



## **D DMH Non-Emergency Transportation**

The Non-Emergency Transportation Program for the Alabama Department of Mental Health provides necessary non-ambulance one-way or round trip transportation for Medicaid recipients to a Medicaid covered mental health rehabilitation service.

### **D.1 Eligible Providers**

Alabama Department of Mental Health contractors enrolled in the Medicaid program to provide mental illness and substance abuse rehabilitation services.

### **D.2 Covered Service**

The ADMH NET Program may be utilized for transportation of a Medicaid recipient to an authorized location for receipt of a covered mental illness or substance abuse rehabilitation service as specified in Chapter 105 of the Alabama Medicaid Agency Provider Manual. Receipt of the service must occur on the same date as the transportation event.

NET must be provided in compliance with written policies and procedures developed and maintained by the ADMH contractor which include, at a minimum, the following specifications:

- Non-emergency transportation services linked to a Rehabilitative service in which medical necessity must be established.
- All vehicles used for the transportation shall have properly operating seat belts or child restraint seats, and provide for seasonal comfort with properly functioning heat and air.
- All vehicles used for transportation shall be in good repair and have documentation of regular maintenance inspections.
- The number of individuals permitted in any vehicle shall not exceed the number of seats, seat belts, and age appropriate child restraint seats as permitted to be operated under the safety standards for the make of that model vehicle.
- All vehicles operated by the provider shall carry:
  - a. Proof of accident and liability insurance.
  - b. Documentation of the vehicle's ownership.
  - c. A fire extinguisher and first aid kit for company owned vehicles.
- The driver of any vehicle used to transport recipients shall:
  - a. Be at least nineteen (19) years old;

- b. Be in possession of a valid driver's license for the type of vehicle used in transporting recipients;
  - c. Carry, at all times, the name(s) and telephone number(s) of the performing provider's staff to notify in case of a medical or other emergency;
  - d. Be prohibited from the use of alcohol, drugs, tobacco products, cellular phones or other mobile devices, or from eating while driving;
  - e. Be prohibited from leaving a minor unattended in the vehicle at any time;
  - f. Be prohibited from making stops between authorized destinations, altering destinations, and taking recipients to unauthorized locations. In the event of emergency, unscheduled stops are permitted. In these occasions, the driver must contact the supervisor for instructions.
- The performing provider shall provide an adequate number of staff for supervision of individuals transported to ensure passenger safety.

## **D.3 Service Documentation**

### ***D.3.1 Mental Illness***

The Medicaid recipient's service record must fully document the rehabilitation option service provided on the date of the transportation event. The treatment plan will indicate the referral to NET services. A transportation signature log can be used to document transportation to a day program. Recipient signatures for individual/group or other rehabilitation option services will document the transportation for those services. Transportation must be an indicated service on the case plan if transportation is provided by a case manager.

### ***D.3.2 Substance Abuse***

The service record must fully document the extent and nature of the non-emergency transportation provided, including:

- Medical necessity for non-emergency transportation.
- Treatment/service plan authorization by a licensed practitioner of the healing arts.
- Medicaid rehabilitation service to which transportation was provided and the date of this service.
- Date of NET.
- Destination.
- Mode of transportation.
- Miles traveled.
- Signature of the Medicaid recipient.
- Signature of the direct service provider.

## D.4 Billing Restrictions

Reimbursement will not be provided for:

- Transportation to any services other than Medicaid Mental Health Rehabilitation Services.
- Services that are not medically necessary or that are not provided in compliance with the provisions of this chapter.

## D.5 Reporting Code

**Mental Illness:** T2002-HE

**Substance Abuse:** T2002-HF; T2002-HF: HA; T2002-HF: HD; T2002-HF: HH; T2002-HF: HA: HH

## D.6 Billing Units

Episode = round trip

## D.7 Maximum Units

One episode per day, per recipient, per provider.

## D.8 Rate

\$17.00/Episode

## D.9 Billing Reporting Combination Restrictions

There is no billing reporting combination restrictions.

## D.10 Cost Sharing (Copayment)

The copayment does not apply to services provided by transportation providers or to recipients receiving rehabilitative services.

## D.11 Billing Recipients

By filing a claim with the Medicaid Program, a provider is agreeing to accept assignment and by accepting assignment, the provider agrees to accept the Medicaid reimbursement, plus any cost-sharing amount (copay) to be paid by the recipient, as payment in full for those services covered under the Medicaid Program. The Medicaid recipient, or others on his behalf, must not be billed for the amount above that, if any, which is paid on an allowed service.

## D.12 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Transportation providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

**NOTE:**

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

### ***D.12.1 Time Limit for Filing Claims***

Medicaid requires all claims for transportation to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits, for more information regarding timely filing limits and exceptions.

### ***D.12.2 Diagnosis Codes***

The *International Classification of Diseases - 10th Revision - Clinical Modification* (ICD-10-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, AMA Plaza 330 North Wabash Ave, Suite 39300 Chicago, IL 60611-5885, or 1-800-621-8335.

**NOTE:**

ICD-9 codes should be used for claims submitted with dates of service prior to or equal to 09/30/2015.

ICD-10 codes should be used for claims submitted with dates of service on/after 10/01/2015.

**NOTE:**

ICD-9 diagnosis codes, within the range of 290-316 for ICD-9 or F0150-F99 for ICD-10, must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field. The V code unspecified psychosocial circumstance is covered only for children and adolescents or adults receiving DHR protective services. Claims filed for pregnant women (SOBRA) must include V222 for ICD-9 or Z33.1 for ICD-10 (pregnant state, incidental) as well as the appropriate MI/SA diagnosis code.

This page intentionally left blank.