemotherapy, radiation, dialysis, OTP, or other necessary medical care that cannot be rescheduled to a later time. An urgent transportation request may occur concurrently with a standing order.

Additional Passengers

The MCO shall prohibit ambulance providers from charging the enrollee or anyone else for the transportation of additional passengers and shall not reimburse any claims submitted for transporting additional passengers.

Attendants

An attendant shall be required when the enrollee is under the age of 17. This attendant must:

- ❖ Be a parent, legal guardian, or responsible person designated by the parent/legal guardian; and
- ❖ Be able to authorize medical treatment and care for the enrollee.

Attendants may not:

- ❖ Be under the age of 17; or
- ❖ Be a Medicaid provider or employee of a Medicaid provider that is providing services to the enrollee being transported, except for employees of a mental health facility in the event an enrollee has been identified as being a danger to themselves or others or at risk for elopement.

Nursing Facility Ambulance Transportation

Nursing facilities are required to provide medically necessary transportation services for Medicaid enrollees residing in their facilities. Any nursing facility enrollee needing non-emergency, non-ambulance transportation services are the financial responsibility of the nursing facility. NEAT services provided to a nursing facility enrollee must include the Certification of Ambulance Transportation, in accordance with the *Coverage Requirements* section, to be reimbursable by the MCO; otherwise, the nursing facility shall be responsible for reimbursement for such services.

Air Ambulance

Air ambulances may be used for emergency and non-emergency ambulance transportation when medically necessary. Licensure by the LDH Bureau of Emergency Medical Services is also required. Licensure for air ambulance services is governed by La. R.S. 40:1135.8. Rotor winged (helicopters) and fixed winged emergency aircraft must be certified by BHSF in order to receive Medicaid reimbursement.

All air ambulance services must comply with state laws and regulations governing the personnel certifications of the emergency medical technicians, registered nurses, respiratory care technicians, physicians, and pilots as administered by the appropriate agency of competent jurisdiction.

The MCO shall cover air ambulance services only if:

- ❖ Speedy admission of the enrollee is essential and the point of pick-up of the enrollee is inaccessible by a land vehicle; or
- ❖ Great distances or other obstacles are involved in getting the enrollee to the nearest hospital with appropriate services.

If both land and air ambulance transport are necessary during the same trip, the MCO shall reimburse each type of provider separately according to regulations for that type of provider.

Ambulance Memberships

The MCO shall prohibit ambulance companies that are enrolled in Medicaid from soliciting Medicaid enrollees for membership fees for a subscription plan. Solicitation of such fees is a violation of Section 1916 of the Social Security Act and regulations at 42 C.F.R. §§ 447.15 and 447.56. If such membership fees are collected, the Medicaid enrollee must be refunded in full, or the ambulance provider will be terminated from the program.

It is not a violation of the regulations when a Medicaid-enrolled ambulance company accepts membership fees if the Medicaid enrollee voluntarily subscribes to the plan.

If a Medicaid-enrolled ambulance company's subscription plan operates as an insurance policy, and the Medicaid enrollee pays the fee, the fee is treated as an insurance premium and is not in violation of Medicaid regulations.

Return Trips and Transfers

Return Trips

When an enrollee is transported to a hospital by ambulance on an emergency basis and is not admitted, the hospital shall request an NEMT return trip with the MCO unless the enrollee meets the medical necessity requirements for NEAT.

Transfers

An ambulance transfer is the transport of an enrollee by ambulance from one hospital to another. The MCO shall only cover ambulance transfers when it is medically necessary for the enrollee to be transported by ambulance. The enrollee must be transported to the most appropriate hospital that can meet their needs.

If the physician makes the decision that the level of care required by the enrollee cannot be provided by the hospital, and the enrollee has to be transported by the provider to another hospital, the MCO shall reimburse the transportation provider for both transfers once clean claims are submitted for the transfers.

Claims and Encounters

Claims Filing

Ambulance providers shall submit claims using the CMS 1500 Health Insurance Claim Form (paper) or the 837P (electronic).

Ambulance providers shall submit claims for ambulance transportation to the MCO.

Claims shall be submitted within 365 days of the date of service.

Medicaid and Medicare Part B

Services for Medicare Part B enrollees should be billed to the Medicare carrier on the Medicare claim form. Medicare will make payment and cross the claim over to the MCO for Title XIX payment.

Medicaid will not make payment on any claim denied by Medicare as not being medically necessary. Qualified Medicare Beneficiary (QMB) claims are included in this policy.

For trips that are not covered by Medicare but are covered by Medicaid, payment will not be made unless the claim is filed with the Medicare EOB attached stating the reason for denial by Medicare.

For claims that fail to cross over electronically, a hard-copy claim may be filed up to six months after the date of the Medicare EOB, provided that the claim was filed with Medicare within a year of the date of service.

Medicaid does a cost comparison of cross-over claims to determine if Medicare paid more than Medicaid for the claim. If this occurs and Medicare has paid more than Medicaid reimburses for the service, the claim will be "zero" paid and the ambulance provider will be considered paid in full. No balance may be collected from the enrollee.

Ambulance Transportation Modifiers

When billing for procedure codes A0425-A0429, A0433-A0434, and A0436 for ambulance transportation services, the MCO shall require the provider to also enter a valid 2-digit modifier at the end of the associated 5-digit procedure code. Different modifiers may be used for the same procedure code. Spaces will not be recognized as a valid modifier for those procedures requiring a modifier.

The following table identifies the valid modifiers.

Modifier	Description
DD	Trip from DX/Therapeutic Site to another DX/Therapeutic Site
DE	Trip from DX/Therapeutic Site to Residential, Domiciliary, Custodial Facility
DH	Trip from DX/Therapeutic Site to Hospital
DI	Diagnostic-Therapeutic Site/Transfer Airport Heli Pad
DN	Trip from DX/Therapeutic Site to Skilled Nursing Facility (SNF)
DP	Trip from DX/Therapeutic Site to Physician's Office
DR	Trip from DX/Therapeutic Site to Home
DX	Trip from DX/Therapeutic Site to MD to Hospital
ED	Trip from an RDC or Nursing home to DX/Therapeutic Site
EH	Trip from an RDC or Nursing home to Hospital
EG	Trip from an RDC or Nursing home to Dialysis Facility (Hospital based)
EI	Residential Domicile Custody Facility/Transfer Airport Heli Pad
EJ	Trip from an RDC or Nursing home to Dialysis Facility (non-Hospital based)
EN	Trip from an RDC or Nursing home to SNF
EP	Trip from an RDC or Nursing home to Physician's Office
ER	Trip from an RDC or Nursing home to Physician's Office
EX	Trip from RDC to MD to Hospital
GE	Trip from HB Dialysis Facility to an RDC or Nursing Home
GG	Trip from HB Dialysis Facility to Dialysis Facility (Hospital Based)
GH	Trip from HB Dialysis Facility to Hospital
GI	HB Dialysis Facility/Transfer Airport Heli Pad
GJ	Trip from HB Dialysis Facility to Dialysis Facility (non-Hospital Based)
GN	Trip from HB Dialysis Facility to SNF
GP	Trip from HB Dialysis Facility to Physician's Office
GR	Trip from HB Dialysis Facility to Patient's Residence
GX	Trip from HB Dialysis Facility to MD to Hospital
HD	Trip from Hospital to DX/Therapeutic Site
HE	Trip from Hospital to an RDC or Nursing Home
HG	Trip from Hospital to Dialysis Facility (Hospital Based)
HH	Trip from One Hospital to Another Hospital
HI	Hospital/Transfer Airport Heli Pad

Modifier	Description
HJ	Trip from Hospital to Dialysis Facility
HN	Trip from Hospital SNF
HP	Trip from Hospital to Physician's Office
HR	Trip from Hospital to Patient's Residence
IH	Transfer Airport Heli Pad/Hospital
JE	Trip from NHB Dialysis Facility to RDC or Nursing Home
JG	Trip from NHB Dialysis Facility to Dialysis Facility (Hospital Based)
JH	Trip from NHB Dialysis Facility to Hospital
JI	NHB Dialysis Facility/Transfer Airport Heli Pad
JN	Trip from NHB Dialysis Facility to SNF
JP	Trip from NHB Dialysis Facility to Physician's Office
JR	Trip from NHB Dialysis Facility to Patient's Residence
JX	Trip from NHB Dialysis Facility to MD to Hospital
ND	Trip from SNF to DX/Therapeutic Site
NE	Trip from SNF to an RDC or Nursing Home
NG	Trip from SNF to Dialysis Facility (Hospital based)
NH	Trip from SNF to Hospital
NI	Skilled Nursing Facility/Transfer Airport Heli Pad
NJ	Trip from SNF to Dialysis Facility (non-Hospital based)
NN	Trip from SNF to SNF
NP	Trip from SNF to Physician's Office
NR	Trip from SNF to Patient's Residence
NX	Trip from SNF to MD to Hospital
PD	Trip from a Physician's Office to DX/Therapeutic Site
PE	Trip from a Physician's Office to an RDC or Nursing Home
PG	Trip from a Physician's Office to Dialysis Facility (Hospital based)
PH	Trip from a Physician's Office to a Hospital
PI	Physician's Office/Transfer Airport Heli Pad
PJ	Trip from a Physician's Office to Dialysis Facility (non-Hospital based)
PN	Ambulance trip from the Physician's Office to Skilled Nursing Facility
PP	Ambulance trip from Physician to Physician's Office
PR	Trip from Physician's Office to Patient's Residence
RD	Trip from the Patient's Residence to DX/Therapeutic Site
RE	Trip from the Patient's Residence to an RDC or Nursing Home
RG	Trip from the Patient's Residence to Dialysis Facility (Hospital based)
RH	Trip from the Patient's Residence to a Hospital
RI	Residence/Transfer Airport Heli Pad
RJ	Trip from the Patient's Residence to Dialysis Facility (non-Hospital based)
RN	Trip from the Patient's Residence to Skilled Nursing Facility
RP	Trip from the Patient's Residence to a Physician's Office
RX	Trip from Patient's Residence to MD to Hospital
SH	Trip from the Scene of an Accident to a Hospital
SI	Accident Scene, Acute Event/Transfer Airport, Heli Pad
TN	Rural Area

Emergency ambulance claims, that are not treatment-in-place, are only payable with a destination modifier of H, I, or X. Valid treatment-in-place ambulance claim modifiers are identified in the Treatment-in-Place section.

Medicaid Non-Covered Ambulance Modifiers

The MCO shall have edits in place to deny ambulance claims as non-covered services when any of the following modifiers are billed on the claim, in any modifier field.

Modifier	*Description*
GY	An item or service is that statutorily excluded
QL	The patient is pronounced dead after the ambulance is called but before transport.
TQ	Basic life support by a volunteer ambulance provider

Medicare Non-Covered Transportation Modifiers

The MCO shall require the following modifiers to be used when billing for transports that are non-covered services by Medicare. These modifiers may be used ONLY with procedure codes A0425-A0429 and A0433-A0434 to allow the claim to bypass the Medicare edit and process as a Medicaid claim. These modifiers will bypass the Medicare edit for non-emergency transports ONLY and should be billed as non-emergency.

Modifier	*Description*
DD	Clinic/Free-standing Facility to Clinic/Free-standing Facility
DE	Clinic/Free-standing Facility to Nursing Home
DP	Clinic/Free-standing Facility to Physician
DR	Clinic/Free-standing Facility to Residence
ED	Nursing Home to Clinic/Free-standing Facility
EP	Nursing Home to Physician
ER	Nursing Home to Residence
HP	Hospital to Physician
NP	Skilled Nursing Facility to Physician
PD	Physician to Clinic/Free-standing Facility
PE	Physician to Nursing Home
PN	Physician to Skilled Nursing Facility
PP	Physician to Physician
PR	Physician to Residence
RD	Residence to Clinic/Free-standing Facility
RE	Residence to Nursing Home
RP	Residence to Physician

Encounter Submissions

The MCO shall submit encounters in compliance with the contract and the **MCO System Companion Guide**.

Record Retention

All documentation, data, and/or records of the MCO and transportation broker related to the provision of medical transportation services shall be retained for at least ten years, or longer if those records are subject to review, audit, or investigation or subject to an administrative or judicial action brought by or on behalf of the state or federal government. Under no circumstances shall such records be destroyed or disposed of, even after the expiration of the mandatory ten-year retention period, without the express prior written permission of LDH.