

Medicaid Transportation Ordering Guidelines for Medical Practitioners & Facilities Located in New York City



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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 enrollee must 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 enrollees, a medical condition necessitates another form of transportation, such as a livery vehicle*. 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. (To determine whether a medical service is a Medicaid-covered service, please contact the [Transportation Unit](#).)



Covered non-emergency transportation services include:

- Public transportation;
- Livery;
- Ambulette; and
- Ambulance.



*For all levels of service other than mass transportation, a Form-2015 must be completed and be kept on file.



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Section II – Rules for Requesting Transportation

Enrollees who have reasonable access to a mode of transportation used for the normal activities of daily life, e.g., shopping and recreational events, are expected to use this same mode to travel to and from medical appointments when that mode is available. 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 enrollee:

- Chose to go to a distant medical provider although services were available locally;
- Could have taken a less expensive form of transportation but opted to take the more costly transportation.

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

Responsibility of the Requesting Practitioner

Medical practitioners and/or facilities requesting livery, ambulette, or non-emergency [ambulance](#) services are responsible for requesting the **medically appropriate** mode of transportation for the Medicaid enrollee. A basic consideration for this should be the enrollee's current level of mobility and functional independence.

The requested mode must be the most cost effective mode as justified by the enrollee's **current** medical condition. For example, if the enrollee does not require personal assistance but cannot walk to the nearest public transportation, then livery service (not ambulette transportation), should be requested.

Enrollees travelling for medical care and services are expected to use public transit if they use public transit for normal activities of daily living. Enrollees who use public transit for normal activities of daily living and live no more than ½ mile from their medical destination are not eligible to receive reimbursement for subway or bus travel with Medicaid-funded MetroCards. Reimbursements for Medicaid-funded MetroCards are reserved only for those enrollees who use public transit traveling to a medical destination and reside more than ½ mile from the medical destination.

Some enrollees may require a livery service to access medical services due to some disabling condition. For these enrollees, medical practitioners will be asked by the Department's Transportation Manager and Medical Answering Services to submit compelling medical justification for livery transportation.

Any medical practitioner or entity requesting transportation on the practitioner's behalf that requests transportation services deemed not to meet the above rules may be sanctioned according to 18 NYCRR §515.3.

Acceptable Requestors of Transportation

Medicaid-enrolled medical providers enrolled in the categories of service indicated in the following table may request prior approval of transportation services on behalf of Medicaid enrollees.



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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 Svcs
0090	Multi-type Group Services	0388	Long Term Home Health Care
0160	Free-Standing Diagnostic & Treatment Center	0389	LTC: Ordered Ambulatory (Other than Labs)
0163	Ordered Ambulatory (Other than Labs)	0403	Salaried Optician
0165	Hospice	0404	Self-Employed Optician
0180	Dental School	0421	Salaried Optometrist
0200	Dental Service	0422	Self-Employed Optometrist
0220	Prepaid Capitation Plan	0460	Physician
0260	Free-Standing Home Health Ag Professional Svc	0461	Physician: CHAP Practitioner
0267	Assisted Living Program	0462	Registered Physician's Assistant
0268	OMH-Certified Rehabilitation Facility	0463	Physician
0269	HHAS: OMR/DD Waiver Services	0469	Nurse Practitioner
0282	Hos Svc: Ordered Ambulatory (Other than Labs)	0500	Podiatrist
0284	Hos Svc: Home Care Program	0525	Midwife
0285	Inpatient Facility	0580	Clinical Psychologist
0286	Skilled Nursing Facility	0621	Occupational Therapist
0287	Hos Svc: Hospital Base Outpatient Services	0622	Physical Therapist
0289	Hos Svc: Health Related Facility	0623	Speech Therapist
0325	Audiologist	0626	Respiratory Therapist
0381	Long Term Care Skilled Nursing Facility	0627	Respiratory Therapist Technician

Questions regarding the category of service in which a practitioner or facility has enrolled may be referred to Computer Sciences Corporation at (800) 343-9000.

List of Medicaid Enrolled Transportation Vendors

A list of Medicaid-enrolled transportation vendors, by service and/or borough, is available online at:

<https://www.medanswering.com/page.taf?ID=278>.

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Non-Emergency Ambulance

Generally, [ambulance service](#) is requested when a Medicaid enrollee needs to be transported in a recumbent position (i.e., lying down) and/or is in need of medical attention while en route to their medical appointments.

Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition that qualifies the use of ambulance transportation.

A request for prior approval **must** be supported by justification from a practitioner who is the Medicaid enrollee's:

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

Ambulette

[Ambulette service](#) is door-through-door; from the enrollee'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 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 enrollees in:

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

- 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 enrollee.

There is no separate reimbursement for the escort of a Medicaid enrollee. 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 enrollee. The ambulette provider is required to provide personal assistance and door-through-door service at no additional or enhanced charge. This means the staff must transport the enrollee 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 enrollee is to receive Medicaid-covered medical services no matter where it is located.

Ambulettes may also provide livery (curb-to-curb) service and will transport livery-eligible enrollees in the same vehicle as ambulette-eligible enrollees. The only Medicaid provider enrollment requirement that ambulette services need to meet is the proper authority and licensure to operate as an ambulette service.

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A request for prior approval of ambulette transportation must be supported by justification from a practitioner who is the Medicaid enrollee'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.

Note: The ordering practitioner must record and justify in the patient's medical record the Medicaid enrollee's condition that qualifies the use of ambulette transportation.

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

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

Livery Transportation

[Livery transportation](#) is curb-to-curb service. A request for prior authorization for transportation by New York City livery services must be supported by justification from a practitioner who is the Medicaid enrollee'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.

Note: The ordering practitioner must record and justify in the patient's medical record the Medicaid enrollee's condition that qualifies the use of livery transportation.

Public Transportation (Bus/Subway)

Most Medicaid enrollees in New York City regularly use public transit. Accordingly, as the enrollee's current medical condition permits, the Medicaid program **expects** that New York City Medicaid enrollees will use public transit if their residence and medical appointment are within ½ mile of a bus or subway stop.

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The Department of Health has established a web-based application in which Medicaid-enrolled facilities and practitioners may voluntarily participate called PTAR (Public Transportation Automated Reimbursement). PTAR-participating facilities and practitioners purchase MetroCards directly from the Metropolitan Transit Authority when a Medicaid-enrolled patient uses public transit to travel to a Medicaid-covered medical appointment. The participating facility/practitioner distributes a pre-paid MetroCard directly to the enrollee. The facility/practitioner then data-enters patient-identifying information into PTAR. Based upon the information collected, a dollar-for-dollar reimbursement is paid by the State to the facility/practitioner.

To learn more about PTAR, please visit Medical Answering Services' website at www.medanswering.com, click on NYC Medicaid Rides and then click on PTAR. You can also e-mail Medical Answering Services' outreach staff at NYC_outreach@medanswering.com.

To enroll in PTAR, please complete the [Provider Profile Application](#), available online at https://www.medanswering.com/documents/Doc-MAS_Public_Site--2017-03-29-11-22-31.pdf or by emailing the Transportation Unit at medtrans@health.ny.gov.

Onsite PTAR training is available from Medical Answering Services' Outreach staff. If interested in receiving PTAR training, please send an email to NYC_Outreach@Medanswering.com.



Section III – Requesting Transportation Prior Approval

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 medical services, the entire goal of the Medicaid Program is inhibited at the start. As a result, states are required under federal regulations to assure necessary transportation for Medicaid enrollees to and from medical services. The federal government also provided authority for states to ensure the provision of this transportation to Medicaid enrollees with federal financial participation in the cost of these services under the Medicaid Program.

The New York State Medicaid Program 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 enrollee is expected 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 enrollees, their current medical condition necessitates another form of transport. In



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

Scheduling Transportation to Routine Medical Care

Routine medical care includes those appointments that are occasional or episodic.

Medical providers have the following options for the requesting of Medicaid transportation to routine medical care:

1. Call Medical Answering Services at **(844) 666-6270** between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. Visit MAS' website at <https://www.medanswering.com>.

Routine trips should be requested at least three (3) business days in advance of an appointment to ensure proper routing time for the transportation vendor.

Scheduling Transportation to Regularly Recurring Medical Care

Regularly recurring medical care is that care which is provided to enrollees at a set schedule over a period of time. Typically, this means the enrollee will incur several trips per week to a single destination for at least three (3) months in duration. Dialysis, for example, is considered regularly recurring treatment.

Standing order transportation should be requested at least three (3) business days in advance of an appointment to ensure proper routing time for the transportation vendor.

To schedule transportation for regularly recurring medical care, a medical provider may:

1. Call Medical Answering Services at **(844) 666-6270** between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.

Fax the Standing Order form to (315) 299-2786. Standing Order forms are also available online at <https://www.medanswering.com/page.taf?ID=278>.

Once the standing order is scheduled in Medical Answering Services' system, it is scheduled for six (6) months, therefore, there is no need to contact Medical Answering Services again within the six-month period unless the patient's mobility level changes. For example, Mr. Smith was able to ride in an ambulette to his dialysis treatment in May and the facility requested transportation for six months, through August. Mr. Smith experienced a debilitating stroke in late May, and now requires stretcher transportation to dialysis. The facility must contact Medical Answering Services to request that Mr. Smith's transportation modality be changed to better reflect his current mobility status.

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Near the end of each six-month approval period, Medical Answering Services will fax to the facility or program an enrollee roster for recertification. This recertification confirms updated address and contact information and ensures that the enrollee:

- Still attends treatment at the facility or program on the days originally ordered, and
- Continues to need transportation from the same transportation vendor and modality as originally requested.

Three Day Window

The Medicaid program requires that both standing order and ad hoc transportation be scheduled at least three (3) *business* days in advance of the appointment, in order to allow the transportation vendor sufficient routing time. The chart below should be used to help medical providers adhere to the three-day window:

If the appointment is scheduled for:	Contact Medical Answering Services no later than:
Monday	the Friday before the appointment.
Tuesday	the Friday before the appointment.
Wednesday	the Friday before the appointment.
Thursday	the Monday before the appointment.
Friday	the Tuesday before the appointment.
Saturday	the Wednesday before the appointment.
Sunday	the Thursday before the appointment.

Scheduling Transportation for Urgent Medical Care & Hospital Discharges

Urgent medical care includes episodic situations in which, while there is no immediate threat to life or limb, the patient must be seen within 24 hours of the request as treatment cannot be delayed. **Hospital discharges and related follow-up appointments are considered urgent.**

When urgent transportation is required, call Medical Answering Services at **(844) 666-6270**. This line is staffed 24 hours per day, 7 days per week.

Please understand that Medical Answering Services may verify with the medical provider that the need for the urgent care exists.

Web Based Information for Medical Providers

The Department strongly encourages staff handling transportation arrangements to consider accessing the Medical Provider Information posted on Medical Answering Services' website. The information is available online at <https://www.medanswering.com/page.taf?ID=278>

Site Visit Availability

Medical Answering Services will work with each medical facility to identify best practices and help facilitate the provision of efficient, quality transportation.

To schedule a site visit, please call the Medical Answering Services Outreach Management Team at nyc_outreach@medanswering.com.

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Section IV - Required Documentation

In cases where a medical practitioner believes that a Medicaid enrollee should use a particular mode of non-emergency transportation, Medicaid guidelines outlined in Title 18 of the New York Code of Rules and Regulations §505.10 (c)(4) indicate that the practitioner:

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

Medical Justification Form – The Form-2015

The Form-2015 (formerly referred to as the MAP-2015) may be downloaded online from:
www.medanswering.com/NewYorkCityMedicaidRides/forms.

What is the Form-2015?

The Form-2015 is the name of the form to be used as a concise justification for requesting livery, ambulette and non-emergency ambulance transportation services for Medicaid enrollees in New York City. The Form-2015 does not replace the requirement for a prior approval. Rather, this Form-2015 is used in conjunction with a prior authorization to support the request to obtain mode of transportation higher than mass transit.

The standing order request form for standing orders to various treatment types (including adult day health care, chemotherapy, dialysis, mental health, physical therapy, etc.) is available at www.medanswering.com/NewYorkCityMedicaidRides/forms.

Why Use the Form-2015?

When traveling to medical appointments, a Medicaid enrollee is expected to use the same mode of transportation as used to carry out the occurrences of day-to-day life. For most New York City residents, this mode is bus or subway (i.e., mass transit). However, for some enrollees, their condition necessitates another form of transport, such as livery or 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 a medical practitioner believes that a Medicaid enrollee should use a particular form of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations (NYCRR) Section 505.10(c)(4) indicate that:

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

The Form-2015 allows medical providers to justify their, at times, complex, request for a particular mode of transportation for a Medicaid enrollee.

When Must the Form-2015 be Completed?

The Form-2015 **must** be completed when a patient has a condition that necessitates a mode of transportation other than mass transit.

The Form-2015 is **not** necessary when a patient can use mass transit (i.e., public transportation).

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A completed copy of this document must be made available **upon request** to the Department and/or its representatives (including Medical Answering Services).

Who Should Complete the Form-2015?

Practitioners should complete the Form-2015 when requesting non-emergency transportation services on behalf of a New York City Medicaid enrollee. Eligible practitioners are listed below, and in some circumstances, such as with behavioral or mental health needs, a social worker is also able to complete the Form-2015.

- 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.

Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition that qualifies use of livery transportation.

How is the Form-2015 Completed?

The Form-2015 requests patient-specific information such as the patient's name, Medicaid enrollee identification number, and space to justify the mobility-related need for the requested mode of transportation. Additionally, there are yes/no questions, including whether the patient uses a wheelchair.

Please consider the information below when completing this document:

- **If the Form-2015 contains no clearly indicated medical justification with a discernable relation to the enrollee's ability to access public transportation, the form will be rejected.**
- If the Form-2015 is not signed, the form will be rejected.
- If the Form-2015 contains only a diagnosis code but no mobility-related description of the enrollee's condition prohibiting utilization of mass transit, the form will be rejected.
- If the Form-2015 lists any of the following in section 2, the form will be rejected:
 - "Needs assistance;"
 - "Weak;"
 - "Car service;"
 - "Medical condition prevents use of public transportation;"
 - "Bipolar;"
 - "ABC Ambulette Service;"
 - "Gets dehydrated easily;"
 - "Likes to ride alone;"
 - "Anxiety", and/or
 - "Will not to show up for program if livery not used"
- The Form-2015 is to be completed in its entirety, if the form is incomplete in any way, it **will** be rejected.
- If a pattern is identified, such as one where Form-2015s submitted by a facility on behalf of several patients all requesting the same transportation mode with similar medical justification and/or diagnoses, the Department will be alerted and the facility required to:
 - Meet with the Department's contracted transportation manager to discuss the facility's patients' transportation needs and proper completion of the Form-2015, and
 - Resubmit the Form-2015 containing updated, correct information for the affected patients.



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Must a New Form-2015 be Completed for Each Trip Requested?

No. A justification can cover one trip or multiple trips.

The Form-2015 should be updated when/if the patient's status changes in any way.

Where Must the Completed Form-2015 be Maintained?

Once completed, the Form-2015 should be maintained in the Medicaid enrollee's patient record **and** be faxed to Medical Answering Services at 315-299-2786:

If the Form-2015 is completed online, the medical staff should maintain a signed original on file and "attest" online that the physician agrees with the information on the Form-2015.

For more information, please consult Medical Answering Services by calling (844) 666-6270.

Inappropriate Orders

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 medical providers to **pay restitution** for any direct or indirect monetary damage to the program resulting from improperly or inappropriately requesting services.

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

Section V – Cancellations and No-Shows

A No-Show trip occurs when a transportation vendor is scheduled to pick up a Medicaid enrollee and waits a reasonable time for the enrollee (15 minutes), only to have the enrollee not appear for the service or indicate that they do not need the scheduled transportation on that day at that time. During the trip attestation process, the vendor reports these scheduled trips as a "No-Show." Enrollees exhibiting a pattern of No-Show behavior may be subject to intervention by the Department's transportation manager.

To avoid being labeled a no-show, Medicaid enrollees or their designated agents must call the transportation manager to cancel their scheduled service when it is known to them that they will not need the previously scheduled transportation (including standing order trips). Additionally, if the appointment for which transportation is being cancelled and is rescheduled for the same day or next day, the Medicaid enrollees or their designated agent should contact the transportation vendor directly to notify them of the cancellation.

The transportation manager contact list by county can be accessed online at:

<https://www.emedny.org/ProviderManuals/Transportation/index.aspx>.

Section VI – Managed Care Involvement

Under the Medicaid Redesign Team (MRT) Initiative, the Department is phasing in a Medicaid fee-for-service non-emergency transportation management program under which transportation services are carved out of the Medicaid managed care benefit package. Beginning January 1, 2013, the emergency and non-emergency transportation services were carved out of the mainstream managed care benefit package for managed care enrollees in all New York City boroughs.



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Medical providers and facilities in New York City are advised to follow the processes detailed in this Manual for guidance in securing fee-for-service transportation for Medicaid managed care enrollees.

Please note that Managed Long Term Care plans were not impacted by this January 1, 2013 change.

Affected Medicaid Managed Care Plans

Medical Answering Services will manage trips for members of the following managed care plans.

Plan Name	Plan Code
Affinity Health Plan	82
Amida Care	OD
Emblem Health (formerly HIP of Greater NY)	99
Health Plus (AmeriGroup)	KP
Healthfirst PHSP	SF
Metro Plus	OM
MetroPlus (Metropolitan Health Plus)	92
Neighborhood Health Providers	NP
NYS Catholic Health Plan (Fidelis)	SP
United Healthcare Community Plan (formerly AmeriChoice NY)	MO
VNSNY Choice Select	VS
Wellcare of New York	WC

Managed Long Term Care

Managed Long Term Care (MLTC) is a system that streamlines the delivery of long-term services to chronically ill Medicaid enrollees who wish to maintain their home and community position. MLTC plans cover a variety of services, currently including emergency and non-emergency transportation.

To request transportation services for a Medicaid enrollee participating in a certain MLTC plan, please contact the MLTC plan, **not** MAS. Contact information for plan members is available in the *Managed Care Information Manual*, online at: <https://www.emedny.org/ProviderManuals/AllProviders/index.aspx>.

Section VII – Transportation Service Complaints

Transportation vendors operating in New York City must meet various quality standards in order to maintain their status as a New York State Medicaid-enrolled transportation vendor. If you or your patients have any issue or concern about the services provided by a transportation vendor, please call Medical Answering Services at **(844) 666-6270**. This telephone line is staffed 24/7.

Medical Answering Services accepts complaints, including those for:

- Poor driving habits (e.g., speeding, driving while texting);
- Unacceptable vehicle conditions (e.g., dirty seats, broken windows);
- Inappropriate passenger care (e.g., ambulette dropped rider off alone at the curb);



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- Unusually/unnecessarily long transports (e.g., what is normally a 20-minute trip took four hours to complete);
- Untimely pickup or discharge (e.g., pickup scheduled for 1:00, but vendor did not arrive until 1:30); or
- Any other situation you find alarming or questionable concerning the transportation of a Medicaid enrollee.

Medical Answering Services will investigate the complaint and follow-up where necessary, and then refer the information to the Department of Health for potential escalation to enforcement agencies such as the New York State Office of the Medicaid Inspector General and/or Department of Transportation and/or the New York City Taxi and Limousine Commission.

To record a complaint about the services covered by a Managed Long Term Care plan or network provider, please consult the Department's website: http://www.health.ny.gov/health_care/managed_care/mltc/mltcomplaint.htm.

Section VIII – Important Contact Information

Medical Answering Service Key Personnel can be found at <https://www.medanswering.com/page.taf?ID=278> .
Contacts can be viewed by each specific Borough.

Section IX – Ordering Provider Roster

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

When the prior approval request is approved, a copy of the roster containing the prior approval information is sent to the medical practitioner listed as having requested the service. Upon receipt of the roster, the practitioner should review the information to ensure accuracy and that the enrollee(s) on the roster was/were indeed referred by the practitioner having received the roster.

If any of the enrollee(s) on the roster were **not** referred for transportation services by the medical practitioner, or if the medical appointments were cancelled, then a copy of the roster should be sent to Computer Sciences Corporation, with a cover letter explaining that the services for the indicated enrollee(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**

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Section X – 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

An ambulette is a special-purpose vehicle, subject to inspection requirements of the New York State Department of Transportation (NYSDOT) and requiring a certificate or permit for the transportation of passengers from the United States Department of Transportation or the Commissioner of NYSDOT, that is designed and equipped to provide non-emergency care that has either wheelchair-carrying capacity or the ability to carry transit disabled individuals.



Many New York City-based ambulette vehicles are licensed by the NYC Taxi and Limousine Commission.

Ambulette Service

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

An ambulette service must provide the invalid, infirm or disabled with door-through-door personal assistance.

Livery Transportation

Livery transportation is transportation in a sedan vehicle, or at times, in an ambulette, for ambulatory individuals who cannot use public transportation but do not need door-through-door service personal assistance.



New York City Human Resources Administration

New York City Human Resources Administration (HRA) is the New York City “local social services district.”

Medicaid Transportation Ordering Guidelines for Medical Practitioners & Facilities Located in New York City

Ordering Practitioner

The ordering practitioner is the Medicaid enrollee'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 enrollee so that the enrollee may obtain medical care or services covered under the Medicaid program.

The ordering practitioner is responsible for initially determining when a specific mode of transportation is necessary.

Personal Assistance

Personal assistance is the provision of physical assistance by a provider of ambulette services or the provider's employee to a Medicaid enrollee for the purpose of assuring safe access to and from the enrollee'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 enrollee 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 enrollee.

In providing personal assistance, the provider or the provider's employee will physically assist the enrollee which shall include touching, or, if the enrollee prefers not to be touched, guiding the enrollee 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.

An enrollee 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 Approval

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

Public Transportation

Public transportation is the method of transportation typically used by New York City residents. This includes the Metropolitan Transit Authority (MTA) bus and subway, Metro-North Railroad, Long Island Railroad, Long Island Bus, and the Staten Island Ferry.

Public Transportation Automated Reimbursement

Public Transportation Automated Reimbursement (PTAR) is a web-based application wherein approved facilities/practitioners data-enter patient-identifying information to receive reimbursement for MetroCard distribution.

Transportation Services

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