

NEW YORK STATE MEDICAID TRANSPORTATION



NEW YORK CITY TRANSPORTATION ORDERING GUIDELINES

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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 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. For the Medicaid population, getting to and from medical services can be a struggle. If the enrollee cannot get to medical 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 enrollees 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 (5) boroughs of New York City, 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 enrollee is expected to use the same mode of transportation as the enrollee 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 enrollees, 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 Policy Unit](#):



Telephone: (518) 473-2160
(800) 541-2831 x32160

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 enrollee 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 enrollees, their condition necessitates another form of transportation, 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. To determine whether a medical service is a Medicaid-covered service, please contact the [Transportation Policy Unit](#).

Covered non-emergency transportation services include:

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



Section II – Rules for Ordering

Ordering practitioners 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.

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 medical provider outside the CMMA when services were available within the CMMA;
- the enrollee 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 circumstances justifying payment, then reimbursement can be **considered**.

Responsibility of the Ordering Practitioner

Medical practitioners and/or facilities requesting livery, ambulette, or non-emergency ambulance services are responsible for ordering 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 transportation ordered should be the least specialized mode required based upon the enrollee's **current** medical condition. For example, if the enrollee does not require personal assistance, but cannot walk to public transportation, livery service, not ambulette service, should be ordered.

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

Acceptable Orderers of Transportation

Medicaid providers enrolled in the categories of service reflected in the table below may request prior authorization of transportation services on behalf of Medicaid enrollees.

| 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 |
| 0160 | Free-Standing Diagnostic & Treatment Ctr | 0388 | Long Term Home Health Care |
| 0163 | Ordered Ambulatory (Other than Labs) | 0421 | Salaried Optometrist |
| 0165 | Hospice | 0389 | LTC: 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 Ag 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 |

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

Ordering Transportation for Non-New York City Enrollees

When a practitioner (or his/her representative) needs to arrange transportation for a Medicaid enrollee 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 enrollee (i.e., 28-Nassau; 55-Westchester; 97-NYS OMH) to request a prior authorization for transportation services.

Prior authorization of transportation services requested using the methods described in this Manual for an enrollee whose eligibility reflects a county outside New York City may be rejected or, if approved, pay \$0.00.

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

| County | Transportation Contact Telephone Number |
|----------------|---|
| 28-Nassau | (516) 433-1660 |
| 39-Rockland | (855) 360-3542 |
| 55-Westchester | (866) 883-7865 |
| 47-Suffolk | (866) 952-1564 |
| 97–NYS OMH | (518) 473-8234 |
| 98–NYS OPWDD | (518) 402-4383 |

To request transportation of a Medicaid enrollee 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/or borough, is available upon request by contacting the [Transportation Policy Unit](#).

Non-Emergency Ambulance

Generally, ambulance service is requested when a Medicaid enrollee needs to be transported in a recumbent position (lying down) and/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 enrollee's:

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

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

Ambulette

Ambulette service is door-to-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:

- 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.

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 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-to-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 Medicaid Program does not require the ambulette service to be separately licensed as a livery service. The only requirement that ambulette services need to meet is the proper authority and licensure to operate as an ambulette service.

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

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

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

- 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.

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

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 enrollee's:

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

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

- 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.

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.

Public Transportation (Bus/Subway)

Most Medicaid enrollees in New York City regularly use public transit. Accordingly, as the enrollee's medical condition permits, the Medicaid program **expects** that New York City Medicaid enrollees will use public transit if their appointment is within ten (10) city blocks of a bus or subway stop.

The New York City Human Resources Administration (HRA) has established a web-based application in which **facilities and practitioners** may participate called PTAR (Public Transportation Automated Reimbursement). Through PTAR, a participating facility/practitioner purchases 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. Then, the facility/practitioner data-enters patient-identifying information

into PTAR. Based upon the information collected, a dollar-for-dollar reimbursement is paid to the facility/practitioner from HRA.

For information regarding PTAR participation, please contact the HRA at **(212) 630-1513** or email medtransnyc@hra.nyc.gov.

Adult Day Health Care Transportation

The Medicaid Program has assigned specific fee-for-service procedure codes for the transportation of registrants to and from adult day health care (ADHC) programs. ADHC programs whose transportation providers are paid directly by the State should use the following procedure code when requesting prior authorization of transportation for Medicaid registrants ***to and/or from the ADHC program***:

| | |
|------------------|-----------------|
| Ambulette | A0130/HC |
|------------------|-----------------|

Episodic medical trips originating from the ADHC program (e.g., trip from the ADHC program to a physician’s office) may be requested at the following procedure codes:

| Service | Procedure Code | Description |
|----------------|-----------------------|---------------------------|
| Ambulette | A0130 | Trip up to 5 miles |
| | A0130/TN | Trip greater than 5 miles |
| Livery | A0100 | Trip up to 5 miles |
| | A0100/TN | Trip greater than 5 miles |

Dialysis Transportation

Effective July 1, 2011, the Department implemented targeted fee actions to provide critical health care services at a lower cost, including a reduction of the amount paid for **ambulette transportation** in New York City as indicated in the chart below:

| County | One Way Trip | July 1, 2011 Fee |
|---------------|--|-------------------------|
| New York City | Dialysis transportation: 5 miles or less | \$27.00 |
| New York City | Dialysis transportation: over 5 miles | \$30.00 |
| New York City | All other ambulette transportation: 5 miles or less | \$29.00 |
| New York City | All other ambulette transportation: over 5 miles | \$34.70 |

The table below illustrates the **correct procedure code/modifier combination** for **dialysis transportation in New York City**. Ordering practitioners must submit new orders for ambulette transportation of New York City Medicaid enrollees for dates of service or after **July 1, 2011**.

| County | One Way Fee | Procedure Code | Modifier | Description |
|--------------------|-------------|----------------|----------|---|
| 66 - New York City | \$27.00 | A0130 | AX | All trips to dialysis within 5 miles |
| 66 - New York City | \$30.00 | A0130 | SC | All trips to dialysis over 5 miles |

Source: May 2011 Medicaid Update

Mileage

Mileage within urban areas is difficult to control; therefore, New York City has established fixed reimbursement amounts for trips occurring within the five (5) boroughs encompassing the City for **all modes of transportation**.

When a trip occurs within **any** of the five (5) boroughs, i.e., Queens to Manhattan, mileage should **not** be ordered. When a New York City Medicaid enrollee 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 enrollee 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 [enrollee’s] patient record the condition which justifies the practitioner’s ordering of ambulette or non-emergency ambulance services.”

Medical Justification Form – The MAP-2015

The MAP-2015 is available on the following pages, and may be requested in electronic format by contacting the [Transportation Policy Unit](#).

What is the MAP-2015?

The MAP-2015, included on pages 15-16, is the identifier created by the Human Resources Administration of New York City 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 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 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 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 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 MAP-2015 allows providers to simply justify their, at times, complex request of a particular mode of transportation for a Medicaid enrollee.

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 (i.e., public transportation).

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).

Who Should Complete the MAP-2015?

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

How is the MAP-2015 Completed?

The MAP-2015 requests patient-specific information such as the patient's name, address, Medicaid enrollee 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 enrollee'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.

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

No. A justification can cover one trip or many trips during the authorization period. A six (6) month authorization period is available for enrollees experiencing acute conditions, and a twelve (12) month authorization period is available for enrollees having 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 Must the Completed MAP-2015 be Kept?

Once completed, the form should be maintained in the Medicaid enrollee'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 MAP-2015 completely and correctly, or fail to keep medical justification in the medical records of the patients, as required. Therefore, 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.

New York State Medicaid Transportation – NYC Transportation Ordering Guidelines

MAP-2015 (face)
Rev. 8/15/01

Human Resources Administration
Medical Assistance Programs

**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.

MAP-2015 (reverse)
Rev. 8/15/01

Human Resources Administration
Medical Assistance Programs

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 () - License #
Telephone #

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 #

Section IV – Requesting Transportation Prior Authorization

First, orderers must verify that the county of fiscal responsibility for the enrollee is New York City (66-NYC). If the county of responsibility is not 66-NYC, then the orderer must contact the appropriate 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 an enrollee whose eligibility is not 66-NYC, any resulting prior authorization will be rejected or, if approved, will pay \$0.00.

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 options for the ordering of Medicaid transportation of New York City Medicaid enrollees:

1. Call the eMedNY Call Center at **(800) 343-9000**. Be prepared to provide the following information:
 - Medicaid enrollee client identification number (e.g., AB12345C);
 - Eight (8) digit Medicaid identification number, and/or ten (10) digit National Provider Identifier, and/or license number of the ordering provider;
 - Eight (8) 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 389703 – Transportation Prior Approval.

Procedure Codes

Procedure codes are required in order to request transportation services. Procedure codes are the fee-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 | Modifier | Description* |
|------------|----------------|----------|--------------------------------------|
| Ambulance | A0426 | - | Advanced Life Support |
| | A0428 | - | Basic Life Support |
| | A0130 | - | Trip up to 5 miles |
| Ambulette | A0130 | TN | Trip greater than 5 miles |
| | A0130 | AX | Dialysis - Trip up to 5 miles |
| | A0130 | SC | Dialysis - Trip greater than 5 miles |
| | A0130 | HC | Trip to adult day health care |
| | A0100 | - | Trip up to 5 miles |
| Livery | A0100 | TN | Trip greater than 5 miles |
| | A0110 | - | Ambulatory trip |
| Group Ride | A0110 | HE | Wheelchair trip |

* All codes represent one way trips.

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

Paper Prior Authorization 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 enrollee and justifying those needs in the patient's medical record.

Ordering practitioners must sign and mail, within three (3) 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 NYCRR §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.

Completion of the Transportation Prior Authorization Request Form

It is **imperative** that the following procedures are used when completing the eMedNY-389703 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 enrollees. When used for Medicaid enrollees of counties outside New York City, resulting prior authorizations will be rejected or, if approved, will pay \$0.00.

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

eMedNY-389703 Field by Field Instructions

Field 1 – ORDERING PROVIDER NUMBER

The ten (10) digit National Provider Identifier (NPI), eight (8) digit 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 3a – PROC CODE

The appropriate procedure code is to be entered in the field.

Field 3b – MODIFIER CODE

Only use this field when each resulting prior authorization requires a modifier, as indicated on page 18. When appropriate, the applicable modifier code is to be entered in the field. ***If the modifier is not applicable for each resulting prior authorization you are ordering, DO NOT ENTER A MODIFIER CODE IN THIS FIELD.***

**See page 17 for
procedure and
modifier code
combinations.**

Field 4 – TRANSPORTATION PROVIDER NUMBER

The eight (8) 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 enrollee’s six (6) 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

Incorrect

| | | | |
|--------------------|--|--|---|
| 9. NUMBER OF UNITS | | | |
| | | | 8 |

| | | | |
|-----------------|--|--|---|
| 10. NO. OF DAYS | | | |
| | | | 4 |

| | | | |
|--------------------|--|--|---|
| 9. NUMBER OF UNITS | | | |
| | | | 9 |

| | | | |
|-----------------|--|--|---|
| 10. NO. OF DAYS | | | |
| | | | 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 enrollee’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

Clearly identify the name of the person who is signing this form on behalf of the ordering practitioner.

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 practitioner must sign in this field.

eMedNY 389703 - Front

| NYS MEDICAL ASSISTANCE - TITLE XIX PROGRAM | | | | | | | | | | | | | | TRANSPORTATION PRIOR APPROVAL | |
|--|---|--------------------|---|--|--------------------|-----------------|---------------|-------------------|-----------------------------------|-----------------|--|--------------------|--|-------------------------------|--|
| 1. ORDERING PROVIDER NUMBER | | 2. NAME ADDRESS | | | | 3a. PROC CODE | | 3b. MODIFIER CODE | 4. TRANSPORTATION PROVIDER NUMBER | | | 5. NAME ADDRESS | | | |
| 6. CLIENT ID | 7. BEGIN DATE OF SERVICE M M D D C C Y Y | | 8. END DATE OF SERVICE M M D D C C Y Y | | 9. NUMBER OF UNITS | 10. NO. OF DAYS | 11. APPT TIME | 12. CLIENT NAME | | 13. DESTINATION | | 14. ADDRESS | | | |
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | |

| | | |
|------------------|-------------------------------|--|
| 16. PRINTED NAME | 17. DATE | |
| SIGNATURE | M M D D C C Y Y | |

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 herof.

(01/11) EMEDNY-389703

NOT FOR SUBMISSION

PROHIBITED

eMedNY 389703 - 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 authorization 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 enrollee(s) on the roster were indeed referred by the practitioner receiving the roster.

If any of the enrollee(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 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.**



Section VI – Medicaid Managed Care Contact Information

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

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

<https://www.emedny.org/ProviderManuals/AllProviders/index.aspx#mcparty>.

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 ambulance or livery service concerning:

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

Medicaid enrollees within New York City without internet access may dial 3-1-1 to register a complaint.

can be filed online at:

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

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 New York City.

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 which provide medical care.

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

Common Medical Marketing Area

The common medical marketing area is the geographic area from which a community customarily obtains its medical care and services. In New York City, this is five (5) 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

New York City Human Resources Administration (HRA) is the “local social services district” responsible for administering the New York City Medicaid transportation program.

For information, please call (212) 630-1513 or email medtransnyc@hra.nyc.gov.

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 to a particular medical care or service is medically 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.

A 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 Authorization

A prior authorization 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 authorization 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 implemented by the New York City Human Resources Administration wherein approved facilities/practitioners data-enter patient-identifying information to receive reimbursement for Metrocard distribution.

For information regarding PTAR participation, please call (212) 630-1513 or email medtransnyc@hra.nyc.gov.

Transportation Services

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

Undue Financial Hardship

Transportation expenses which the Medicaid enrollee 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.