



MEDICAL TRANSPORTATION REVISION-B

Chapter Ten of the Medicaid Services Manual

Issued January 11, 2021

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

**State of Louisiana
Bureau of Health Services Financing**

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION: TABLE OF CONTENTS

PAGE(S) 3

MEDICAL TRANSPORTATION

TABLE OF CONTENTS

SUBJECT **SECTION**

NON-EMERGENCY MEDICAL TRANSPORTATION

OVERVIEW **SECTION 10.0**

COVERED SERVICES **SECTION 10.1**

Exclusions
Commercial Air Transportation for Out of State

SCHEDULING AND DISPATCHING **SECTION 10.2**

General Requirements
Additional Passengers
Children
Attendants

PROVIDER REQUIREMENTS **SECTION 10.3**

Classification of Providers
General Requirements
Gas Reimbursement Provider Requirements
Profit and Non-Profit Provider Requirements
Administrative Requirements
Insurance Requirements
Driver Requirement
Training Requirements
Vehicle Requirements
 General Requirements
 Signage
 License Plates
 Vehicle Inspections

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION: TABLE OF CONTENTS **PAGE(S) 3**

Unannounced Compliance Reviews

PROVIDER RESPONSIBILITIES **SECTION 10.4**

Travel and Wait Times
Vehicle Operations Requirements, Safety, and Professionalism
Emergency Action Procedure
Incident Reporting Requirements

RECORD KEEPING **SECTION 10.5**

Daily Trip Log
Gas Reimbursement Form

CLAIMS AND ENCOUNTERS **SECTION 10.6**

Claims Filings
Encounter Submissions

AMBULANCE

AMBULANCE OVERVIEW **SECTION 10.7**

EMERGENCY AMBULANCE TRANSPORTATION **SECTION 10.8**

Treatment-in-Place
Treatment-in-Place Ambulance Services
Treatment-in-Place Telehealth Services
Ambulance Service Exclusions
Emergency Action Procedure

NON-EMERGENCY AMBULANCE TRANSPORTATION **SECTION 10.9**

Coverage Requirements
Out-of-State Transportation
Scheduling and Dispatching
Additional Passengers
Attendants

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION: TABLE OF CONTENTS

PAGE(S) 3

Nursing Facility Ambulance Transportation

AIR AMBULANCE SECTION 10.10

AMBULANCE MEMBERSHIPS SECTION 10.11

RETURN TRIPS AND TRANSFERS SECTION 10.12

Return Trips
Transfers

CLAIMS AND ENCOUNTERS SECTION 10.13

Claims Filing
Medicaid and Medicare Part B
Ambulance Transportation Modifiers
Medicare Non-Covered Transportation Modifiers
Encounter Submissions

RECORD RETENTION SECTION 10.14

APPENDIXES APPENDIX 10.15

CONTACT INFORMATION SECTION 10.15.1

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.0: NEMT - NEMT OVERVIEW

NEMT OVERVIEW

Non-emergency medical transportation (NEMT) is transportation provided to Medicaid beneficiaries to and/or from a Medicaid covered service when no other means of transportation are 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, NEMT only. Services shall be provided in accordance with the Louisiana Administrative Code (LAC), Title 50, Part XXVII, Chapter 5. NEMT shall not include any non-emergency ambulance transportation or other type of transportation by ambulance (La. R.S. 40:1257.1). See the Ambulance section of this manual chapter for guidelines specific to non-emergency ambulance transportation (NEAT).

Coverage information by enrollment type is provided in the following matrix:

Enrollment	Non-Ambulance	Non-Emergency Ambulance
Managed care - physical and behavioral health	MCO	MCO
Managed care - physical health only (CSoc children)	MCO	MCO
Managed care - behavioral health only	MCO	MCO
Nursing home residents	Included in facility per diem	MCO
Children in ICF-IIDs[†]	Included in facility per diem	MCO
Adults in ICF-IIDs[†]	Included in facility per diem	FFS Medicaid [^]
Excluded populations	FFS Medicaid [^]	FFS Medicaid [^]

[†] Intermediate Care Facility for Individuals with Intellectual Disabilities

[^] Verida (formerly Southeastrans) is currently authorizing and reimbursing for these transportation services covered by FFS Medicaid.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.1: NEMT - COVERED SERVICES**PAGE(S) 3**

COVERED SERVICES

The transportation broker shall cover Non-Emergency Medical Transportation (NEMT) for the least costly means of transportation available that accommodates the level of service required by the beneficiary to and/or from a Medicaid covered service.

NEMT must be within the beneficiary'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:

1. Transportation for the beneficiary and one attendant; and
2. Meals, lodging, and other related travel expenses for the beneficiary 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 following must be established by the transportation broker:

1. The transportation broker must establish a reimbursement policy that does not exceed per diem rates established by the U.S. General Services Administration <https://www.gsa.gov/travel/plan-book/per-diem-rates>;
2. The transportation broker 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; and
3. If the transportation broker denies meals and lodging services to a beneficiary who requests these services, the member must receive a written notice of denial explaining the reason for denial and the member's right to request a fair hearing to appeal the decision.

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

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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.1: NEMT - COVERED SERVICES**PAGE(S) 3**

Exceptions to Standards

Beneficiaries 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 transportation broker. The transportation broker may approve transportation to out-of-state medical care only if the beneficiary has been granted approval to receive medical treatment out of state.

Beneficiaries are linked to specific Opioid Treatment Program (OTP) locations; however, beneficiaries may receive opioid treatment at another clinic (i.e. “guest dose”). The transportation broker shall cover transportation to any OTP location, not just the location to which the beneficiary is linked or that is in the beneficiary’s home parish or region.

If the beneficiary chooses to travel outside of the transportation service area in order to access a preferred healthcare provider, the transportation broker shall review all requests for exceptions and shall either issue a decision or submit a written request for exception to the Louisiana Department of Health (LDH) for approval. If LDH denies the request, the transportation broker shall deny the request and will not be reimbursed for the trip.

If the beneficiary has 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 transportation broker 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 transportation broker 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 beneficiary’s appointments to the specific healthcare provider or facility listed on the exception. The approval is invalid with modification of the physical location of the healthcare provider or facility.

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

Exclusions

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

1. Pharmacies;
2. Nursing facilities;

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.1: NEMT - COVERED SERVICES**PAGE(S) 3**

3. Hospice care; or
4. Women, Infants, and Children (WIC) service appointments at the Office of Public Health.

Note: This is not an exclusive list.

Commercial Air Transportation for Out-of-State Care

The transportation broker 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 beneficiary's health is grave if transported by other means. The transportation broker shall contact the LDH if it determines that air travel is required, as commercial air transportation requires prior approval. All out-of-state medical care must be prior approved by the LDH fiscal intermediary. Transportation may be included in the prior authorization for medical services. Approval shall be contingent on the treating physician's confirmation that there are no negative impacts to the health and safety of the beneficiary by utilizing commercial air transportation.

Air travel for the beneficiary plus a maximum of one attendant, if medically necessary or if the beneficiary is a child, shall be reimbursed for 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.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.2: NEMT – SCHEDULING AND DISPATCHING PAGE(S) 5

SCHEDULING AND DISPATCHING**General Requirements**

Requests for transportation may be made by either beneficiaries or healthcare providers. The transportation broker may not:

1. Impose a limit on the number of appointments that may be scheduled by a beneficiary or healthcare provider during a single call;
2. Schedule, nor make changes to, an enrollee's healthcare appointment; nor
3. Request that the beneficiary change the date and/or time of the scheduled healthcare appointment under any circumstance. This prohibition extends to healthcare providers who have an ownership interest in the transportation company.

To be eligible for reimbursement, non-emergency medical Transportation (NEMT) trips must be reviewed by the transportation broker for beneficiary eligibility and verification that the originating or destination address belongs to a medical facility. This review and verification must be done, prior to scheduling. Additional approval requirements for out-of-state travel and commercial air are addressed in this manual chapter.

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

Beneficiaries shall be allowed a choice of providers when the costs of two or more providers are equal, according to the Louisiana Administrative Code (LAC) 50: XXVII 505(B). When multiple providers meet the least costly standard, the beneficiary may choose a preferred transportation provider, as outlined by the Louisiana Medicaid State Plan, Attachment 3.1A, Item 24.a, Page 4, Section II.C(1)(f). When multiple providers meet the least costly standard, the transportation broker should dispatch trips to a provider 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 beneficiary's domicile and who is able to comply with all travel and wait time standards. The transportation broker is prohibited from dispatching trips to out-of-region providers, unless the transportation broker retains documentation to support that there is no willing and available

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.2: NEMT – SCHEDULING AND DISPATCHING PAGE(S) 5

provider in the administrative region¹ where the beneficiary is domiciled that is 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, beneficiaries and healthcare providers are expected to give at least 48 hours’ notice when requesting transportation; however, the transportation broker must make a reasonable attempt to schedule the trip with less than 48 hours’ notice.

The transportation broker 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 that does not warrant emergency transport but cannot be postponed. Urgent transportation shall include chemotherapy, radiation, dialysis, Opioid Treatment Program (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.

Transportation providers shall pick up beneficiaries 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 a medical facility notifies the transportation broker at 12:00 pm for a 12:30 pm discharge, the beneficiary shall be picked up no later than 3:00 pm		
Notification of Discharge	Discharge	Pick up no later than
12:00 pm	12:30 pm	3:00 pm
If a medical facility notifies the transportation broker at 12:00 pm for a 2:00 pm discharge, the beneficiary shall be picked up no later than 4:00 pm.		
Notification of Discharge	Discharge	Pick up no later than
2:00 pm	2:00 pm	4:00 pm
If a medical facility notifies the transportation broker at 8:00 pm for a 7:00 am discharge the next day, the beneficiary shall be picked up no later than 9:00 am.		
Notification of Discharge	Discharge	Pick up no later than
8:00 pm	7:00 am (next day)	9:00 am

¹ Defined as the LDH Administrative Regions as illustrated at <https://ldh.la.gov/index.cfm/page/2>.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.2: NEMT – SCHEDULING AND DISPATCHING PAGE(S) 5

The transportation broker shall allow beneficiaries 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 transportation broker 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.

The standing order shall be flexible, allowing the beneficiary or healthcare facility to revise the pickup and/or drop-off time, incorporate additional recurring appointments, and change the completion date of treatment. The transportation broker shall update the standing order upon request of these changes and may not deny transportation associated with these changes. The transportation broker 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 provider must immediately notify the transportation broker in order for the transportation broker to secure an alternate provider.

The transportation broker must notify the beneficiary of all changes to trip details. When the transportation broker is unable to fulfill a beneficiary's request for NEMT services after providing the beneficiary with a confirmation number for the requested transport, the transportation broker shall notify the beneficiary immediately that the transportation services will be canceled. Notifications shall be provided via telephone, electronic mail, or Short Message Service (SMS) text message, depending on the beneficiary's preferred method of communication.

The transportation broker 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 a beneficiary or places the beneficiary at risk of imminent harm.

If a child is to be transported, either as the beneficiary 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 transportation broker is responsible for notifying the parents or guardians of this requirement when scheduling the trip.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.2: NEMT – SCHEDULING AND DISPATCHING PAGE(S) 5

Additional Passengers

The transportation broker must inform the transportation provider if a beneficiary intends to bring accompanying children or if an attendant is required.

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

Children

The transportation provider may refuse to transport accompanying children.

Attendants

The transportation broker is responsible for determining if an attendant is required. If required, the attendant must accompany the beneficiary to and from the medical appointment. The following non-exclusive list of conditions may require an attendant:

1. Sensory deficits;
2. Need for human assistance for mobility;
3. Dementia or other cognitive impairments;
4. At risk of elopement;
5. Behavioral disorders;
6. Need for interpretation or translation assistance; or
7. Special needs such as:
 - a. Convalescence from surgical procedures;
 - b. Decubitus ulcers or other problems which prohibit sitting for a long period of time;

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.2: NEMT – SCHEDULING AND DISPATCHING PAGE(S) 5

- c. Incontinence or lack of bowel control;
- d. Assistance with toileting; and
- e. Artificial stoma, colostomy or gastrostomy.

An attendant shall be required when the beneficiary is under the age of 17. This attendant must meet the following criteria:

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

Attendants may not:

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

Exceptions

All females, regardless of their age, seeking prenatal or postpartum care shall not be required to have an attendant.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS **PAGE(S) 11**

PROVIDER REQUIREMENTS**Classification of Providers**

Non-emergency medical transportation (NEMT) is provided to Medicaid beneficiaries through four classifications of NEMT providers. The transportation broker shall consider scheduling NEMT providers in the following order:

1. Public;
2. Gas reimbursement;
3. Non-profit; and
4. For-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 beneficiary being transported and may not transport more than five beneficiaries across the FFS transportation broker and all contracted managed care organizations (MCOs), except where there are more than five beneficiaries 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.

For-profit providers include corporations, limited liability companies, partnerships, or sole proprietors. For-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 transportation broker shall ensure that the transportation provider agrees to cover the entire parish or parishes for which they provide NEMT services.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

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

The transportation broker shall ensure that the NEMT provider does not touch any passenger, unless the passenger requests moderate assistance to, from, into, and out of the vehicle, including securing the seatbelt, and to and/or from the entrance of the pick-up and drop-off location, unless such assistance would present a direct threat to the driver, other passengers or individuals, or the vehicle.

Gas Reimbursement Provider Requirements

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

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

1. An enrollment form that includes at a minimum:
 - a. Provider's full name;
 - b. Provider's physical address (P.O. Box is not valid);
 - c. Provider's mailing address;
 - d. Provider's phone number;
 - e. Provider's social security number; and
 - f. List of no more than five beneficiaries or all beneficiaries within one household, for whom the driver may be reimbursed. Beneficiary information must include the full name, date of birth, and Medicaid identification card (ID).
2. A clear and legible copy of the provider's valid driver's license and an attestation that a valid state inspection sticker will be maintained as part of the enrollment packet; and

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

3. 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 beneficiaries or additional passengers in the vehicle).

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

For-Profit and Non-Profit Provider Requirements

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

Each NEMT provider must meet all Medicaid program guidelines independently, regardless of whether more than one NEMT provider is owned by the same NEMT provider entity.

Administrative Requirements

The transportation broker shall obtain the following administrative documents from the NEMT provider:

1. [Disclosure of Ownership Information Form for Entity and Business](#) as required by 42 C.F.R. §§455.104 - 455.106;
2. Provider's National Provider Identifier (NPI) number in their business entity name obtained from the National Plan and Provider Enumeration System (NPPES);
3. 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;
4. IRS Form W-9 which matches the information on the IRS Form CP 575 or 147C;

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

5. Certificate of Public Necessity and Convenience (CPNC) issued by the Orleans Parish Taxicab Service and Enforcement Bureau for each provider, driver, and vehicle that will operate in Orleans Parish; and
6. NEMT permit issued by the Jefferson Parish Emergency Management Office for each provider, driver, and vehicle that will operate in Jefferson Parish.

The transportation broker 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 the Louisiana Department of Health (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 transportation broker 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 of the transportation broker 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.

Insurance Requirements

The transportation broker shall ensure that for-profit and non-profit NEMT providers have general liability coverage 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 of the following:

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

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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

If a transportation provider adds a vehicle, the transportation broker must 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 transportation broker 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 may recoup all payments for trips occurring during the period of violation.

Driver Requirements

Drivers shall meet the following minimum requirements in order to be eligible to transport Medicaid beneficiaries:

1. Be 21 years of age or older;
2. Possess a valid and current driver's license (class D or CDL);
3. Possess the appropriate municipal or parochial permits if operating in Orleans and Jefferson Parish;
4. 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;
5. 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 transportation broker by the authorizing agency. The driver must submit written consent allowing the authorized agency to release the background check results directly to the transportation broker. 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
6. Have successfully passed a five-panel drug screen, at a minimum, which shall be performed annually and upon reasonable suspicion of drug use. The results of the drug screen must be transmitted directly to the transportation broker by the testing agency. Any driver, or prospective driver, who fails the drug screen may resume

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS **PAGE(S) 11**

driver responsibilities after a substance abuse professional issues a final evaluation and a return to work clearance. The transportation broker shall confirm that the driver successfully completes three follow-up screens over the six-month period following their return to duty.

The transportation broker shall obtain documentation demonstrating compliance with these requirements.

Training Requirements

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

1. Defensive driving, utilizing an in-person or virtual course of no less than four hours, to be renewed every three years, at a minimum;
2. Cardiopulmonary resuscitation (CPR), utilizing an in-person course, culminating in an active certification issued by a licensed instructor;
3. Child passenger restraint systems, including installation and usage in compliance with La. R.S. 32:295;
4. Wheelchair securement and Passenger Assistance Safety and Sensitivity (PASS), to be renewed every two years, at a minimum as follows:
 - a. All drivers contracted with NEMT providers who do not have wheelchair-accessible vehicles within their fleet may take either in-person or virtual wheelchair securement training;
 - b. All drivers contracted with NEMT providers who have wheelchair accessible vehicles, regardless of whether they are lift vehicles or ramp vehicles, are required to take in-person wheelchair securement training; and
 - c. Any driver that has a valid Americans with Disabilities Act (ADA) exception, diagnosed by a healthcare provider, which excludes them from all wheelchair transports, may take either the in-person or virtual wheelchair securement training. The driver shall not drive any wheelchair accessible vehicles when transporting Medicaid beneficiaries.
5. Health Insurance Portability and Accountability Act (HIPAA) privacy and security.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS**PAGE(S) 11**

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

Vehicle Requirements

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

General Requirements

The transportation provider shall own or lease its vehicles. The transportation broker shall obtain documentation that the vehicle is registered in the name of the company. The transportation broker must ensure each leased vehicle meets all Medicaid program requirements, including insurance requirements, set forth by LDH. The transportation broker must ensure each leased vehicle meets all insurance requirements set forth specifically for leased vehicles by the state of Louisiana and the Office of Motor Vehicles (OMV).

The transportation broker shall ensure that vehicles meet the following minimum requirements:

1. Windshield in good condition and free of vision impairments;
2. Active Louisiana inspection sticker or, if applicable, the inspection sticker for vehicles operating in Orleans and Jefferson Parish;
3. CPNC for each vehicle operating in New Orleans and NEMT permit for each vehicle operating in Jefferson Parish;
4. Signage on the appropriate sides of the vehicle (see Signage section of this section);
5. License plate, with a current registration sticker;
6. Vehicle Identification Number (VIN) on a portion of the vehicle;
7. Current vehicle registration and insurance card secured in the vehicle;
8. Functioning air conditioning and heating in the front and rear of the vehicle;
9. Functioning seatbelts;

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

10. Seat belt cutter secured in the vehicle within the driver's reach;
11. Fire extinguisher, showing the pressure gauge is reading within the manufacturer's optimal setting, secured in the vehicle; and
12. Transportation broker's decal, displaying the date the vehicle passed inspection, attached to the vehicle.

NEMT providers may not share vehicles with other NEMT providers regardless of whether more than one NEMT provider is owned by the same NEMT provider entity.

The below are not allowable vehicles types:

1. Stretcher vans;
2. Two-door vehicles;
3. Pickup trucks; and
4. Salvage title vehicles.

If the vehicle is equipped to transport wheelchairs, the transportation broker must ensure that it complies with all applicable ADA requirements, including requirements for restraints, tie-downs, lifts, and ramps.

NEMT providers must notify their transportation broker(s) of any newly added vehicles in order for the transportation broker 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.

The transportation broker shall require NEMT providers to follow all LDH-approved transportation policies, including those established by a transportation broker. The transportation broker shall include in its policies a protocol for handling and documenting beneficiary "no shows" (i.e., when the beneficiary is not present for pick-up at the specified location).

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,

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS**PAGE(S) 11**

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 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 transportation broker 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 the following:

1. Each side of the vehicle and appropriate signage;
2. LA inspection sticker which should also include the vehicle VIN;
3. Clear and legible license plate, registration sticker, VIN, and registration and insurance cards;
4. Location of the seat belt cutter and fire extinguisher, including a pressure gauge reading;
5. 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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

measuring the air conditioning nor cooler than 100 degrees Fahrenheit when measuring the heater;

6. Interior of the vehicle showing all seat belts secured properly; and
7. Transportation broker'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:

1. Wheelchair secured showing proper application of the securements to the base; and
2. 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:

1. VIN;
2. Year;
3. Make;
4. Model;
5. Vehicle color;
6. License plate number;
7. Date of inspection;
8. Name and signature of inspector; and
9. Inspection results.

Unannounced Compliance Reviews

In an ongoing effort to identify and remedy non-compliant behavior, LDH and its transportation broker may perform unannounced vehicle compliance reviews. During these reviews, NEMT

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.3: NEMT - PROVIDER REQUIREMENTS PAGE(S) 11

providers may be monitored for driver, vehicle, and program compliance which includes, but is not limited to:

10. Examination of all provider manifests;
11. Signature pages;
12. Drivers' licenses;
13. Vehicle registration;
14. Insurance cards; and
15. Vehicle safety checks, etc.

Non-compliance with any of the aforementioned may result in sanctions, suspension, and/or exclusion from the Louisiana Medicaid program. Providers do **NOT** have the right to refuse an unannounced compliance review.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.4: NEMT - PROVIDER RESPONSIBILITIES **PAGE(S) 4**

PROVIDER RESPONSIBILITIES

The transportation broker shall ensure that transportation providers comply with the following provider responsibilities for all non-emergency medical transportation (NEMT) services within this section.

Travel and Wait Times

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

1. Beneficiaries must arrive at least 15 minutes, but no more than two hours, prior to their appointments;
2. If the transportation provider arrives prior to the healthcare provider's business hours, the transportation provider shall remain with the beneficiary until the business opens;
3. Upon completion of the appointment, beneficiaries shall be picked up within the healthcare provider's business hours and:
 - a. For prescheduled pick-ups, no more than two hours after the appointment has concluded; and
 - b. For beneficiaries using the will-call option for the return trip, no more than two hours after the will-call request.
4. Beneficiaries shall not be in the vehicle for more than one hour beyond the estimated travel time.

Vehicle Operation Requirements, Safety, and Professionalism

Drivers should project responsible, professional and courteous behavior. Drivers must **exercise the utmost safety** in caring for beneficiaries while transporting them and guard against becoming insensitive to their physical and emotional conditions.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.4: NEMT - PROVIDER RESPONSIBILITIES **PAGE(S) 4**

Drivers must ensure the following:

1. Equipment and vehicle used are kept clean and serviceable at all times;
2. Laws of the state of Louisiana are observed while transporting passengers; and
3. 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:

1. Vehicle brakes;
2. Parking brakes;
3. Steering mechanism;
4. Lighting devices and reflectors;
5. Tires;
6. Horn;
7. Windshield wipers; and
8. Mirrors.

Drivers must ensure the following:

1. Come to a complete stop at all railroad crossings;
2. Utilize the proper procedures required to move beneficiaries into and out of the vehicle equipped to transport non-ambulatory, wheelchair beneficiaries;
3. 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;

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.4: NEMT - PROVIDER RESPONSIBILITIES PAGE(S) 4

4. Ensure that no smoking or vaping occurs in the vehicle as in accordance with current Occupational, Safety and Health Administration (OSHA) regulations;
5. Always turn the engine off when fueling a motor vehicle, and never fuel the vehicle where there is smoke or an open flame; and
6. Ensure that vehicles are not towed or pushed with passengers on board.

Drivers must not:

1. 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;
2. Be under the influence of an amphetamine or 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;
3. 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;

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 and/or removal of the driver and/or provider.

Emergency Action Procedure

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

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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.4: NEMT - PROVIDER RESPONSIBILITIES PAGE(S) 4

If the beneficiary is taken to an emergency medical facility, the driver must immediately notify the Louisiana Department of Health (LDH), the transportation broker, and a member of the beneficiary’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 transportation broker:

Reporting Requirements	Reporting Period
For all motor vehicle accidents: <ol style="list-style-type: none"> 1. Time, date, location, and summary of incident; 2. Provider name; 3. Driver and vehicle information; 4. Beneficiary name, Medicaid ID number, and contact information; 5. Name and contact information for all other passengers; 6. Injuries sustained; 7. Names and contact information of witnesses; 8. Any police issued citations or summons; and 9. 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 beneficiary dies or is injured while in the provider’s care, regardless of the cause	Within 72 hours of the incident

The transportation broker shall provide a detailed accounting of each incident to LDH upon notification by the provider.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.5: NEMT - RECORD KEEPING**PAGE(S) 2**

RECORD KEEPING

Transportation providers must maintain sufficient documentation to identify the beneficiaries transported, trips made, locations traveled, driver qualifications, vehicle capabilities, and safety information.

Daily Trip Log

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

1. Trip identification number;
2. Beneficiary's name, Medicaid ID number, address, and signature;
3. Destination address;
4. Healthcare provider or facility's name, if applicable;
5. Departure date and time;
6. Arrival date and time;
7. Driver's name;
8. Vehicle Identification Number (VIN); and
9. Any other comments regarding the trip.

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

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

Gas Reimbursement Form

The transportation broker shall obtain a gas reimbursement form for **every** Non-Emergency Medical Transportation (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:

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.5: NEMT - RECORD KEEPING**PAGE(S) 2**

1. Trip identification number;
2. Driver's full name;
3. Driver's residential address;
4. Driver's phone number;
5. Driver's e-mail address (if applicable);
6. Driver's relationship to beneficiary;
7. Beneficiary's name;
8. Beneficiary's Medicaid ID number;
9. Beneficiary's address;
10. Transportation date;
11. Name of facility/medical provider;
12. Address of facility/medical provider;
13. Phone number of facility/medical provider;
14. Signature of driver attesting that the information on the form is true and correct;
15. Signature of beneficiary or parent/guardian attesting that the information on the form is true and correct;
16. Medical facility/physician's signature and date; and
17. Medical facility's stamp.

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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.6: NEMT - CLAIMS AND ENCOUNTERS**PAGE(S) 1**

CLAIMS AND ENCOUNTERS**Claims Filing**

Transportation providers shall submit ground transportation claims to the transportation broker and air transportation claims to the Louisiana Department of Health (LDH) fiscal intermediary. Claims shall be submitted within 365 days of the date of service.

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

Encounter Submissions

The transportation broker shall submit encounters in compliance with the contract and the **LDH System Companion Guide**.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.7: AMBULANCE OVERVIEW

AMBULANCE OVERVIEW

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

To participate in the Medicaid program, ambulance providers must meet the requirements of La. R.S. 40:1135.1 – 1135.4. Licensing by the Louisiana Department of Health (LDH) Bureau of Emergency Medical Services (EMS) 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 EMS.

The transportation broker shall require non-emergency ambulance transportation (NEAT) ambulance providers to maintain insurance, including but not limited to medical malpractice liability, automobile liability, commercial general liability, and workers’ compensation indemnity, in accordance with La. R.S. 40:1135.9 and any applicable federal or state law or local ordinance.

Coverage information by enrollment type is provided in the following matrix:

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

[†] Intermediate Care Facility for Individuals with Intellectual Disabilities

[^] Verida (formerly Southeastrans) is currently authorizing and reimbursing for these transportation services covered by FFS Medicaid.

*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.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.7: AMBULANCE OVERVIEW**PAGE(S) 2**

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

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

1. ***Basic Life Support (BLS)***¹: The provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of an emergency medical technician;
2. ***Advanced Life Support (ALS)***²: The provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of an advanced emergency technician or equivalent; and
3. ***Specialty Care Transport***³: Inter-facility 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.

Ambulance providers may bill 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 will be limited to actual mileage from point of pick up to point of delivery. Mileage can only be billed for miles traveled with the beneficiary in the ambulance.

Reimbursement for transportation of ambulance staff, medical staff, or other personnel when the beneficiary is not onboard the ambulance, both ground and air, is prohibited.

Note: Refer to Section 25.2 of the *Hospital Services* provider manual chapter for policies related to hospital-based ambulance services.

¹ Defined by La. R.S. 40:1131.

² Defined by La. R.S. 40:1131.

³ Defined by 42 C.F.R. §414.605.

CHAPTER 10: MEDICAL TRANSPORTATION

**SECTION 10.8: AMBULANCE - EMERGENCY AMBULANCE
TRANSPORTATION****PAGE(S) 4**

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:

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

A beneficiary may also require emergency ambulance transportation if they are psychiatrically unmanageable or needs restraint.

Ambulance providers must retain documentation that appropriately supports that at least one of these criteria was met and that the beneficiary 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 non-emergency service and must be coded and billed as such.

Prior review or authorization is not permitted for emergency ambulance transportation. The fiscal intermediary may conduct a post-payment review after service delivery. Claims for payment of emergency ambulance transportation services is received and reviewed retrospectively. Clinical documentation to support emergency ambulance transportation services shall not be required for submission concurrent with the claim. If required, clinical documentation shall be required post claim submission.

Separate reimbursement for oxygen and disposable supplies will be made when medically necessary.

Treatment-in-Place

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

CHAPTER 10: MEDICAL TRANSPORTATION**SECTION 10.8: AMBULANCE - EMERGENCY AMBULANCE
TRANSPORTATION****PAGE(S) 4**

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 treatment-in-place ambulance claim or a separate and corresponding paid ambulance transportation claim. Reimbursement for both an emergency transport to a hospital and an ambulance treatment-in-place service for the same incident is not permitted.

Treatment-in-Place Ambulance Services

Payment of treatment-in-place ambulance services is restricted to those identified on the Physician Directed Ambulance Treatment-in-Place Fee Schedule and edit claims for non-payable procedure codes as follows:

1. If a treatment-in-place ambulance claim is billed with mileage, the entire claim document shall be denied;
2. If an unpayable procedure code, that is not mileage, is billed on a treatment-in-place ambulance claim, only the line with the unpayable code will be denied;
3. 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 transportation provider to identify treatment-in-place telehealth services; and
4. As with all telehealth claims, providers must include POS identifier "02" or "10" 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.

The following table contains valid treatment-in-place ambulance claim modifiers:

Modifier	Origination Site	Destination
<i>DW</i>	Diagnostic or therapeutic site other than P or H when these are used as origin codes	Tx-in-Place
<i>EW</i>	Residential, domiciliary, custodial facility (other than 1819 facility)	Tx-in-Place
<i>GW</i>	Hospital based ESRD facility	Tx-in-Place
<i>HW</i>	Hospital	Tx-in-Place
<i>IW</i>	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport	Tx-in-Place
<i>JW</i>	Freestanding ESRD facility	Tx-in-Place

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.8: AMBULANCE - EMERGENCY AMBULANCE TRANSPORTATION

<i>NW</i>	Skilled nursing facility	Tx-in-Place
<i>PW</i>	Physician’s office	Tx-in-Place
<i>RW</i>	Residence	Tx-in-Place
<i>SW</i>	Scene of accident or acute event	Tx-in-Place

If the beneficiary 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 beneficiary, the ambulance provider cannot bill for both the treatment-in-place ambulance service and the transport to the emergency department. In this situation, **the ambulance provider shall bill for the transport to the emergency department only.** The transportation broker 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 beneficiary with the same date of service.

If a beneficiary is offered treatment-in-place services 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 transportation provider to identify beneficiary refusal of treatment-in-place services.

Treatment-in-Place Telehealth Services

Payment of the treatment-in-place services is restricted 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 beneficiary’s medical condition does not present itself as an emergency in accordance with the criteria in this manual chapter, 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.

CHAPTER 10: MEDICAL TRANSPORTATION

**SECTION 10.8: AMBULANCE - EMERGENCY AMBULANCE
TRANSPORTATION****PAGE(S) 4**

Ambulance providers may bill beneficiaries for non-covered services only if the beneficiary was informed prior to transportation, verbally and in writing that the service would not be covered by Medicaid and if the beneficiary then agreed to accept the responsibility for payment. The transportation provider must obtain a signed statement or form which documents that the beneficiary was verbally informed of the out-of-pocket expense.

Emergency Action Procedure

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

CHAPTER 10: MEDICAL TRANSPORTATION

**SECTION 10.9: AMBULANCE - NON-EMERGENCY AMBULANCE
TRANSPORTATION****PAGE(S) 3**

NON-EMERGENCY AMBULANCE TRANSPORTATION

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

Coverage Requirements

The beneficiary's treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician's 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 transportation broker for all of the beneficiary's transports within the specified date range. A new CAT form from the certifying authority may not be required for the same beneficiary during this date range.

NEAT must be scheduled by the beneficiary or a medical facility through the transportation broker or the ambulance provider, following the criteria below:

1. **If transportation is scheduled through the transportation broker**, the transportation broker shall verify the following, prior to scheduling, beneficiary eligibility, that the originating or destination address belongs to a medical facility, and that a completed CAT form for the date of service is obtained, reviewed, and accepted by the transportation broker. 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; and
2. **If transportation is scheduled through the ambulance provider**, the ambulance provider must verify the following prior to reimbursement: beneficiary eligibility, that the originating or destination address belongs to a medical facility, and that a completed CAT form for the date of service is obtained, reviewed, and accepted by the ambulance provider prior to reimbursement. The transportation broker shall reimburse the ambulance provider only if a completed CAT form is submitted with the clean claim or is on file with the transportation broker prior to reimbursement.

CHAPTER 10: MEDICAL TRANSPORTATION

**SECTION 10.9: AMBULANCE - NON-EMERGENCY AMBULANCE
TRANSPORTATION****PAGE(S) 3**

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

The [CAT form](#) is located at www.lamedicaid.com or by accessing the below link:
[CertificationAmbulanceTransportation.pdf](#)

Out-of-State Transportation

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

The transportation broker must maintain documentation to support compliance with these standards and must submit documentation to the Louisiana Department of Health (LDH) upon request.

Scheduling and Dispatching

The transportation broker 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, Opioid Treatment Program (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 transportation broker shall prohibit ambulance providers from charging the beneficiary 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 beneficiary is under the age of 17 years. This attendant must:

CHAPTER 10: MEDICAL TRANSPORTATION

**SECTION 10.9: AMBULANCE - NON-EMERGENCY AMBULANCE
TRANSPORTATION**

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

Attendants may not:

1. Be under the age of 17 years; or
2. Be a Medicaid provider or employee of a Medicaid provider that is providing services to the beneficiary being transported, except for employees of a mental health facility in the event a beneficiary has been identified as being a danger to their self or to others or at risk for elopement.

Exceptions

All females, regardless of their age, seeking prenatal and/or postpartum care shall not be required to have an attendant.

Nursing Facility Ambulance Transportation

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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.10: AMBULANCE - AIR AMBULANCE**PAGE(S) 1**

AIR AMBULANCE

Air ambulances may be used for emergency and non-emergency ambulance transportation (NEAT) when medically necessary. Licensure by the Louisiana Department of Health (LDH) Bureau of Emergency Medical Services (EMS) is 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 the Bureau of Health Services Financing (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.

Air ambulance services are only covered, if the following criteria are met:

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

If both ground and air ambulance transports are necessary during the same trip, each type of provider will be reimbursed separately according to regulations for that type of provider.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.11: AMBULANCE - AMBULANCE MEMBERSHIPS**PAGE(S) 1**

AMBULANCE MEMBERSHIPS

Ambulance companies that are enrolled in Medicaid may not **solicit** Medicaid beneficiaries 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 beneficiary 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 beneficiary voluntarily subscribes to the plan.

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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.12: AMBULANCE - RETURN TRIPS AND TRANSFERS**PAGE(S) 1**

RETURN TRIPS AND TRANSFERS**Return Trips**

When a beneficiary is transported to a hospital by ambulance on an emergency basis and is not admitted, the hospital shall request a non-emergency medical transportation (NEMT) return trip with the transportation broker unless the beneficiary meets the medical necessity requirements for non-emergency ambulance transportation (NEAT).

Transfers

An ambulance transfer is the transport of a beneficiary by ambulance from one hospital to another. It must be medically necessary for the beneficiary to be transported by ambulance. The beneficiary 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 beneficiary cannot be provided by the hospital, and the beneficiary has to be transported by the provider to another hospital, the transportation provider shall be reimbursed for both transfers once clean claims are submitted for the transfers.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.13: AMBULANCE - CLAIMS AND ENCOUNTERS

PAGE(S) 6

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 emergency ground ambulance and all air ambulance transportation to the Louisiana Department of Health (LDH) fiscal intermediary and non-emergency ground ambulance transportation to the transportation broker.

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

Medicaid and Medicare Part B

Services for Medicare Part B beneficiaries should be billed to the Medicare carrier on the Medicare claim form. Medicare will make payment and cross the claim over to the fiscal intermediary 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 explanation of benefits (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 beneficiary.

CHAPTER 10: MEDICAL TRANSPORTATION**SECTION 10.13: AMBULANCE - CLAIMS AND ENCOUNTERS****PAGE(S) 6****Ambulance Transportation Modifiers**

When billing for procedure codes A0425-A0429, A0433-A0434, and A0436 for ambulance transportation services, the provider must 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
DJ	Diagnostic/Therapeutic site other than P/H to a Non-Hospital-based Dialysis facility
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

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.13: AMBULANCE - CLAIMS AND ENCOUNTERS

PAGE(S) 6

Modifier	Description
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
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
II	Site of Ambulance transport modes transfer to another Site of Ambulance transport modes transfer
JD	Non-Hospital-based Dialysis facility to a Diagnostic/Therapeutic site other than P/H
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

CHAPTER 10: MEDICAL TRANSPORTATION**SECTION 10.13: AMBULANCE - CLAIMS AND ENCOUNTERS****PAGE(S) 6**

Modifier	Description
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

CHAPTER 10: MEDICAL TRANSPORTATION**SECTION 10.13: AMBULANCE - CLAIMS AND ENCOUNTERS****PAGE(S) 6**

Modifier	Description
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

Edits shall be 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.

<i>Modifier</i>	<i>Description</i>
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 following modifiers should 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.

CHAPTER 10: MEDICAL TRANSPORTATION**SECTION 10.13: AMBULANCE - CLAIMS AND ENCOUNTERS****PAGE(S) 6**

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 transportation broker shall submit encounters in compliance with the contract and the **LDH System Companion Guide**.

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.14: RECORD RETENTION**PAGE(S) 1**

RECORD RETENTION

All documentation, data, and/or records of the transportation broker related to the provision of medical transportation services shall be retained for at least ten (10) years, or longer if those records are subject to review, audit, investigations, 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 (10) year retention period, without the express prior written permission of the Louisiana Department of Health (LDH).

APPENDIXES

This section contains the following appendix:

1. 10.15.1 – Contact Information.

CHAPTER 10: MEDICAL TRANSPORTATION

APPENDIX 10.15.1: CONTACT INFORMATION

CONTACT INFORMATION

Office Name	Contact Information
<p>Louisiana Department of Health Bureau of Health Services Financing (Medicaid)</p>	<p>Bureau of Health Services Financing Attn: Program Operations and Compliance - Transportation P.O. Box 91030 Baton Rouge, LA 70821 Phone #: (225) 342-9566 or (225) 333-7473 Email: MedicaidTransportation@la.gov</p>
<p>Louisiana Department of Health Bureau of Emergency Medical Services (for Ambulance Licensing)</p>	<p>Bureau of Emergency Medical Services 7273 Florida Blvd. Baton Rouge, LA 70806 Phone #: (225) 925-4022 Fax #: (225) 925-7244 http://ldh.la.gov/index.cfm/subhome/28</p>
<p>Transportation Broker</p>	<p>Verida, Inc. 843 Dallas Hwy Villa Rica, GA 30180 Phone #: 1-855-325-7626</p>
<p>Fiscal Intermediary</p>	<p>For paper claims submissions: Gainwell Technologies P.O. Box 91020 Baton Rouge, LA 70821</p> <p>For other requests or inquiries: Gainwell Provider Relations Correspondence Unit P.O. Box 91024 Baton Rouge, LA 70821 Phone #: 1-800-473-2783 or (225) 924-5040</p> <p>For prior approval or review requests: Phone #: 1-800-488-6334 or (225) 928-5263</p>