

DRIVER WITH VEHICLE & MILEAGE
NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)
DOCUMENTATION GUIDELINE

Transportation services must be prior approved and authorized by the county.

WRITTEN DOCUMENTATION IS REQUIRED: As a Medicaid transportation provider you are responsible for keeping written records for each member (Medicaid beneficiary) that is transported to a Medicaid covered service. Do not ask or record the name of the provider that the member has the appointment with. Just collect the facility name and address.

Failure to maintain the required documentation can result in your termination as a transportation provider and may result in the Department pursuing overpayment recoveries. The documentation (records) must be retained for seven (7) years from the date of the last service provided.

You need to retain your records even if you stop providing transportation services. The Department and other auditing entities have the right to request supporting documentation for claims submitted for seven (7) years from the date of service on the claim.

A0800 Volunteer/Non-Commercial

A0100 & S0215 Taxi

A0120 & A0170 Mini-bus

A0130 & S0209 Wheelchair Van

T2005 & T2049 Stretcher Van

- Non-Medical Transportation is solely for transporting a member to and from his/her home, place of work or school, to a Medicaid covered medical or dental appointment.
- You may not bill for unloaded miles (miles travelled to/from a beneficiary's home when the beneficiary is **not** in the vehicle).
- One (1) loaded mile equals one (1) billing unit.
- **The comments (notes) section must be completed, on the Medical Travel/lodging billing form (SFN 1731) or CMS 1500 paper or electronically for every trip. Comment (note) shall include the address where recipient was picked up and address where the recipient was dropped off.**

DOCUMENTATION REQUIREMENTS

At a minimum, the following information must be recorded for every trip billed to Medicaid:

- Member name
- Member ID (Medicaid number)
- Member's pick-up address
- Drop off facility and address
- Date the member was picked up (month/day, year)
- Date the member was brought back to their home (month/day, year)
- Number of loaded miles travelled
- Amount billed
- Member Signature

NON-COVERED SERVICES

The following are some examples of non-covered services, but not all inclusive:

- Transportation of a member to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency.
- Transportation of a member to a facility for alcohol detoxification.
- Additional charges for luggage, stair carry of the member, and other airport, bus, or railroad terminal services.
- Transportation of a member to a non-covered provider (e.g.: grocery store, health club, school, church, and synagogue).
- Transportation of a member to a provider for a non-covered service.