



**Kansas Medical
Assistance
Program**



KANSAS

MEDICAL

ASSISTANCE

PROGRAM

PROVIDER MANUAL

**Commercial Nonemergency
Medical Transportation (NEMT)**

Updated 6/07

**PART II
COMMERCIAL NONEMERGENCY MEDICAL TRANSPORTATION
PROVIDER MANUAL**

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PART II

COMMERCIAL NONEMERGENCY MEDICAL TRANSPORTATION PROVIDER MANUAL

Updated 05/07

This is the provider specific section of the manual. This section (Part II) was designed to provide information and instructions specific to Commercial Nonemergency Medical Transportation (NEMT) providers. It is divided into the following subsections: Billing Instructions, Benefits and Limitations, Appendices, and Forms.

The **Billing Instructions** subsection gives directions for completing and submitting Commercial NEMT claims.

The **Benefits and Limitations** subsection defines specific aspects of the scope of Commercial NEMT services allowed within the Kansas Medical Assistance Program (KMAP).

The **Appendix** subsection contains information concerning procedure codes and where to obtain the CMS-1500 claim forms.

The **Forms** section contains all relevant forms for NEMT providers.

HIPAA Compliance

As a participant in KMAP, providers are required to comply with compliance reviews and complaint investigations conducted by the Secretary of the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164. Providers are required to furnish the Department of Health and Human Services all information required by the Department during its review and investigation. The provider is required to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

A provider who receives such a request for access to or inspection of documents and records must promptly and reasonably comply with access to the records and facility at reasonable times and places. A provider must not obstruct any audit, review or investigation, including the relevant questioning of employees of the provider. The provider shall not charge a fee for retrieving and copying documents and records related to compliance reviews and complaint investigations.

**7000. COMMERCIAL NONEMERGENCY MEDICAL TRANSPORTATION (NEMT)
BILLING INSTRUCTIONS Updated 5/07**

Introduction to the CMS-1500 Claim Form

Commercial NEMT providers must use the CMS-1500 claim form (unless submitting electronically) when requesting payment for transportation services that were provided to KMAP beneficiaries (KMAP Medicaid). An example of the CMS-1500 claim form is in the Forms section at the end of this manual. Instructions for completing this claim form are included in the following pages. The Kansas MMIS uses electronic imaging and optical character recognition (OCR) equipment. Therefore, information will not be recognized if not submitted in the correct fields below.

EDS, the fiscal agent for KMAP, does not furnish the CMS-1500 claim form to providers. Refer to Appendix II for form ordering information.

NEMT SPECIFIC BILLING INSTRUCTIONS

Complete the following CMS-1500 claim form fields when applicable.

- Field 1 **Program Identification:**
Check the Medicaid box.
- Field 1A **Insured's ID Number:**
Enter the 11-digit beneficiary number from beneficiary's KMAP ID card.
- Field 2 **Patient's Name:**
Enter beneficiary's last name, first name, and middle initial exactly as it appears on the ID card.
- Field 3 **Patient's Date of Birth/Sex:**
Enter beneficiary's date of birth as month, day, and year - MM/DD/YYYY format (for example, October 1, 1957 should be listed as 10/01/1957). Check the box indicating whether the beneficiary is a male or a female.
- Field 5 **Patient's Address:**
Enter beneficiary's street address including city, state and ZIP code.
- Field 9 **Other Insured's Name:**
If beneficiary has secondary or supplemental insurance, complete fields 9 and 9A-D. If this information is known by the beneficiary, the provider is expected to complete the corresponding fields.

7000. Updated 01/08

- Field 11 **Insured's Policy Group or FECA Number:**
This field should be completed if the beneficiary has insurance primary to Medicaid. If yes, also complete fields 11A-D.
- Field 21 **Diagnosis or Nature of Illness or Injury:**
Commercial NEMT providers should enter diagnosis code 780.99.
- Field 22 **Original Ref. No:**
If this is a resubmission of a claim, enter the previous ICN.
- Field 23 **Prior Authorization Number:**
Enter the prior authorization (PA) number from NEMT PA team if procedure was prior authorized.
- Field 24A **Date(s) of Service:**
Enter date of service in MM/DD/YY format. *Each date of service must be billed as separate line items with NO date range on each line.*
- Field 24B **Place of Service:**
Commercial NEMT providers should enter 99 as place of service.
- Field 24D **Procedures, Services, or Supplies:**
Enter the correct five-digit code listed below that corresponds to the service provided. Enter only one code per detail line for a single date of service. To submit a claim, enter the correct base code and, if applicable, enter the mileage code. It is not acceptable for Commercial NEMT providers to submit a claim with only the mileage code (A0425).
- A0130 - ~~(base code for Level II, nonambulatory services)~~. (nonemergency transportation; wheelchair van). This code is only to be used when transporting a wheelchair-bound beneficiary in a wheelchair van.
 - T2002 - Level II, nonambulatory (nonemergency transportation; per diem). This code is to be used when a beneficiary using a wheelchair is transported by minivan, mid or full size car, not a wheelchair van. ~~(base code for Level I, ambulatory services, for providers whose physical address is in one of the following counties only: Johnson, Leavenworth, Wyandotte, Sedgwick, Shawnee, or Douglas) *Note: Use of procedure code T2002 is restricted to two (2.0) units per day per beneficiary. If services provided exceed two (2.0) units per day per beneficiary, use procedure code T2003 on a separate detail line of the claim form to indicate units greater than two (2.0).~~

7000. Updated 01/08

- T2003 (base code for Level I, all counties (nonemergency transportation; encounter trip). Beneficiary is ambulatory. ~~ambulatory services, for providers whose physical address is in any Kansas county, not referenced with procedure code T2002, even if the provider is transporting a beneficiary into one of the six counties identified with procedure code T2002).~~
- A0425** (mileage code, to be reported only for mileage greater than 10 miles one-way or greater than 20 miles round-trip)

** Reporting odometer mileage on NEMT transportation forms or on claims is not acceptable. Commercial NEMT providers must use mapping software that provides a “shortest distance” option between the origin and destination addresses.

Modifier Usage:

- TK – Use modifier “TK” to identify extra beneficiaries being transported with either the same pick-up address or the same destination address. For example, two Medicaid-eligible beneficiaries live at the same address, and they each have an appointment on the same date to see a physician but not the same physician. Since the appointments are scheduled for approximately the same time, the transportation provider should pick them up at the pre-arranged time and drop them at each of their respective medical appointments. The provider must submit a claim for each beneficiary. Claim 1 must be submitted with the correct base code and mileage, if applicable. Claim 2 (and any other claims for additional beneficiaries on the same transport) must be submitted with the correct base code plus the “TK” modifier, for example T2003 TK. If mileage is applicable for the service provided, the mileage procedure code can only be submitted on Claim 1 and is not payable or applicable to any other claims where beneficiaries are being transported together. If the pick-up address is different for multiple beneficiaries but the destination is the same, the provider must submit a claim for each beneficiary being transported. Claim 1 would be submitted for the beneficiary who is transported the greatest distance. Subsequent claims (such as Claim 2 or Claim 3) must be submitted with the TK modifier to indicate the correct service provided. Again, mileage can only be submitted for Claim 1 and only if applicable (greater than 10 miles one-way or greater than 20 miles on a round-trip).

7000. Updated 01/08

- **UK** – Use modifier “UK” to identify a transportation service provided on behalf of the beneficiary to someone other than the beneficiary. Modifier “UK” can only be reported with procedure codes T2002, T2003, or A0130, for up to one round-trip service (for example 2.0 units) per beneficiary, per day, and for only one parent or guardian, even if two or more people accompany the beneficiary. Reimbursement can be made for modifier “UK” only if it is attached to a base code and on the same claim form as the beneficiary who is being accompanied.

Note: Do not submit a claim with a base code plus the TK modifier on the same claim with a base code and the UK modifier or vice versa. If submitted in this manner, the claim will deny.

Field 24E **Diagnosis Code:**
 Enter the numeral one.

Field 24F **Charges:**
 Enter the usual and customary charge for each service. For example, if the usual and customary rate is established at \$8 for a round-trip, enter \$8 in this field.

Field 24G **Days or Units:**
 Enter the number of units for the services rendered, as applicable to each detail line.

- Base code includes the first 10 miles on a one-way trip, bill one unit; 20 miles on a round-trip, bill two units.
- Mileage code (one unit = one mile). If total mileage is less than 10 miles one-way or 20 miles round-trip, mileage is not billable separately because it is included in the base code.

Use the following formula to calculate mileage if total mileage exceeds 10 miles for a one-way transport or 20 miles for a round-trip transport.

Round-Trip: Total miles minus 20 miles = number of billable miles

One-Way Trip: Total miles minus 10 miles = number of billable miles

Note: You cannot bill for mileage without using the Level I or II base code.

7000. Updated 9/07

Field 24I ID Qualifier:

Enter qualifier 'ZZ' if billing with a taxonomy code in the top half of field 24J. Enter qualifier '1D' if billing with a KMAP provider ID in the top half of field 24J.

Field 24J Rendering Provider ID#:

Enter in the top half a 10-digit KMAP provider ID or taxonomy code. Enter in the bottom half the provider's NPI.

Field 26 Your Patient's Account Number

Optional: Any alpha/numeric character entered in this field will be referenced on the Remittance Advice. No special characters allowed, for example: *, @, -, #, etc.

Field 27 Accept Assignment

Leave blank. All providers of KMAP services must accept assignment to receive payment on a Medicare-related claim.

Field 28 Total Charge

Enter total of all itemized charges on this page of the claim. If filing more than one claim page for the same beneficiary, total each claim page separately.

Field 29 Amount Paid

Enter any amount paid by insurance or other third-party sources known at the time claim is submitted. If the amount shown in this field is the result of other insurance, attach documentation of the payment. (Field 11 must identify other insurance source). Refer to Sections 3200 and 3300 of the *General Provider Manual* for more specific information.

Do not enter copayment or spenddown payment amounts. They are deducted automatically.

Field 30 Balance Due:

Subtract block 29 from 28 and enter balance here.

Field 31 Signature of Physician or Supplier:

Read statement on back of claim form, sign, and date. Provider's name typed or stamped is acceptable.

7000 Updated 6/07

- Field 32 **Name and Address of Facility Where Services Rendered:**
Enter name and address of facility (if other than beneficiary's home or provider's facility).
- Field 33 **Billing Provider Info & Ph #:**
This information regarding the group number corresponds with the provider information provided in fields 33A and 33B.
- Field 33A **Provider's NPI:**
Enter provider's NPI.
- Field 33B **KMAP Provider ID or Taxonomy Code:**
Enter the 10-digit KMAP provider ID or a taxonomy code.

SUBMISSION OF CLAIM:

Send completed first page of each claim and any necessary attachments to:

Kansas Medical Assistance Program
Office of the Fiscal Agent
P.O. Box 3571
Topeka, KS 66601-3571

7000. Updated 01/08

Introduction to the NEMT Transportation Form

Commercial NEMT providers must complete the NEMT Transportation Form for **each** one-way or round-trip provided to a Medicaid beneficiary regardless of the level of service provided. An example of the NEMT Transportation Form is in the Forms section at the end of this manual.

Completing the form in its entirety **AND** obtaining the beneficiary's signature for each trip provided, at the time it is provided, is mandatory and must be kept on file at each provider's office. The beneficiary's signature must be original; a photo copied signature is not acceptable. The provider must make the form available to KHPA, or its designee, by copying and mailing the form upon request.

Note: If you provide more than two round-trips, (four units) of any combination of procedure codes T2002, T2003, or A0130, per day for any one eligible beneficiary, in addition to completing the NEMT Transportation forms for your own records, you must mail copies of the completed NEMT Transportation forms within 45 days of providing the service to the following address: NEMT PA Team, P.O. Box 3571, Topeka, KS 66601-3571.

When billing for multiple units (or trips) of the same procedure code on the same date of service, all units must be on one detail line. Claims that use more than one detail line for multiple trips using the same procedure code on the same day, and processed on and after November 1, 2006, with dates of service on and after October 1, 2005, will be denied.

- ~~T2002* (base code for Level 1, ambulatory services, for providers whose physical address is in one of the following counties only: Johnson, Leavenworth, Wyandotte, Sedgwick, Shawnee, or Douglas)~~

~~* Use of procedure code T2002 is restricted to two (2.0) units per day per beneficiary. If services provided exceed two (2.0) units per day per beneficiary, use procedure code T2003 on a separate detail line of the claim form to indicate units greater than two (2.0).~~

- ~~Refer to Appendix I for code clarification.~~

COMPLETE THE FOLLOWING NEMT TRANSPORTATION FORM FIELDS:

1. Provider Name/Number:

Enter your commercial provider name exactly as it is registered with KMAP (such as Wheels 4 You) and the provider number assigned to you by KMAP. Do not use abbreviations.

2. _____ One-Way _____ Round-Trip:

Enter a check mark or X on the corresponding line indicating whether the driver is transporting the beneficiary one-way or round-trip.

3. Total Miles Traveled for Trip:

Enter the total number of miles traveled with the KMAP beneficiary in the vehicle.

4. Types of Vehicle Used to Transport Medicaid Beneficiary:

Automobile, SUV, Minivan, or ADA Approved Wheelchair Van

Circle the vehicle used to transport the KMAP beneficiary to a Medicaid-covered service. This vehicle must be a vehicle which KMAP has approved through the enrollment process.

5. Date:

Enter the date (month, day, year) the service was provided.

Time: Enter the time the driver arrived to pick up the beneficiary, for example, 9:15 a.m. or 2:23 p.m.

6. Beneficiary Name:

Enter the KMAP beneficiary's name as it appears on the Medicaid card.

7. Beneficiary Medicaid ID Number:

Enter the beneficiary's Medicaid ID number as it appears on the Medicaid card.

8. Signature of Beneficiary:

At the time of each transport, have the beneficiary sign his or her name. If the beneficiary is unable to sign due to medical condition or due to the beneficiary being too young to sign, and a guardian is not available, the driver should write the words "Unable to Sign" on this line and place the driver's initial next to the line; photocopied signature is not acceptable.

9. Signature of Guardian/Relationship:

At the time of each transport, if the beneficiary is unable to sign and a guardian is available to sign, have the guardian sign this line and write what his or her relationship is to the beneficiary, for example, John Doe/grandfather.

10. Complete Address Where Beneficiary Is Picked Up or Dropped Off:

Enter the complete address where the beneficiary is picked up or dropped off. A complete address consists of a street number, street name, and city name.

11. Name and Complete Address of Medical Provider/Medical Facility Where Beneficiary Is Being Transported To or From:

Enter the name of the medical facility or medical provider where you are transporting the beneficiary (such as Topeka Dialysis Clinic, Smile Medical Plaza, or Dr. Goods Office). Enter the complete address of the medical building or office to which beneficiary is transported. A complete address consists of a street number, street name, and city name.

12. Driver's Name Printed:

Print the name of the person driving the commercial NEMT vehicle. This person must be a driver which KMAP has approved through the enrollment process.

13. Driver's Signature:

Signature of the person driving the commercial NEMT vehicle is required. This person must be a driver which KMAP has approved through the enrollment process.

Commercial transportation providers must keep a copy of each completed form on file. Failure to complete this form in its entirety will result in recoupment of adjudicated claims. This form is mandatory. Do not revise or alter in any way. Blank forms may be photocopied for use.

Introduction to the KMAP Certification by Medical Providers for Transportation Services Form

Effective with dates of service beginning January 7, 2005, the primary care physician (beneficiary's main doctor) must mail or fax a completed Certification by Medical Provider for Transportation Services form to the NEMT PA team so that C-NEMT providers can submit claims using the Level II (nonambulatory) procedure code, A0130. The form is available in the Forms section of this manual. Providers should photocopy the form and distribute to each beneficiary that meets the criteria for Level II transportation services as stated in Section 8400 (Level II NEMT Services) of this manual. The beneficiary is responsible to give this form to the primary care physician for completion. The physician needs to complete the form and return it to the NEMT PA team according to the instructions at the bottom of the form.

Providers can determine the effective dates and whether an individual beneficiary is qualified to receive ambulatory (Level I) or nonambulatory (Level II) services by accessing the Beneficiary Eligibility Verification window via the secure KMAP Web site, calling the Automated Voice Response System (AVRS), or using either the faxback or PES systems. At the bottom of the Beneficiary Eligibility Verification window is a section called NEMT where the provider can view the following fields: NEMT Level (Level I or Level II), effective date, end date, and recertification date. The same information is provided on the AVRS, faxback, and PES systems. Providers who access the beneficiary eligibility information should be aware the system only displays or speaks the most current NEMT eligibility level. For example, if a provider enters a date range that crosses from one month to the next, such as October 19 through November 12, the system reflects only the most current month (October in the example). Since Medicaid eligibility can change frequently, C-NEMT providers must always check both benefit eligibility and NEMT eligibility for the specific date they will provide services. If the NEMT PA team does not receive a completed and signed certification form from the primary care physician indicating a beneficiary is eligible for Level II (non-ambulatory) transportation service, the beneficiary's level will be defaulted to Level I (ambulatory) status.

Note: Unless the beneficiary is described by the primary care physician as "permanently confined to a wheelchair," the C-NEMT provider must have the beneficiary annually request a renewal of the Certification by Medical Provider for Transportation Services form. It is the responsibility of the C-NEMT provider to ensure the form is submitted before the recertification date of the existing form. Failure to obtain a new certification form will cause claims to deny.

7000 Updated 5/07

Introduction (cont.)

Prior authorization (before transporting) is required in the following circumstances and must be obtained by contacting the NEMT PA team.

- Beneficiary qualifies for Level I transportation services but, due to injury or other reason, needs temporary Level II transportation services.
- C-NEMT provider receives request for transportation services from beneficiary who has not been transported previously and beneficiary indicates that he or she needs Level II (nonambulatory) services.

When the C-NEMT provider contacts the NEMT PA team to request prior authorization for transportation services, the NEMT PA team enters the request. This request is placed in a pending status for up to 30 days while awaiting receipt of a completed Certification by Medical Provider for Transportation Services Form from the primary care physician. If a completed form is not received from the primary care physician within 30 days to validate the need for Level II transportation services, the NEMT provider and beneficiary will receive a denial letter. If the completed form is received and the physician has determined the beneficiary qualified for Level II services, the NEMT PA team changes the pending PA to an approved PA and the provider and beneficiary will receive an approval letter.

The C-NEMT provider cannot submit claims for reimbursement until an approved prior authorization is on file.

See Section 8400, Covered Services, and Section 8500, Prior Authorization, in this manual for further information on services that require prior authorization.

BENEFITS AND LIMITATIONS

8100. Updated 11/03

COPAYMENT

Copayment is not required for Commercial NEMT services.

BENEFITS AND LIMITATIONS

8300. Benefit Plan Updated 12/07

KMAP beneficiaries are assigned to one or more medical assistance benefit plans. The assigned plan or plans are listed on the beneficiary ID card. These benefit plans entitle the beneficiary to certain services. From the provider's perspective, these benefit plans are very similar to the type of coverage assignment in the previous MMIS. If there are questions about service coverage for a given benefit plan, contact the Medical Assistance Customer Service Center at 1-800-933-6593 or 785-274-5990.

Providers should check eligibility for each beneficiary who requests transportation services. The following eligibility guidelines are general in nature and providers must ensure that beneficiaries meet all of the qualifying criteria prior to transporting KMAP beneficiaries.

Depending on a beneficiary's benefit plan, commercial nonemergency medical transportation services may be covered or noncovered. If a beneficiary is assigned to a managed care organization (MCO), commercial nonemergency medical transportation services are the responsibility of the beneficiary's assigned MCO.

If a beneficiary has the following benefit plans, he or she qualifies for commercial nonemergency medical transportation services:

- TXIX (Title 19)
- QMB (qualified Medicare beneficiary) and TXIX

If a beneficiary has the following benefit plans, he or she does not qualify for commercial nonemergency medical transportation services:

- QMB only
- MediKan

If a beneficiary has eligibility for one of the following, he or she should be instructed to contact his or her assigned MCO to obtain commercial nonemergency medical transportation services:

- HW19 (HealthWave 19-MCO Title XIX)\
- HW21/TXXI (HealthWave 21)

~~If a beneficiary has TXIX (Title 19) listed under the benefit plan, the beneficiary qualifies for commercial transportation services. If eligibility indicates QMB (qualified Medicare beneficiary) and this is the *only* benefit plan listed, the beneficiary does not qualify for transportation services. If eligibility indicates QMB and TXIX, transportation services are covered. If eligibility indicates MKN (MediKan), the beneficiary does not qualify for transportation services. If eligibility indicates HW21/TXXI (HealthWave 21) or HW19 (HealthWave 19 MCO Title XIX), the beneficiary should be instructed to contact their assigned MCO.~~

8300. Benefit Plan Updated 12/07

If eligibility indicates MN (medically needy), the beneficiary is on a spenddown plan. Services are not covered until the spenddown is met. Once the spenddown is met, the beneficiary qualifies for transportation services. If the spenddown is not met, KMAP does not cover the trip, and the provider may charge the beneficiary for the trip. If the beneficiary pays for the trip, the provider should submit a claim to KMAP so the amount incurred by the beneficiary will be used to reduce the **8300** beneficiary's spenddown. If KMAP reimburses the provider for a trip, and the beneficiary has paid for that trip, it is the provider's responsibility to reimburse the beneficiary. If a provider is seeking prior authorization for transportation services, a prior authorization will be started regardless of whether the beneficiary has met their spenddown.

Note: A program is now implemented via a pilot project called Presumptive Eligibility. If someone requests transportation to a medical facility for the purpose of having their presumptive eligibility determination appointment, the transportation to this appointment is not a billable KMAP service.

BENEFITS AND LIMITATIONS

8400. MEDICAID Updated 03/08

Benefits - Covered Services

Commercial Nonemergency Medical Transportation (C-NEMT) is covered when provided for medical purposes for Medicaid beneficiaries. Transportation is covered only when an eligible Medicaid beneficiary is in the vehicle. Transportation must be to Medicaid-covered medical services from Medicaid-enrolled providers.

General NEMT Requirements

- Nonemergency medical transportation (NEMT) is covered for Medicaid beneficiaries for medical purposes only and when no other less expensive mode of transportation is available. It is the responsibility of the transportation provider to question the beneficiary about other means of transportation that are available to the beneficiary (such as someone who could provide the ride to the beneficiary for free - a neighbor, relative or friend).
- The beneficiary must have current Medicaid coverage and must be in the provider's vehicle.
- The least expensive means of transportation (appropriate to the beneficiary's medical need) must be used.
- Transportation is available for services received within the State of Kansas or within 50 miles of the Kansas border provided that the beneficiary is traveling to the closest available provider for his or her medical condition. Reimbursement is not made if the beneficiary chooses to travel to another community for a service that is already available in his or her community.
- Transportation must be provided by an enrolled transportation provider in accordance with Medicaid rules and *Commercial NEMT Provider Manual* guidelines.
- C-NEMT guidelines are for in-state and approved border cities, not for out-of-state transportation. Border cities, within 50 miles of the Kansas border, may be closer for some Kansas residents. All other cities are considered out of state. (For a list of approved border cities, see the *General Benefits Provider Manual*, Section 2300.)
- Emergency ambulance transportation is the ONLY transportation service covered for MediKan beneficiaries.
- Transportation to hospice-related services is the responsibility of the hospice provider. Medical services unrelated to hospice treatment/diagnosis may be covered if medical necessity is met.
- As a C-NEMT provider, transporting a relative is not a covered service. If you are transporting a relative, you must enroll as a non-commercial NEMT provider.
- Nonambulatory beneficiaries must have their physician sign a certification form designating they are unable to ambulate and therefore qualify for the nonambulatory (Level II - procedure codes A0130 and T2002) services. Additionally, the medical provider has the option of the beneficiary being classified as Level I or Level II when a wheelchair is occasionally required due to weakened physical condition, such as chemotherapy, radiation, outpatient surgery or dialysis. This allows transportation providers to bill for the actual service provided. This certification form will be good for one year or less from the date it was signed. If the certification form indicates "permanently confined to a wheelchair," the form will not have an expiration date. This form must be mailed or faxed to the fiscal agent.

8400. Updated 07/08

COVERED SERVICES

- Transportation is available to receive prenatal services for pregnant women.
- Transportation to KAN Be Healthy (KBH) beneficiaries for medically necessary services as well as transportation to KBH screens for children seeking participation in the KBH program. Transportation for the beneficiary and for one parent or guardian accompanying a KBH beneficiary when necessary.
- The Commercial NEMT Medical Necessity Form must be completed, prior to the trip, for specialized medical services that require transportation to a qualifying medical appointment more than 50 miles in distance one-way. See the Forms section at the end of this manual.
- Transportation may be provided to non-KBH beneficiaries for dental services covered by Medicaid for adults 21 years of age and over, which consist of extractions only when considered medically necessary. The criteria for what is considered medically necessary are in the *Dental Provider Manual*.
- Transportation may be provided to non-KBH beneficiaries for vision services covered by KMAP. Vision services covered include one complete eye exam every four years when provided by ophthalmologists and optometrists; however a total of two eye exams are covered per month to detect and/or follow a medical condition. Refer to the *Vision Provider Manual*.

TRANSPORTATION SERVICES NEVER COVERED INCLUDE, BUT ARE NOT LIMITED TO:

- Transportation for residents of nursing facilities or adult care homes, including new admissions to the nursing facility
Note: Transportation is included in the services provided by a nursing facility.
- Transportation billed by Local Education Agency (LEA) providers
- Waiting time
- Attendants to assist drivers for beneficiaries with restrictive disabilities
- Trips to educational classes or daycare services
- Trips to schools where the majority of the day will be spent for educational purposes
Note: Transportation for educational purposes would be the responsibility of the school
- Trips to wheelchair seating clinics
- Trips to pick up anything: medications, medical equipment, or glasses ~~anything (including medications, prosthetics, medical equipment, and glasses)~~
- Errands or shopping
- Trips of a recreational or activity nature (or to or from such events)
- Trips to attend nutrition, diabetic, or any other kind of informational classes
- Trips to the YMCA or similar facility for the purpose of physical exercise/aquatic therapy
- Trips to waiver-covered services, such as respite care, day services, supported employment activities, adult dental, and so forth
- Out-of-state trips, except to approved border cities

8400. Updated 01/08

- Trips to a chiropractor or trips for acupuncture treatment, biofeedback, relaxation therapy, or hypnosis.
- Trips to WIC clinics or to pick up durable medical equipment.
- Transportation related to nonmedical services.
- Trips to the podiatrist for non-KAN Be Healthy beneficiaries.
- ~~Transportation for local appointments for residents of Level V or Level VI residential treatment centers.~~
- Transportation of relatives.
- Under current CMS guidance, Kansas Medicaid will no longer reimburse for transportation to non-Medicaid/contract network providers, such as services provided at Shriners' Burn Center, Saint Jude's, etc., even if the medical service is provided at no charge to the State.

Note: If you have questions, contact the Provider Assistance team.

LEVEL I NEMT SERVICES

Beneficiaries who are able to ambulate on their own or with assistance and do not require a wheelchair for the trip, or who do not have specialized medical equipment that cannot be removed during transit, qualify for Level I NEMT services. In general, most KMAP beneficiaries qualify for Level I transportation services.

LEVEL II NEMT SERVICES

Beneficiaries who meet the following criteria qualify for Level II NEMT services:

- Beneficiary is nonambulatory requiring a wheelchair or stretcher for transportation, or beneficiary is ambulatory but unable to complete the trip without the use of a wheelchair. Use of a walker or cane does not necessitate Level II services.
- Beneficiary has the following medical equipment which cannot be removed during transit:
 - 1) Ventilator
 - 2) IV fluids
 - 3) Peritoneal dialysis fluids
- Beneficiaries who receive treatments resulting in a *disabling* physical condition. For example, the beneficiary is incapable of ambulating due to a weakened condition caused by a medical condition/treatment. Examples of treatments that **might** result in a disabling physical condition include outpatient surgery, radiation therapy, chemotherapy, or dialysis.

Note: Just because a beneficiary receives one of the above listed examples (outpatient surgery, radiation therapy, chemotherapy, or dialysis) does not mean they qualify for Level II reimbursement.

PRIOR AUTHORIZATION

Prior authorization (PA) means the provider must request authorization through the NEMT Prior Authorization team at EDS for services to the beneficiary **prior to or before** the provider transports the beneficiary.

Receipt of a PA number does not guarantee payment for a transportation service nor does it prevent recoupment if a transportation service is determined to have occurred for a noncovered medical service or if the service was reimbursed incorrectly.

Prior authorization is required by C-NEMT providers for the following situations:

- Beneficiary is currently eligible for Level I (ambulatory) transportation services but due to an injury or other medical reason, the beneficiary needs temporary Level II (nonambulatory) transportation services. PA will be approved for up to two months, awaiting validation from physician for Level II services.
- Beneficiary is a new customer for the C-NEMT provider and states that they are nonambulatory or meet one of the other criteria for Level II transportation services. The PA request will be in pending status for up to 30 days, awaiting the completed and signed Certification by Medical Provider for Transportation Services form from the primary care physician to validate the level of transportation services required for the beneficiary.

~~• Transportation related to out of state medical services. The out of state medical service requires prior authorization before the transportation PA. Transportation PA will not occur until the *medical service is approved. PA will be approved for up to six months.*~~

~~*Note: It is the C NEMT provider's responsibility to track the effective dates for a prior authorization and to request an extension for the prior authorization if needed.*~~

The information required to obtain PA for transportation services are as follows:

- Provider name and number
- Beneficiary name and KMAP number
- Date(s) beneficiary is requesting transportation services
- Address where beneficiary will be picked up
- Address where beneficiary is scheduled to receive medical services and name of provider and/or medical facility where services are scheduled
- Completed and signed Certification by Medical Provider for Transportation Services form from primary care physician, if beneficiary qualifies for Level II transportation services
- Total number of miles to be traveled as per shortest distance mapping software
- Whether the scheduled transportation is one-way or round-trip

8500. Updated 12/07

There are two ways for providers to access the NEMT PA team, by telephone or fax. The telephone number for the NEMT PA team is 1-800-285-4978. The telephone line is available from 7:30 a.m. - 5:30 p.m., Monday through Friday. An answering machine is available after hours and on holidays and weekends. When the telephone number is dialed, an announcement menu gives you the option to press a number for transportation reservations. The fax number for the NEMT PA team is 1-800-913-2229.

After a request for prior authorization is submitted, the PA team issues the provider a PA number. It should be noted that receipt of a PA number does not automatically guarantee that the claim for that service will be paid. The PA number is issued to verify that the information was received and documented by the PA NEMT specialists. When the provider submits the claim, the provider must enter the PA number in the appropriate field (box #23) on the CMS-1500 claim form

Notify the PA team (within 72 hours) of any deletions, additions, or changes to the service that occurred after the initial PA was obtained. The PA team will document these changes.

If KMAP receives a request for PA **after** the transportation service has been provided, it will not qualify for prior authorization, and KMAP will deny the request. The provider may not bill KMAP for services requested after the fact.

If transportation service was provided in an **emergency** situation and it is after hours or on a weekend or holiday, Commercial NEMT providers have 48 hours to submit their request to the PA team. Commercial NEMT providers may phone the PA team at 1-800-285-4978 and leave a message on the answering machine, which is treated as the providers' intent to begin the PA process. The provider is responsible to check with the NEMT PA team during normal operating hours to ascertain the information was received by EDS. The provider is expected to submit, upon request by the PA team, additional documentation describing the emergency situation.

Six Month Prior Authorizations

C-NEMT providers do not need to obtain six-month prior authorizations for KMAP beneficiaries who are being transported to the same facility, for the same service, twice per week or more. See Prior Authorization, Section 8500.

MINIMUM DOCUMENTATION REQUIREMENTS

All documentation sent to KMAP Provider Enrollment, or to the fiscal or state agency, must include the provider name and assigned provider number.

The following must be maintained by the provider for a minimum of five years from the date of service:

- Completed NEMT Transportation forms for each and every transportation service (Level I and Level II) provided for a KMAP beneficiary. Instructions for completing the form are provided in Section 7000 of this manual. If a utilization review occurs, the provider will be asked to mail copies of their completed transportation forms for identified beneficiaries to the fiscal agent or designee. Failure to keep accurate and complete records of each and every service provided ~~will~~ ~~could~~ result in recoupment of payments made by KMAP.

Note: Documentation to validate a trip must be able to stand on its own. This means, any person that reads and or reviews trip documentation would be able to determine all of the following:

- Provider name and provider identification number.
 - Complete date (dd/mm/ccyy) and time of service (for example 9:15 a.m.)
 - Beneficiary name.
 - Beneficiary ID Medicaid number.
 - Valid signature (either beneficiary or guardian/relationship), obtained at the time service was provided.
 - Complete address where beneficiary is picked up and complete address where beneficiary is dropped off. A complete address includes the street number, street name and city name. The state name and ZIP code must be included if the trip was provided in a state other than Kansas.
 - Name of medical provider/physician/medical facility where beneficiary is being transported.
 - Whether trip was a one-way or a round-trip.
 - Total miles traveled (using “shortest distance” option provided by mapping software).
 - Driver’s name.
 - Type of vehicle used for transport.
- Some C-NEMT providers use daily dispatch logs, run/trip sheets, or appointment logs for logistical purposes. During a utilization review, submitting copies of these documents might help support and validate trips for claims which have been submitted and paid.

8600 Updated 6/07

- For specialized medical services that require transportation services to transport a beneficiary (Level I or II) more than 50 miles in distance one-way (100 miles round-trip), commercial NEMT providers must obtain and keep on file:
 - A completed Commercial NEMT Medical Necessity Form (see Forms section). The form must be signed by a physician (MD, DO, ARNP, or PA), kept at the C-NEMT provider location, and made available if requested by KMAP during a utilization review. The provider is expected to obtain the completed Commercial NEMT Medical Necessity Form either prior to or within 72 hours of the transportation service being provided. The form is valid for six months.
- The CMS-1500 claim form, NEMT transportation forms, and any other documentation submitted must be legible and must stand on their own.

PROVIDER PARTICIPATION REQUIREMENTS

The Commercial Nonemergency Medical Transportation provider must be enrolled as a provider with KMAP. Enrollment packets may be obtained by contacting the Provider Enrollment team at:

Kansas Medical Assistance Program
Office of the Fiscal Agent
P.O. Box 3571
Topeka, KS 66601-3571
(785) 274-5914

OBJECTIVE CRITERIA

STANDARD DRIVER GUIDELINES

Drivers must:

1. Be age 21 or older.
2. Possess a current, legible, and valid driver's license with no restrictions other than corrective lenses.
3. Currently have no limitations or restrictions that would interfere with safe driving; for example, but not limited to, medical conditions, ignition interlock restriction, or prescribed medication that would interfere with the safe, lawful operation of a motor vehicle.
4. Be able to pass pre-employment drug screening.
5. Have current KBI background check before employment. The KBI's phone number is 785-296-8200. A KBI fingerprint background check may be required at the discretion of KHPA. Please note the Specific Criminal History Guidelines listed in this application.
6. Use passenger restraint devices as required by law.
7. Not smoke while transporting beneficiaries.
8. Not transport the beneficiaries while under the influence of alcohol or any drug that impairs the ability to drive safely.
9. Not provide transportation if they have a communicable disease which may pose a threat to the health and well-being of the beneficiaries.
10. Submit to random drug screening, alcohol screening, or both, if employer requests.

STANDARD VEHICLE GUIDELINES

Vehicles must:

1. Currently be licensed and registered as required by Kansas law. Documentation must include the make, model, and vehicle identification number (VIN) of each vehicle.
2. Be kept at all times in proper physical and mechanical conditions.
3. Be equipped with operable passenger restraint devices, turn signals, lights, horn, brakes, front windshield, windows, and mirrors.
4. Be equipped with proper child passenger restraint devices as required by law when transporting children.
5. Be equipped to provide comfortable temperature and ventilation conditions.
6. Maintain no less than the minimum automobile liability and medical insurance coverage as required by law.
7. Contain a notarized statement signed by the auto insurance agent for all vehicles.
8. Pass a safety inspection conducted by a business that provides automotive mechanical services to the general public. Transportation providers **cannot** perform their own vehicle inspections even if they meet the above criteria.

SPECIFIC CRIMINAL HISTORY GUIDELINES

KMAP will deny or terminate provider agreement(s) if any of the following convictions apply to drivers employed in the transportation of KMAP beneficiaries:

1. Child pornography.
2. Child or adult abuse.
3. Driving under the influence: a DUI conviction within the past eight years.
4. Domestic violence.
5. Shoplifting or theft after age 19 and within the last three years.
6. Felony fraud within the last 10 years.
7. Misdemeanor fraud within the last five years.
8. Termination of provider enrollment for cause from KMAP within the last 10 years.
9. Possession of any controlled substance within the last five years.
10. Possession of a controlled substance with intent to deliver within the last 10 years.
11. Felony or misdemeanor assault without a weapon in the last 10 years.
12. Felony or misdemeanor assault with a weapon in the last 15 years.
13. Prostitution or solicitation of prostitution within the last five years.
14. Felony or misdemeanor robbery or burglary within the last 10 years.
15. Rape or sexual assault.
16. Homicide.
17. Felony in which a vehicle is used; for example, but not limited to vehicular manslaughter, vehicular homicide, vehicular assault, hit and run, eluding a police officer.

Note: KMAP also recommends these guidelines be used for employment criteria.

8700. Updated 01/08

STANDARD PROVIDER GUIDELINES

- Providers are responsible for the conduct of their drivers.
- If providers fail to submit required information about each new driver (KBI background check, current driver's license), KMAP will terminate the provider's enrollment.
- If providers fail to submit required information on each new vehicle (vehicle inspection, title or registration, proof of insurance), KMAP will terminate the provider's enrollment.
- Providers are encouraged to have their own policies and procedures in place to define company guidelines. Those guidelines may be more strict than the guidelines set by KMAP.
- Providers must submit pictures of each operating vehicle to be used, including a picture of each vehicle's VIN as well as a photo of the van lift, if vehicle is a wheelchair van.
- Phone number indicated on application must be for a business.

Additional Commercial NEMT provider requirements are as follows:

Upon enrollment, or when staff or vehicle changes occur, the provider must submit the following to the Provider Enrollment team:

- A. Make, model, and VIN for each vehicle that will be used to transport KMAP beneficiaries.
- B. Proof of insurance (as required by law) for each vehicle used in your transportation services. The provider must mail to the KMAP Provider Enrollment team (see above address) proof of insurance each time the motor vehicle insurance is updated or renewed.
- C. Copy of valid driver's license for all employed drivers. If you hire a new driver, send a copy of the valid driver's license for that employee to the KMAP Provider Enrollment team. Providers do not have to submit a copy of the driver's license for each trip provided.
- D. Commercial NEMT providers must have a KBI background check ~~(or the equivalent)~~ on each driver prior to his or her hire date. Providers must send KMAP a copy of KBI background checks on all drivers. ~~their employed drivers. Providers must obtain this information within 60 days from date of hire. Providers must keep this information on file at the providers' location and must make it available for review by KMAP staff or designee.~~

8700. Updated 01/08

~~E. If you are registered with the Kansas Corporation Commission, some of the above requirements may be waived, if approved in writing by the SRS Commercial NEMT program manager.~~

E. The owner of the commercial NEMT provider business must disclose to the KMAP Provider Enrollment team the names and provider numbers of any other businesses, organizations, companies, entities, or associations in which the owner has five percent or greater ownership, that are currently enrolled or in the process of enrolling as a KMAP provider.

**FAILURE TO COMPLY WITH PROVIDER PARTICIPATION REQUIREMENTS
WILL LEAD TO TERMINATION OF THE PROVIDER AGREEMENT. KMAP WILL
NOT PAY CLAIMS FOR SERVICES PROVIDED AFTER THE PROVIDER
AGREEMENT IS TERMINATED.**

APPENDIX I

PROCEDURE CODES AND NOMENCLATURE Updated 01/08

The following codes represent an all inclusive list of Commercial NEMT services billable to KMAP. Procedures not listed here are considered noncovered.

COMMERCIAL NEMT PROVIDERS

**PROCEDURE
CODE**

NOMENCLATURE

T2003	Level I, all counties (nonemergency transportation; encounter/trip). Beneficiary is ambulatory. Commercial NEMT transportation; encounter/trip not county specific (includes the first 10 miles on a one way trip, bill one unit; 20 miles on a round trip, bill two units)
T2002	Level II, nonambulatory (nonemergency transportation; per diem). This code is to be used when a beneficiary using a wheelchair is transported by minivan, mid or full size car, not a wheelchair van. This procedure code may only be used by C-NEMT providers whose physical location is in one of the following counties: Leavenworth, Shawnee, Douglas, Wyandotte, Johnson, or Sedgwick. It may only be used for the first trip of the day (units 1 and/or 2). (includes the first 10 miles on a one way trip, bill one (1) unit; 20 miles on a round trip, bill two (2) units)
A0130	Level II, nonambulatory (nonemergency transportation; wheelchair van). This code is only to be used when transporting a wheelchair-bound beneficiary in a wheelchair van. Commercial NEMT; (includes the first 10 miles on a one way trip, bill one unit; 20 miles on a round trip, bill two units)
A0425	Commercial transportation, ground mileage, per statute mile. Only use this procedure code if mileage exceeds 10 miles on a one-way trip or 20 miles on a round-trip. C-NEMT providers cannot submit a claim for this procedure code by itself.

MODIFIERS

TK	<p>Extra patient or passenger, nonambulance. Use this modifier when a C-NEMT provider transports more than one beneficiary from the same pick-up point to the same destination or transports more than one beneficiary from the same pick-up point, dropping off one of the beneficiaries at a destination before dropping the remaining beneficiary at the farthest destination. See Section 7000, Field 24D for modifier use.</p> <p>C-NEMT providers must attach modifier TK to one of the following procedure codes for an individual beneficiary (the beneficiary that is not the primary rider): T2002, T2003, and A0130. Use this modifier only for a maximum of two units per beneficiary, per day. No mileage (A0425) may be billed on a claim that uses this modifier.</p>
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UK	Services provided on behalf of the beneficiary to someone other than the beneficiary (collateral relationship). Use this modifier when a C-NEMT provider transports a beneficiary with an accompanying parent, guardian, or designee. C-NEMT providers must attach modifier UK to one of the following procedure codes: T2002, T2003, and A0130. Use this modifier only for a maximum of two units per beneficiary, per day. Mileage may only be billed for the beneficiary, not the accompanying person.
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APPENDIX II

FORM REORDERING

Updated 05/07

Providers must use EDS form #60-7 to order Pharmacy claim forms and the Prior Authorization form. Other items such as the Adjustment form and KAN Be Healthy form should be duplicated from the provider manual.

EDS does not provide the CMS-1500 or UB-04 claim forms. They must be obtained from a claim form supplier.

Listed below are names and addresses of vendors who supply the CMS-1500 and UB-04 claim forms. This list is not an inclusive list.

CMS-1500

Administrative Services of Kansas, Inc.
(A subsidiary of Blue Cross and Blue Shield of Kansas, Inc.)
P.O. Box 3500
Topeka, KS 66601-0110

CMS-1500 and UB-04

Advantage Business Forms
211 SW 6th
Topeka, KS 66603
785-235-6868
Contact: Nicole Schings

FORMS

CMS-1500

NEMT TRANSPORTATION

COMMERCIAL NEMT MEDICAL NECESSITY

CERTIFICATION BY MEDICAL PROVIDER

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA										PICA																								
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																								
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)																																		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY					SEX M <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)														
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)														
CITY					STATE					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					CITY					STATE														
ZIP CODE					TELEPHONE (Include Area Code) ()					Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE					TELEPHONE (Include Area Code) ()														
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER														
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>														
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____										b. EMPLOYER'S NAME OR SCHOOL NAME														
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME														
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. RESERVED FOR LOCAL USE										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.														
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																																		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																								
SIGNED _____ DATE _____										SIGNED _____																								
14. DATE OF CURRENT: MM DD YY					ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____					17b. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY														
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.														
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										23. PRIOR AUTHORIZATION NUMBER																								
1. _____										3. _____																								
2. _____										4. _____																								
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY					B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER					E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #										
1																																		
2																																		
3																																		
4																																		
5																																		
3																																		
25. FEDERAL TAX I.D. NUMBER					SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. BALANCE DUE \$				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH # ()														
SIGNED _____ DATE _____										a. NPI					b. _____					a. NPI					b. _____									

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



Kansas Medical Assistance Program

P.O. Box 3571
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593
Consumer Line: 1-800-766-9012

From the office of the Fiscal Agent

NEMT TRANSPORTATION FORM

Commercial NEMT is covered only when provided for KMAP beneficiaries going to a KMAP covered service for medical purposes.

1. Provider name: _____ Provider number: _____

2. Check one of the following trip options: _____ One-way trip _____ Round trip

3. Total miles traveled for trip: _____

4. **Type of vehicle used to transport Medicaid beneficiary:
Automobile, SUV, Minivan, or ADA Approved Wheelchair Van**

Circle the vehicle used to transport the KMAP beneficiary to a Medicaid-covered service. This vehicle must be a vehicle which KMAP has approved through the enrollment process.

Note: The primary care physician or designee must complete the “Certification by Medical Provider for Transportation Services” form to bill for Level II transportation. The form is located in the *CNEMT Manual*.

5. Date: _____ 6. Time: _____

7. Beneficiary name: _____

8. Beneficiary KMAP ID number: _____

9. Signature of beneficiary: _____

(Original signature of beneficiary required)

10. Signature of guardian and relationship to beneficiary: _____

11. Complete Address Where Beneficiary Is Picked Up / Complete Address Where Beneficiary Is Picked Up
_____/_____
_____/_____

Complete Address Where Beneficiary Is Dropped Off / Complete Address Where Beneficiary Is Dropped Off
_____/_____
_____/_____

12. Name and complete address of medical provider or medical facility where beneficiary is being transported to or from:

13. Driver’s name (printed): _____

14. Driver’s signature: _____

- 15. Commercial transportation providers must keep a copy of each completed form on file.
- 16. Failure to complete this form in its entirety will result in recoupment of adjudicated claims.
- 17. This form is mandatory. Do not revise or alter in any way.
- 18. Blank forms may be photocopied for use.



Kansas Medical Assistance Program

P.O. Box 3571
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593
Consumer Line: 1-800-766-9012

From the office of the Fiscal Agent

4/08 #3

Certification by Medical Provider for Transportation Services

This form must be completed and signed by a primary care physician or designee (physician assistant, nurse practitioner, or clinical nurse specialist). Form will be returned and/or invalidated if not totally completed.

Beneficiary Name: _____ Medicaid ID #: _____

Initial all that apply:

	Ambulatory and does not require a wheelchair (Level I)
	Ambulatory but requires walker, cane, or personal assistance (Level I)
	Occasionally may require a wheelchair due to weakened physical condition, i.e. chemotherapy, radiation, outpatient surgery or dialysis (Level I or Level II) <i>Note: This will allow transportation providers to bill for the actual service provided.</i>
	Permanently confined to a wheelchair (Level II)
	Temporarily confined to a wheelchair, <i>expected duration:</i> _____ (Level II) <i>Note: After the expected duration has expired, beneficiary must have medical provider complete a new certification form.</i>
	Nonambulatory, requires a stretcher for transportation (Level II)
	Other, <i>explain:</i>

I certify I have reviewed this person's history and condition, and the information is accurate and complete.

Prescriber's Name/Credentials: (physician, physician assistant, nurse practitioner, or clinical nurse specialist) Please Print:	Prescriber's Phone #:
	Prescriber's Fax #:
Prescriber's Signature:	Date:

This form is valid for up to one year or less, unless the field indicating permanent wheelchair is checked. Forms are available in the *Commercial Nonemergency Medical Transportation Provider Manual*, Forms section, and on the KMAP Web site at <https://www.kmap-state-ks.us>.

- * Level I: Able to ambulate (able to walk).
- * Level II: Unable to ambulate (unable to walk), needs a wheelchair.
- * If the beneficiary's condition *improves* and no longer requires Level II services, the physician must complete a new form to change to a Level I in the system.

Fax completed form to the attention of the NEMT PA Team, 1-800-913-2229, or mail completed form to KMAP, Office of the Fiscal Agent, ATTN: NEMT PA Team, P.O. Box 3571, Topeka, KS 66601-3571.