

NEW YORK STATE MEDICAID TRANSPORTATION



CITY OF NEW YORK TRANSPORTATION ORDERING GUIDELINES MANUAL

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Introduction

When the Medicaid Program was established in the 1960s, the federal government recognized that unless needy individuals could actually get to and from providers of services, the entire goal of the Medicaid Program is inhibited at the start. As a result, States are required under federal regulations to ensure necessary transportation for Medicaid beneficiaries to and from medical services. The federal government also provided authority for States to ensure the provision of this transportation to Medicaid beneficiaries with federal financial participation in the cost of these services under the Medicaid Program. For the Medicaid population, getting to and from services can be a struggle. If the beneficiary cannot get to services, then the Program fails from the start; so New York State made the decision to cover a series of optional services under the Medicaid Program, including medical transportation.

In order to maintain enough flexibility to sufficiently meet the transportation needs of Medicaid beneficiaries in a significantly culturally and geographically diverse State, the responsibility of managing the New York State Medicaid Transportation Program was delegated to each county's local departments of social services. The New York City Medicaid Transportation Program is administered by the City of New York Human Resources Administration, which encompasses the five boroughs of the City of New York, with oversight by the New York State Department of Health.

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. All transportation must be prior authorized for payment.

When traveling to medical appointments, a Medicaid beneficiary is expected to use the same mode of transportation as the beneficiary uses to carry out the activities of daily life. For most New York City residents, this mode is bus or subway. However, for some Medicaid beneficiaries, their medical condition necessitates another form of transport, such as an ambulette. In these circumstances, Medicaid will pay for the **least costly, most medically appropriate** level of transportation to and from services covered by the Medicaid Program.

For questions, comments and more information, please contact the [Medicaid Program's Transportation Unit](#):



Telephone: (518) 408-4825
Fax: (518) 486-2495
Email: MedTrans@health.state.ny.us.

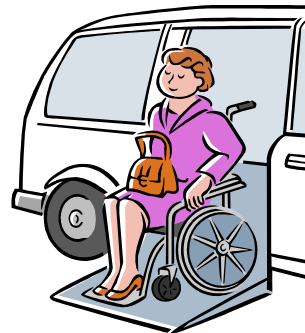
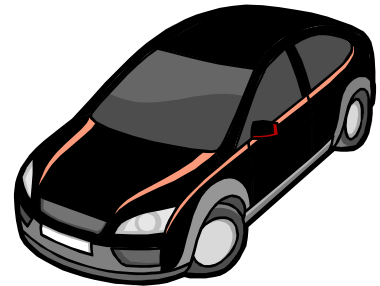
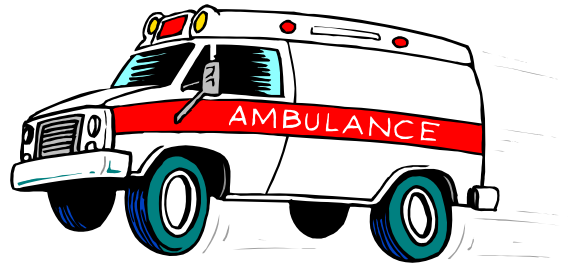
Section I – Covered Transportation Services

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. When traveling to medical appointments, a Medicaid beneficiary is to use the same mode of transportation as used to carry out the activities of daily life. For most New York City residents, this mode is bus or subway; however, for some Medicaid beneficiaries, their condition necessitates another form of transport, such as an ambulette.

In these circumstances, Medicaid will pay for the **least costly, most medically appropriate** level of transportation to and from services covered by the Medicaid Program.

Covered non-emergency transportation services include:

- Public transportation (bus/subway);
- Livery;
- Ambulette; and
- Ambulance.



Section II – Rules for Ordering

As an ordering practitioner, you are responsible for ordering medically necessary transportation within the [common medical marketing area](#) (CMMA).

The CMMA is the geographic area from which a community customarily obtains its medical care and services. In New York City, the CMMA is five (5) miles from one's residence.

Beneficiaries who have reasonable access to a mode of transportation used for the normal activities of daily living; such as shopping and recreational events; are expected to use this same mode to travel to and from medical appointments when that mode is available to them. For most residents of New York City, this mode is usually public transportation.

Medicaid may restrict payment for transportation if it is determined that:

- the beneficiary chose to go to a medical provider outside the CMMA when services were available within the CMMA;
- the beneficiary could have taken a less expensive form of transportation but opted to take the more costly transportation.

In either case above, if the beneficiary can demonstrate circumstances justifying payment, then reimbursement can be **considered**.

Responsibility of the Ordering Practitioner

As the medical practitioner requesting livery, ambulette, or non-emergency ambulance services, you are responsible for ordering the **medically appropriate** mode of transportation for the Medicaid beneficiary. A basic consideration for this should be the beneficiary's current level of mobility and functional independence.

The transportation ordered should be the least specialized mode required based upon the beneficiary's **current** medical condition. For example, if you feel the beneficiary does not require personal assistance, but cannot walk to public transportation, you should authorize livery service, not ambulette service.

Any ordering practitioner or entity ordering transportation on the practitioner's behalf that orders transportation which is deemed not to meet the above rules may be sanctioned according to [18 NYCRR Section 515.3](#), available online at:

<http://www.health.state.ny.us/nysdoh/phforum/nycrr18.htm>.

Acceptable Orderers of Transportation

If you are enrolled as a Medicaid provider and the category of service in which you have enrolled reflected in the table below, then you may request prior authorization of transportation services on behalf of Medicaid beneficiaries.

Category of Service	Provider Type	Category of Service	Provider Type
0010	Shared Health Facility	0382	Long Term Care Health Related Facility
0020	Dental Group	0383	Long Term Care Day Care
0046	Physician Group	0384	ICF for Developmentally Disabled
0052	Midwife Group	0385	Mental Retardation: Outpatient Services
0058	Clinical Psychologist Group	0386	Nursing Home Sponsored HHA Professional Services
0160	Free-Standing Diagnostic & Treatment Ctr	0388	Long Term Home Health Care
0163	Ordered Ambulatory (Other than Labs)	0421	Salaried Optometrist
0165	Hospice	0389	Long Term Care: Ordered Ambulatory (Other than Labs)
0180	Dental School	0422	Self-Employed Optometrist
0200	Dental Service	0403	Salaried Optician
0220	Prepaid Capitation Plan	0460	Physician
0260	Free-Standing Home Health Agency Professional Svc	0404	Self-Employed Optician
0267	Assisted Living Program	0461	Physician: CHAP Practitioner
0268	OMH-Certified Rehabilitation Facility	0462	Registered Physician's Assistant
0269	HHAS: OMR/DD Waiver Services	0463	Physician
0282	Hos Svc: Ordered Ambulatory (Other than Labs)	0469	Nurse Practitioner
0284	Hos Svc: Home Care Program	0500	Podiatrist
0285	Inpatient Facility	0525	Midwife
0286	Skilled Nursing Facility	0580	Clinical Psychologist
0287	Hos Svc: Hospital Base Outpatient Services	0621	Occupational Therapist
0289	Hos Svc: Health Related Facility	0622	Physical Therapist
0325	Audiologist	0623	Speech Therapist
0381	Long Term Care Skilled Nursing Facility	0626	Respiratory Therapist
		0627	Respiratory Therapist Technician

If you have any questions regarding the category of service in which you are enrolled, please contact Computer Sciences Corporation at (800) 343-9000.

Ordering Transportation for Non-New York City Beneficiaries

When a practitioner (or his/her representative) needs to arrange transportation for a Medicaid beneficiary whose Medicaid eligibility is **not 66-NYC**, then the guidelines in this Manual **do not apply**. Rather, the practitioner must contact the local department of social services in the county who establishes eligibility for the beneficiary (i.e., 28-Nassau; 55-Westchester; 97-NYS OMH) in order to request a prior authorization for transportation services.

Prior authorization of transportation services requested using the methods described in this Manual for a beneficiary whose eligibility reflects a county outside the City of New York **will be rejected**.

Transportation contact information for those counties surrounding the City of New York, as well as the two State agencies having Medicaid beneficiaries in the City of New York, follows:

County	Transportation Contact Telephone Number
28-Nassau	(516) 433-1660
39-Rockland	(845) 364-3052
55-Westchester	(914) 231-3675
47-Suffolk	(866) 952-1564
97–NYS OMH	(518) 473-8234
98–NYS OMR/DD	(518) 402-4383

If you need to request transportation of a Medicaid beneficiary whose county of eligibility is not listed above, please consult the [Transportation Contact List](#) online at:

<http://www.emedny.org/ProviderManuals/Transportation/index.html>.

Medicaid Enrolled Provider List

A list of Medicaid-enrolled transportation providers, by service and by borough, is available upon request by contacting the [Transportation Policy Unit](#).

Non-Emergency Ambulance

Generally, ambulance service is requested when a Medicaid beneficiary needs to be transported in a recumbent position (lying down) or is in need of medical attention while en route to their medical appointments.

A request for prior authorization **must** be supported by the order of a practitioner who is the Medicaid beneficiary's:

- Attending physician;
- Physician's assistant; or
- Nurse practitioner.

Ambulette

Ambulette service is door-to-door; from the beneficiary's home through the door of the medical appointment. [Personal assistance](#) by the staff of the ambulette company is

required by the Medicaid Program in order to bill the Program for the provision of ambulette service. Personal assistance by the staff of the transportation company is required by the Medicaid Program and consists of the rendering of physical assistance to the ambulatory and non-ambulatory (wheelchair-bound) Medicaid beneficiaries in:

- Walking, climbing or descending stairs, ramps, curbs, or other obstacles;
- Opening and closing doors;
- Accessing an ambulette vehicle; and
- The moving of obstacles as necessary to assure the safe movement of the Medicaid beneficiary.

If personal assistance is not necessary and/or not provided, then **livery** service should be ordered.

There is no separate reimbursement for the escort of a Medicaid beneficiary. Necessary escorts are to be provided by the ambulette service at no additional or enhanced charge.

The Medicaid Program does not limit the number of stairs or floors in a building that a provider must climb in order to deliver personal assistance to a Medicaid beneficiary. The ambulette provider is required to provide personal assistance and door-to-door service at no additional or enhanced charge. This means the staff must transport the beneficiary from his/her front door (including apartment door, nursing home room, etc.) no matter where it is located; to the door of the medical practitioner from whom the beneficiary is to receive Medicaid-covered medical services.

Ambulettes may also provide taxi (curb-to-curb) service and will transport livery-eligible beneficiaries in the same vehicle as ambulette-eligible beneficiaries. The Medicaid Program does not require the ambulette service to be licensed as a taxi service; the only requirement that ambulettes need to meet for this service is the proper authority and license to operate as an ambulette.

A request for prior authorization of ambulette transportation must be supported by the order of a practitioner who is the Medicaid beneficiary's:

- Attending physician;
- Physician's assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;

- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

Note: The ordering practitioner must note in the patient's medical record the Medicaid beneficiary's condition which qualifies use of an ambulette transport.

Ambulette transportation may be ordered if any of the following conditions is present:

- The Medicaid beneficiary needs to be transported in a recumbent position and the ambulette service is able to accommodate a stretcher;
- The Medicaid beneficiary is wheelchair-bound and is unable to use a taxi, livery service, bus or private vehicle;
- The Medicaid beneficiary has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, livery service, bus or private vehicle;
- An otherwise ambulatory Medicaid beneficiary requires radiation therapy, chemotherapy, or dialysis treatments which result in a disabling physical condition after treatment, making the beneficiary unable to access transportation without [personal assistance](#) provided by an ambulette service;
- The Medicaid beneficiary has a disabling physical condition other than one described above or a disabling mental condition requiring personal assistance provided by an ambulette services; and,
- The ordering practitioner certifies in a manner designated by and submitted to the Department that the Medicaid beneficiary cannot be transported by taxi, livery service, bus or private vehicle and there is a need for ambulette service.

Livery Transportation

A request for prior authorization for transportation by New York City livery services must be supported by the order of a practitioner who is the Medicaid beneficiary's:

- Attending physician;
- Physician's assistant;

- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

Note: The ordering practitioner must note in the patient's medical record the Medicaid beneficiary's condition which qualifies use of an ambulette transport.

Day Treatment Transportation

Day treatment/day program transportation is unique in that this transportation can be provided by an ambulance, ambulette or livery provider. The difference is that a typical transport involves a group of individuals traveling to and from the same site, at the same time, on a daily or regular basis.

The economies of this group ride transport are reflected in a different reimbursement amount than that reimbursed for an episodic medical appointment.

Providers of transportation to day treatment/day program must adhere to the same requirements for their specific provider category.

Mileage

Mileage within urban areas is difficult to control; therefore, New York City has established fixed reimbursement amounts for trips occurring within the five boroughs encompassing the City for **all modes of transportation**.

When a trip occurs within **any** of the five boroughs, i.e., Queens to Manhattan, mileage should **not** be ordered. When a New York City Medicaid beneficiary requires long-distance transportation, i.e., Manhattan to Suffolk County, mileage may be ordered, **beginning at the City limits**.

Section III – Required Documentation

In cases where an ordering practitioner believes that a Medicaid beneficiary should use a particular form of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations §505.10 (c)(4) indicate that:

“The ordering practitioner must note in the [beneficiary’s] patient record the condition which justifies the practitioner’s ordering of ambulette or non-emergency ambulance services.”

Medical Justification Form – The MAP-2015

What is the MAP-2015?

The MAP-2015, included on the following pages, is the identifier created by the Human Resources Administration in the City of New York to be used as a concise justification for the ordering of livery, ambulette and non-emergency ambulance transportation services for Medicaid beneficiaries in the City of New York.

The MAP-2015 is not a request for transportation prior authorization. Rather, this form is used in conjunction with a request for Medicaid transportation prior authorization to support the order for a particular mode of transportation.

Why use the MAP-2015?

When traveling to medical appointments, a Medicaid beneficiary is to use the same mode of transportation as used to carry out the duties of daily living. For most New York City residents, this mode is bus or subway. However, for some beneficiaries, their condition necessitates another form of transport, such as an ambulette. In these circumstances, Medicaid will pay for the most **medically appropriate** level of transportation to and from services covered by the Medicaid Program.

In cases where an ordering practitioner believes that a Medicaid beneficiary should use a particular form of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations Section 505.10(c)(4) indicate that:

“The ordering practitioner must note in the [beneficiary’s] patient record the condition which justifies the practitioner’s ordering of ambulette or nonemergency ambulance services.”

The MAP-2015 allows providers to simply justify their, at times, complex request of a particular mode of transportation for a Medicaid beneficiary.

Who should complete the MAP-2015?

Those practitioners who order non-emergency transportation services on behalf of a City of New York Medicaid beneficiary should complete the form.

When should the MAP-2015 be used?

The MAP-2015 **should** be used when a patient has a condition that necessitates a mode of transportation other than mass transit.

The MAP-2015 is **not** necessary when a patient can use mass transit.

A completed copy of this document must be made available **upon request** to the Department, its representatives, and/or staff from the New York City Human Resources Administration (HRA).

How is the MAP-2015 completed?

The MAP-2015 requests patient-specific information such as the patient's name, address, Medicaid beneficiary identification number, diagnoses, requested authorization time span and space to justify the need for higher level of transportation. Additionally, there are yes/no questions, such as whether or not the patient uses a wheelchair. **Note:** The patient's social security number is no longer required.

On the second page, there is a certification statement and places where those involved in the completion of the form identify themselves.

Does a new MAP-2015 need to be completed for each trip requested?

No. An authorization can cover one trip or many trips during the authorization period. A six-month authorization period is available for patients with acute conditions, and a twelve-month authorization period is available for patients with chronic conditions.

The MAP-2015 should be updated as soon as possible if a patient's condition changes during the authorization period or upon expiration of the authorization period.

Where is the completed MAP-2015 to be kept?

Once completed, the form should be maintained in the Medicaid beneficiary's patient record and/or forwarded to HRA for review.

Inappropriate Orders

Transportation audits by the Office of the Medicaid Inspector General have revealed that ordering providers do not fill out the form completely and correctly, or fail to keep the form in the medical records of the patients, as required. Practitioners that order transportation are reminded that:

1. They should comply with the instructions for completing MAP-2015; and
2. Title 18 of the Official Compilations of Rules and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) require providers to **pay restitution** for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services.

The New York State [Office of the Medicaid Inspector General](#) audits the ordering practitioners of transportation services to ensure that they are in compliance with the applicable regulations.

LIVERY, AMBULETTE & NON-EMERGENCY AMBULANCE SERVICES
MEDICAID TRANSPORTATION PRIOR APPROVAL FORM

Patient Name _____ Date of Birth _____ Sex _____

Address _____

Medicaid No.: _____ Social Security Number _____

1. (a) List Diagnoses (PRINT): 1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

(b) Why do these diagnoses justify transportation other than Public Transportation? _____

- 2. (a) Does the patient use a wheelchair, scooter or portable oxygen? Yes No
- (b) Does the patient require personal assistance of another individual to enter or exit a building or vehicle? Yes No
- (c) Does patient have a family member or home attendant traveling with him/her? Yes No
- 3. (a) Is the patient's departure/destination point within his/her CMMA? (see definition under the Certification Statement) Yes No
- (b) If not, justify travel outside CMMA _____

4. Respond to this question only if Non-Emergency Ambulance is requested.

- (a) Does the patient require life-sustaining equipment during transport? Yes No
- (b) Does the patient require monitoring by a certified emergency medical technician or paramedic during transport? Yes No
- (c) Does the patient need to be transported in a reclining position for:
 - 1) Medical reasons Yes No
 - 2) Psychiatric condition Yes No
- (d) Does the patient require use of the vehicle's oxygen during transport? Yes No

5. Indicate the location and the mode of transportation ordered pursuant to the filing of this document. Consult the New York State Department of Health ordering guidelines for definition of each mode of travel.

- (a) Location: Travel is within the CMMA Travel is outside the CMMA
- (b) Mode: LIVERY AMBULETTE Non-Emergency AMBULANCE

6. This transportation authorization is from ____/____/____ to ____/____/____. (NOTE: An authorization may cover a one way trip; a six-month period for patients with acute conditions; or twelve months for patients with chronic conditions.)

INSTRUCTIONS:

Updated form is required when authorization period expires or when change in patient's condition results in a higher level of transportation. Form must be retained in medical practitioner's place of business readily retrievable for audit purposes.

CERTIFICATION STATEMENT

I (or the entity) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.

I (or the entity) understand that the Common Medical Market Area (CMMA), as defined by New York State Social Service Regulation 505.10(b)(5), means the geographic area from which a community customarily obtains its medical care and services. This area lies within a five-mile radius of the recipient's residence.

HRA does not intend to limit a recipient's freedom to choose any Medicaid practitioner in the New York City region. Recipients are allowed to receive care and services from any practitioner willing to provide care. However, HRA is not required to pay the transportation expenses of a recipient to accommodate one's free choice when the same medical service is available closer to one's residence. Internal medicine, general and family practice, OB/GYN, pediatric and psychiatric services are considered by HRA to be typically available to Medicaid recipients/patients within the CMMA. This listing is not deemed all-inclusive.

By ordering transportation services for Medicaid recipients/patients traveling outside the CMMA, I (or the entity) certify that the Medicaid recipient/patient requires specialized care not available within the recipient/patient's CMMA, or that failure to maintain the continuity of services with a particular medical provider, although other appropriate care is available to the recipient/patient within the CMMA, is essential to the recipient/patient's physical and mental health, or there is an imminent need to initiate ongoing medical services that may be available within the CMMA but for which there exists a waiting list to receive care.

Physician's Name (PRINT)	Physician's Signature	Date	() Telephone #	() License #
Hospital/Clinic/Inst. Name	Medical Practitioner's Address		MMIS ID#	
Indicate name of nurse/social worker/other person assisting in completing this form.				
Name	Title	() Telephone #	() Telephone #	

Section IV – Requesting Transportation Prior Authorization

First, orderers must verify that the county of fiscal responsibility for the beneficiary is the City of New York (66-NYC). If the county of responsibility is not 66-NYC, then the orderer must contact the county of responsibility and follow their rules for ordering transportation. If an ordering practitioner requests prior authorization via either of the methods described below for a beneficiary whose eligibility is not 66-NYC, any resulting prior authorization will be rejected.

All efforts should be made to submit requests for prior authorizations **before** the first date of service. However, it is understood that sometimes unforeseen circumstances arise that delay the submission of the prior authorization request until after the service has been provided.

Orderers in New York City have the following two options for the ordering of Medicaid transportation of New York City Medicaid beneficiaries:

1. Call the eMedNY Call Center at **(800) 343-9000**. Be prepared to provide the following information:
 - Medicaid beneficiary client identification number (e.g., AB12345C);
 - Eight-digit Medicaid identification number, and/or ten-digit National Provider Identifier, and/or license number of the ordering provider;
 - Eight-digit Medicaid identification number of the transportation provider (e.g., 00123456);
 - First and last dates of transport;
 - Procedure code; and
 - Number of **round trips** requested.
2. Complete the following form:
 - eMedNY 389702 – Transportation Prior Approval.

Procedure Codes

Procedure codes are required in order to request transportation services. Procedure codes are the rate-specific codes given to a specific service rendered by a transportation provider.

The following procedure codes have been established for the most commonly requested modes of New York City transportation:

Service	Procedure Code	Description
Ambulette	NY100	Trip up to 5 miles
	NY102	Trip greater than 5 miles
Livery	NY200	Trip up to 5 miles
	NY202	Trip greater than 5 miles

If these codes do not apply, please contact the [Transportation Policy Unit](#).

Paper Prior Approval Request Form

As the ordering practitioner, you are responsible for ordering only the most **medically appropriate** mode of transportation based upon the transportation needs of the Medicaid beneficiary and justifying those needs in the patient’s medical record.

Ordering practitioners must sign and mail, within three business days of completion, the *Transportation Prior Authorization Request Form*, which is subsequently scanned, resulting in a prior authorization. A prior authorization is necessary for the transportation provider to submit a claim to the Medicaid Program.

Ordering providers are held responsible for the costs of inappropriate transportation billed to the Medicaid Program as ordered by them, as indicated in [Title 18 §504.8\(2\)](#). When a practitioner (or their authorized staff) signs the certification statement on the *Transportation Prior Authorization Request Form*, the practitioner is certifying that:

- the mode of transportation is medically appropriate and
- in accordance with the above-cited regulation, the provider will **be accountable** for any inappropriately ordered service.

Obsolete Prior Approval Request Forms – eMedNY 389701 and 410601

Effective April 23, 2009, the eMedNY 389702 form **replaces** both the eMedNY 389701, and the Group Transportation Prior Approval Request Form, the eMedNY 410601.

Computer Sciences Corporation will not process the old forms after June 30, 2009.

Completion of the Transportation Prior Authorization Request Form

It is **imperative** that the following procedures are used when completing the eMedNY-389702 Transportation Prior Approval Request form.

This form may not contain any white-out or cross-out markings, and is to be used **only** for New York City (county code 66) Medicaid beneficiaries. When used for Medicaid beneficiaries of counties outside the City of New York, resulting prior authorizations will be rejected.

To reduce processing errors and subsequent delays, do not run over writing or typing from one field or box into another.

There are new fields on this Form which may require changes to electronic programs used to complete such Forms.

eMedNY-389702 Field by Field Instructions

Field 1 – ORDERING PROVIDER NUMBER

The National Provider Identifier (NPI), MMIS ID or license number, of the provider that is ordering the trip/s is entered in this field. This number will always reflect a practitioner, facility or program.

Example:

ORDERING PROVIDER NUMBER									
0	1	2	3	4	5	6	7	8	9

Field 2 – NAME/ADDRESS

Enter the name and address of the ordering provider in this field.

Field 3 – PROC CODE

The appropriate procedure code is to be entered in the field. See previous page for procedure code information.

Field 4 – TRANSPORTATION PROVIDER NUMBER

The eight-digit Medicaid provider identification number (or, in the case of ambulance providers, the ten-digit NPI) of the transportation provider is to be entered in the field.

Field 5 – NAME/ADDRESS

Enter the transportation provider’s name and address in the field.

Field 6 – CLIENT ID

The Medicaid beneficiary’s six-character (i.e., AB12345C) Medicaid identification number is entered in this field. If the number is invalid, a rejection will result and will appear on your weekly transportation ordering provider roster.

Field 7 – BEGIN DATE OF SERVICE

The first date of service for this prior authorization is to be entered in this field.

Field 8 – END DATE OF SERVICE

The last date of service for this prior authorization is to be entered in this field.

Field 9 – NUMBER OF UNITS

The total number of **one-way** trips is to be entered in this field. A round trip is indicated by entering 002.

Field 10 – NO OF DAYS

Enter the number of appointments this patient is expected to need throughout the timeframe from the beginning to the end date of service. ***This number must be evenly divisible into the number of units (Field 9).*** For example:

Correct

9. NUMBER OF UNITS	10. NO. OF DAYS
8	4

Incorrect

9. NUMBER OF UNITS	10. NO. OF DAYS
9	4

Field 11 – APPOINTMENT TIME

This is an optional field where the ordering practitioner can enter the client’s appointment time.

Field 12 – CLIENT NAME

The beneficiary’s name is entered in this field, last name first.

Field 13 – DESTINATION

This is an optional field where the ordering practitioner can enter the facility name where the client is to be transported.

Field 14 – ADDRESS

This is an optional field where the ordering practitioner can enter the address where the client is to be transported.

Field 15 – FOR OFFICE USE ONLY

DO NOT WRITE IN THIS FIELD.

Field 16 – PRINTED NAME

Write the name of the person who is signing this form on behalf of the ordering provider.

Field 17 – DATE

Enter the date the form was signed by the authorized agent of the ordering practitioner in this field.

SIGNATURE

A designated agent of the ordering provider must sign in this field.

NYS MEDICAL ASSISTANCE - TITLE XIX PROGRAM

TRANSPORTATION PRIOR APPROVAL

1. ORDERING PROVIDER NUMBER	2. NAME ADDRESS	3. PROC CODE	4. TRANSPORTATION PROVIDER NUMBER	5. NAME ADDRESS				
9. CLIENT ID	7. BEGN DATE OF SERVICE	8. END DATE OF SERVICE	10. NUMBER OF UNITS	10. NO. OF DAYS	11. APPT TIME	12. CLIENT NAME	13. DESTINATION	14. ADDRESS
	MM/DD/CCYY	MM/DD/CCYY						
	MM/DD/CCYY	MM/DD/CCYY						
	MM/DD/CCYY	MM/DD/CCYY						
	MM/DD/CCYY	MM/DD/CCYY						
	MM/DD/CCYY	MM/DD/CCYY						
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5. FOR OFFICE USE ONLY								

NOT FOR SUBMISSION

DO NOT STAMPE IN BARCODE AREA



I certify that the above orders are for trips that are medically necessary at the level of transportation ordered. And that statements on the reverse side apply to this order and are made a part hereof.

10. PRINTED NAME	11. DATE
SIGNATURE	MM/DD/CCYY

EMEDNY-389702 (01/09)

eMedNY 389702 - Reverse

CERTIFICATION

Orderer certifies that: I am (or the business entity named on this form is) a qualified orderer enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialties, if any, required in connection with this transportation prior approval request; I have reviewed this form. I (or the entity) order or cause to be ordered the services itemized in accordance with applicable federal and state laws and regulations; ALL STATEMENTS MADE HEREON ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE; NO MATERIAL FACT HAS BEEN OMITTED FROM THIS FORM; I UNDERSTAND THAT PAYMENT FOR THE ORDERED SERVICES WILL BE FROM FEDERAL, STATE, AND LOCAL PUBLIC FUNDS AND THAT I MAY BE PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; all records pertaining to the ordering of these services including all records which are necessary to disclose fully the extent of care, services, and supplies provided to individuals under the New York State Medical Assistance Program will be kept for a period of six years from the date of payment, and as such records and information regarding this ordered service shall be promptly furnished upon request to the local or State Department of Health, the State Medicaid Fraud Control Unit, or the Secretary of the Department of Health and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex, and religion; I agree (or the entity agrees) to comply with the requirements of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to accept the data on this form as original evidence of services ordered.

By making this prior approval request I understand and agree that I (or the entity) shall be subject to and bound by all rules, regulations, policies, standards, fee codes, and procedures of the New York State Department of Health as set forth in Title 18 of the Official Compilation of Codes, Rules, and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services, the Medicaid Management Information System Provider Manuals and other official bulletins of the Department. I understand and agree that I (or the entity) shall be subject to and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or the entity's) past, present, or future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

I understand that my signature on the face hereof incorporates the above certifications and attests to their truth.

Where to Send Completed Request Forms

Original paper transportation prior authorization request forms should be mailed, by the ordering provider, to:

**Computer Sciences Corporation
P.O. Box 4600
Rensselaer, New York 12144-4600.**

Obtaining More Forms

A supply of paper transportation prior authorization request forms is available by contacting the eMedNY Call Center at:

(800) 343-9000.

Section V – Ordering Provider Roster

For a transportation provider to receive prior approval to render transportation services, the identity of the physician, practitioner, program or facility ordering the transportation **must** be furnished to the Medicaid Program.

When the prior authorization request is approved, a copy of the roster containing the prior authorization information is sent to the ordering provider. Upon receipt of the roster, the practitioner should review the information to ensure accuracy and that the patient(s) on the roster were indeed referred by the practitioner receiving the roster.

If any of the patient(s) on the roster were **not** referred for transportation services, then a copy of the roster should be sent to Computer Sciences Corporation, with a cover letter explaining that the services for the indicated patient(s) were not referred by the practitioner identified on the roster. The roster and cover letter should be sent to:

**Computer Sciences Corporation
ATTN: eMedNY FRAUD
P.O. Box 4611
Rensselaer, New York 12144.**

Section VI – Medicaid Managed Care Contact Information

Many New York City Medicaid beneficiaries are enrolled in Medicaid Managed Care plans (also known as a Prepaid Capitation Plans), which include non-emergency transportation as a covered benefit. Therefore, **transportation of Managed Care beneficiaries must be ordered through the Managed Care Plan.**

Questions should be referred to the beneficiary's Managed Care Plan. Information regarding Managed Care plans, including contact information, can be found in the Information for All Providers Third Party Information Manual online at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>.

Complaints regarding Medicaid Managed Care plans can be registered via telephone to

(800) 206-8125.

Additional information regarding Medicaid Managed Care is available online at:

http://www.health.state.ny.us/health_care/managed_care/index.htm.



Section VII – Transportation Service Complaints

Transportation providers operating in New York City are licensed by the Taxi and Limousine Commission (TLC). Complaints regarding ambulette or livery service concerning:

- poor driving habits;
- inappropriate passenger care;
- unusually/unnecessarily long transports; or
- untimely pickup or discharge

can be filed online at:

http://www.nyc.gov/html/tlc/html/passenger/file_complaint.shtml.

Medicaid beneficiaries within New York City without internet access can dial **3-1-1** to register a complaint.

Complaints should also be filed with the [Transportation Policy Unit](#).



Section VIII – Definitions

For the purposes of the Medicaid Program, and as used in this Manual, the following terms are defined:

Ambulance

A motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

Ambulance Service

Any entity, as defined in Section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat or other form of transportation to or from facilities providing hospital services and which is currently certified or registered by the Department of Health as an ambulance service.

Ambulette

A special-purpose vehicle designed and equipped to provide non-emergency transport that has wheelchair-carrying capacity, stretcher-carrying capacity, or the ability to carry disabled individuals.

Ambulettes are licensed by the New York State Department of Transportation and the Taxi and Limousine Commission of the City of New York.

Ambulette Service

An individual, partnership, association, corporation, or any other legal entity, which transports the invalid, infirm or disabled by ambulette to or from facilities which provide medical care.

An ambulette service also provides the invalid, infirm or disabled with personal assistance.

Common Medical Marketing Area

The geographic area from which a community customarily obtains its medical care and services. In New York City, this is five miles from one's residence.

Livery Transportation

Livery transportation is transportation in a sedan vehicle, or at times, in an ambulette, for ambulatory individuals who cannot use public transportation.

New York City Human Resources Administration

The “local social services district” responsible for New York City Medicaid transportation. For transportation information, please call:

(212) 630-1513.

Ordering Practitioner

The Medicaid beneficiary’s attending physician or other medical practitioner who has not been excluded from enrollment in the Medicaid Program and who is requesting transportation on behalf of the beneficiary in order that the beneficiary may obtain medical care or services which are covered under the Medicaid Program.

The ordering practitioner is responsible for initially determining when a specific mode of transportation to a particular medical care or service is medically necessary.

Personal Assistance

The provision of physical assistance by a provider of ambulette services or the provider's employee to a Medicaid beneficiary for the purpose of assuring safe access to and from the beneficiary’s place of residence, ambulette vehicle and Medicaid-covered health service provider's place of business.

Personal assistance is the rendering of physical assistance to the beneficiary in:

- walking, climbing or descending stairs, ramps, curbs or other obstacles;
- opening or closing doors;
- accessing an ambulette vehicle; and
- the moving of wheelchairs or other items of medical equipment and the removal of obstacles as necessary to assure the safe movement of the recipient.

In providing personal assistance, the provider or the provider’s employee will physically assist the recipient which shall include touching, or, if the recipient prefers not to be touched, guiding the recipient in such close proximity that the provider of services will be able to prevent any potential injury due to a sudden loss of steadiness or balance.

A beneficiary who can walk to and from a vehicle, his or her home, and a place of medical services without such assistance is deemed not to require personal assistance.

Prior Authorization

Designated agents' determination that payment for a specific mode of transportation is essential in order for a Medicaid beneficiary to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the beneficiary's transportation costs.

Transportation Services

Transportation by ambulance, ambulette or invalid coach, livery vehicle, common carrier or other means appropriate to the beneficiary's medical condition.

Undue Financial Hardship

Transportation expenses which the Medicaid beneficiary cannot be expected to meet from monthly income or from available resources. Such transportation expenses may include those of a recurring nature or major one-time costs.