

## CHAPTER 524 TRANSPORTATION

### TABLE OF CONTENTS

SECTION	PAGE NUMBER
Background .....	3
Policy .....	3
524.1 Provider Participation .....	3
524.1.1 Air and Ground Ambulances .....	3
524.1.2 Non-Ambulance Transport Vehicles.....	4
524.1.2.1 Specialized Multi-Passenger Van Transportation (SMPVT) .....	4
524.1.2.2 Specialized Multi-Patient Medical Transport (SMPMT).....	4
524.1.2.3 Common Carrier .....	4
524.1.2.4 Individual Transportation .....	4
524.1.3 Ongoing Compliance .....	4
524.2 Ambulance Services .....	5
524.2.1 Air Ambulance .....	6
524.2.2 Ground Ambulance.....	6
524.2.2.1 Advanced Life Support (ALS).....	6
524.2.2.2 Basic Life Support (BLS) – Emergency.....	7
524.2.3 Paramedic Intercept (PI).....	7
524.2.4 Interfacility Transports via Ambulance .....	8
524.2.5 Basic Life Support (BLS) – Non-Emergency .....	8
524.2.6 Specialized Multi-Patient Medical Transport (SMPMT).....	8
524.2.7 Limitations and Special Circumstances.....	9
524.3 Non-Emergency, Non-Ambulance Transportation .....	9
524.3.1 Statewide Brokerage System .....	9



## CHAPTER 524 TRANSPORTATION

524.3.1.1	Trip Management .....	9
524.3.1.2	Provider Network .....	10
524.3.1.3	Broker Requirements.....	11
524.3.1.4	Member Relations .....	12
524.3.2	Covered Services .....	12
524.3.2.1	Specialized Multi-Patient Medical Transport (SMPMT).....	12
524.3.2.2	Common Carrier/Fixed Route.....	12
524.3.2.3	Member, Friends and Family Transportation .....	13
524.3.2.4	Volunteer Drivers .....	13
524.3.2.5	Individuals Accompanying Member.....	13
524.3.2.6	Meals and Lodging .....	13
524.3.3	Behavioral Health and Home and Community Based Waiver Transportation Services .....	14
524.3.4	Nursing Facility Transportation Services .....	14
524.3.5	Psychiatric Residential Treatment Facilities (PRTF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Transportation Services .....	14
524.3.6	School-Based Health Transportation Services.....	14
524.4	Reimbursement and Billing.....	15
524.4.1	Billing .....	15
524.5	Non-Covered Services .....	15
	Glossary .....	16
	Change Log.....	20

## CHAPTER 524 TRANSPORTATION

### BACKGROUND

This chapter sets forth the Bureau for Medical Services (BMS) requirements for payment of emergency and non-emergency transportation services provided to eligible West Virginia (WV) Medicaid members. BMS recognizes three types of transportation services: air ambulance; ground ambulance; and non-ambulance, non-emergency medical transportation. Arrangements for non-emergency, non-ambulance transportation of Medicaid members will be made by BMS' contracted statewide transportation Broker. The Broker screens non-emergency transportation requests and arranges these transportation services with contracted transportation providers for eligible members to eligible Medicaid services when these members have no other access to transportation.

### POLICY

#### 524.1 PROVIDER PARTICIPATION

To enroll and participate in the West Virginia Medicaid Program, transportation providers and the statewide Broker must meet applicable general requirements in [Chapter 300, Provider Participation Requirements](#), as well as the specific requirements summarized here. Ambulance providers must also meet the certification requirements of Part B of the Medicare Program. Ambulance transportation providers must be licensed by and meet the personnel certification requirements of the West Virginia Bureau for Public Health, Office of Emergency Medical Services (OEMS). Transportation providers must also comply with all applicable Federal and State laws, regulations, and certification requirements, including those established and regulated by the West Virginia Public Service Commission (PSC).

Non-emergency, non-ambulance transportation providers, other than individuals receiving reimbursement for mileage, must have a contract with the state's transportation Broker and must provide services through that Broker in order to be eligible for reimbursement. They do not enroll directly with the Medicaid program but must meet the requirements in this chapter.

All enrolled transportation providers shall have a valid and current West Virginia business license, and remain current with Workers Compensation and Employment Security premiums and all State and local taxes. All transportation services must be provided by an individual with a valid driver's license. All participating patient transportation providers must have current coverage of errors and omissions liability and/or auto insurance liability. In the case of ambulance transportation providers, the amount of liability coverage cannot be less than one million dollars as required by West Virginia State Code [§16-4C-16](#). The broker's non-ambulance transportation providers are subject to the amount of liability required by current state law or specified by the Broker. Copies of documentation verifying compliance must be submitted upon enrollment.

##### 524.1.1 Air and Ground Ambulances

In addition to the provider enrollment application, an ambulance transportation provider must submit a copy of its license as an Emergency Medical Services (EMS) agency issued by the West Virginia Office of EMS and a copy of its Medicare Part B certification.

All vehicles and personnel must be in compliance with requirements pertaining to emergency medical services as set forth by [West Virginia State Code §16-4C](#) and [WV Health Legislative Rule §64 CSR 48](#).

## CHAPTER 524 TRANSPORTATION

### **524.1.2 Non-Ambulance Transport Vehicles**

Non-ambulance transport vehicles include specialized multi-passenger vans along with common carriers and individual transportation.

#### **524.1.2.1 Specialized Multi-Passenger Van Transportation (SMPVT)**

Providers must submit a PSC Certificate of Convenience and Necessity to the BMS' Broker at the time of application, as well as all changes and renewals. (Senior Services Centers may be exempt from PSC certification pursuant to [WV Code §24A-1-3\(11\)](#)).

Multi-passenger van drivers must have current certification in first aid and cardiopulmonary resuscitation (CPR) as evidenced by a certification document filed with the BMS' Broker. Re-certification documents are to be current, kept on site at the provider's location, and made available for review upon request by BMS or its authorized representative.

Multi-passenger van services must operate an approved multi-passenger vehicle as evidenced by a copy of the vehicle registration filed with the Broker. Standard passenger sedans and limousines are not acceptable as transportation vehicles for this category.

#### **524.1.2.2 Specialized Multi-Patient Medical Transport (SMPMT)**

Applicants must submit a copy of their EMS agency license with their application to the BMS Provider Enrollment Unit. Applicants must adhere to the requirements set forth in [WV Health Legislative Rule §64 CSR 48](#).

#### **524.1.2.3 Common Carrier**

Common carrier services are transportation services provided by but not limited to: public railways, buses, cabs, or airlines. Common carriers are required to enroll with the Broker.

#### **524.1.2.4 Individual Transportation**

Individual transporters, including members, their family and friends and volunteer drivers, do not need to have a contract with the statewide Broker. After requesting and receiving prior approval from the Broker, members may use personal vehicles and subsequently receive reimbursement for use of this transportation as described in subsection [524.3.2.3 Member, Friends and Family Transportation](#) of this chapter. Individual transporters are required to verify current driver's license, vehicle registration and insurance to the Broker.

### **524.1.3 Ongoing Compliance**

All enrolled transportation providers must maintain a valid and current West Virginia business license, and remain in good standing with Workers Compensation and Employment Security Premiums and all State and local taxes. Documentation that verifies compliance with the requirements must be provided upon request to the BMS or its authorized representative.

Records and documentation that fully disclose the type, level, and volume of services provided must be maintained in accordance with State and Federal requirements and documentation requirements in

## CHAPTER 524 TRANSPORTATION

[Chapter 100 General Administration and Information](#) and [Chapter 300 Provider Participation Requirements](#).

For ambulance services, the documentation must include a fully completed pre-hospital care record and any other required documents supporting level of service.

All participating patient transportation providers must maintain and be able to verify current coverage of errors and omissions liability and/or auto insurance. In the case of ambulance transportation providers, the amount of liability coverage cannot be less than one million dollars as required by West Virginia State Code [§16-4C-16](#). The broker's non-ambulance transportation providers are subject to the amount of liability required by current state law or specified by the Broker.

All transport vehicles must be inspected annually by appropriate regulatory authority and satisfy the corresponding requirements. Additionally, providers must maintain their license and remain in good standing with the appropriate regulatory agency. Any modifications made to the organization, personnel, or fleet must be submitted in writing to the Provider Enrollment unit of the West Virginia Medicaid Program and/or Broker within 30 days.

All NEMT vehicles and drivers must comply with all requirements outlined in their contracts with the statewide Broker.

### 524.2 AMBULANCE SERVICES

The following is a list of West Virginia Medicaid covered emergency transportation services:

Patient Transportation Services	Patient Care Service	Classifications
Air Ambulance		<ol style="list-style-type: none"> <li>Fixed Wing (airplane)</li> <li>Rotary Wing (helicopter)</li> </ol>
Ground Transportation (Ambulance)		<ol style="list-style-type: none"> <li>Advanced Life Support</li> <li>Basic Life Support – Emergency</li> <li>Interfacility Transport</li> <li>Basic Life Support – Non-emergency</li> <li>Specialized Multi-Patient Medical Transport</li> </ol>
	Paramedic Intercept	<ol style="list-style-type: none"> <li>Advanced Life Support</li> </ol>

*NOTE: The fact that a medical provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. Nor does it mean that the patient is eligible for Medicaid benefits. It is the provider's responsibility to verify Medicaid eligibility before services are provided. Payment is based on the level of service provided and only when that level of service is medically necessary and within benefit limits.*

Non-emergency ambulance transport may be subject to prior authorization by the BMS' utilization management contractor (UMC).

## CHAPTER 524 TRANSPORTATION

### 524.2.1 Air Ambulance

The BMS covers fixed wing and rotary wing transportation services for eligible members who need emergency transportation by an air ambulance. All emergency air ambulance services require retroactive authorization.

Transportation by a fixed or rotary wing aircraft that is certified by the Federal Aviation Administration (FAA) as a fixed or rotary wing air ambulance and is designed, constructed or modified; equipped, maintained, appropriately staffed, and operated for the transportation of patients as provided and classified in [WV Health Legislative Rules §64 CSR 48](#).

Transport by fixed or rotary wing ambulance may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude rapid delivery by ground transport to the nearest appropriate facility.

### 524.2.2 Ground Ambulance

There are three levels of ground ambulance service—advanced life support (ALS), basic life support (BLS) - emergency, and basic life support-non-emergency. Each level has its own medical necessity requirements, documentation standards, and payment rates. The patient care report must contain documentation to support the medical necessity for the level of transport service provided. Generally, use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health. Providers must use guidelines in [Appendix 524A](#) to assist in determining medical necessity for ground ambulance services.

A current condition or history that is not identified as a current disabling condition with ongoing or present limitations does not constitute a need for ambulance transport. Describing a patient as being "non-ambulatory," "bed confined," or needing "stretcher transport" without more specific description of the patient's condition, is not adequate documentation to support the assertion that an ambulance is the only means of transport that could be utilized without endangering the patient's health. A physician order for ambulance transportation does not negate the need for documentation describing the medical condition that necessitates ambulance transport, nor does a physician order for ambulance transportation guarantee that the transport is reimbursable by the WV Medicaid Program.

Medicaid reimbursement for ambulance services is based upon the patient's condition at the initial assessment by the ambulance squad and the medical intervention provided throughout the transport. The WV OEMS Patient Care Record provides the documentation to support the billing submitted to Medicaid. The documentation on this form must include all pertinent information regarding the patient's condition and support the need for ambulance transport, as well as providing sufficient information to determine the appropriate level of service for billing.

If a post payment review is conducted, decisions will be based on the documentation on the patient care record. This documentation must stand alone to justify billing. Supporting information regarding the patient's status gathered after the fact will not be considered in the review process.

#### 524.2.2.1 Advanced Life Support (ALS)

ALS service includes both transportation by ground ambulance and the provision of medically necessary supplies and services, including the provision of an ALS assessment and at least one ALS

## CHAPTER 524 TRANSPORTATION

intervention as defined in [West Virginia State Code §16-4C](#), related legislative rules, and protocols established by the Office of Emergency Medical Services.

ALS service is deemed appropriate when the member has experienced a sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to patient's health,
2. Impairment to bodily functions, or
3. Serious dysfunction to any bodily organ or part.

ALS services are also deemed necessary and reasonable when a patient is transferred from one health care facility and admitted to another health care facility for treatment not available at the sending facility, and certified ALS personnel are needed to insure continuity of ALS medical care.

### **524.2.2.2 Basic Life Support (BLS) – Emergency**

BLS emergency service includes both transportation by ground ambulance and the provision of medically necessary supplies and services, including BLS ambulance services as defined in [West Virginia State Code §16-4C](#), related legislative rules and protocols established by the Office of Emergency Medical Services.

An emergency transport is one that is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to patient's health
2. Impairment to bodily functions, or
3. Serious dysfunction to any bodily organ or part.

Personnel and vehicles must conform to the requirements listed in [WV Health Legislative Rule §64 CSR 48](#).

### **524.2.3 Paramedic Intercept (PI)**

Paramedic intercept refers to advanced life support (ALS) procedures performed by an EMS agency other than the EMS agency that provides transport. Under these circumstances, the EMS agency that provides basic life support and transportation may bill for the BLS services and loaded mileage. Loaded mileage refers to mileage accumulated while transporting a Medicaid member. The EMS agency that assists and provides paramedic intercept ALS may bill for the ALS services at the established ALS add-on rate but not for mileage. As an example, Agency X provides basic life support services to a critical patient. Agency X's crew requests an advanced life support unit to meet them on the way to the hospital. Agency Y's ALS unit responds to Agency X's request. Agency Y's paramedic boards Agency X's ambulance and provides ALS service while the patient is being transported to the hospital. Agency X will be reimbursed the current BLS rate and mileage, while Agency Y will be reimbursed at the current paramedic intercept rate (ALS add-on). Agency Y cannot bill for mileage since its unit did not transport the patient.

## CHAPTER 524 TRANSPORTATION

The exception would be if the patient were removed from the BLS unit and transported in the ALS unit. Then the EMS agency providing transport may bill for the ALS services and mileage, while the BLS agency would not have provided any billable services.

### 524.2.4 Interfacility Transports via Ambulance

Ambulance transportation from one hospital to a more distant hospital must be for specialized care that is not available at the sending facility. In addition, the patient's current medical condition must meet the medical necessity criteria established in this chapter.

Reimbursement for same day, round trip transportation by ambulance for services not available at sending facility is the responsibility of the sending facility, not the Medicaid member or Program. The hospital or Medicaid member requesting ambulance transport is responsible for reimbursing the ambulance agency if the reason for transport does not meet the criteria listed above.

### 524.2.5 Basic Life Support (BLS) – Non-Emergency

Scheduled or unscheduled ambulance transports that do not meet the criteria for emergency as defined above, regardless of the origin or destination, are considered non-emergency services. Scheduled services are generally regularly scheduled transportation for the diagnosis or treatment of a patient's medical condition.

Bed-confinement, by itself, is neither sufficient nor necessary to determine whether Medicaid ambulance benefits are covered. It is one element of the member's condition that may be taken into account in the determination of medical necessity. The term "bed-confined" is not synonymous with "bed rest" or "non-ambulatory." Bed confined requires the following criteria to be met:

- The member is unable to get up from bed without assistance; **and**
  - The member is unable to ambulate; **and**
  - The member is unable to sit in a chair or wheelchair
- Or**
- The member can only be transported by stretcher.

Personnel and vehicles must conform to the requirements listed in [WV Health Legislative Rule §64 CSR 48](#).

### 524.2.6 Specialized Multi-Patient Medical Transport (SMPMT)

Emergency medical services providers furnish Specialized Multi-Patient Medical Transport for ambulatory patients with a medical history, but who have no apparent immediate need for any level of medical supervision who are being transported to and from scheduled medical appointments, as defined in [WV Code §16-4-C](#), Emergency Medical Services Act.

Ambulance companies that provide Multi-Patient Medical Transport Services must use vehicles that conform to definitions and requirements listed in [WV Health Legislative Rules §64 CSR 48](#).

## CHAPTER 524 TRANSPORTATION

### 524.2.7 Limitations and Special Circumstances

WV Medicaid covers ambulance services subject to the following limitations, conditions, and special circumstances:

- Ground and air ambulances must transport the member to the nearest facility that has the appropriate equipment and personnel necessary to diagnose and treat the member unless documented that transport to the nearest facility was inappropriate due to instruction by medical command, weather or other circumstances to make transfer to another facility more appropriate for patient care. Ambulance transportation from one hospital to a more distant hospital must be for specialized medical care that is not available at the first hospital.
- Ambulance transportation to or from a helipad, airport or landing zone is covered when such transportation is provided in conjunction with air ambulance transport
- Admissions and readmissions to nursing facilities and other extended care facilities are exempt from this requirement.

### 524.3 NON EMERGENCY, NON-AMBULANCE TRANSPORTATION

All non-emergency, non-ambulance medical transportation (NEMT) services must be accessed through the BMS' contracted Broker. This Broker screens NEMT requests, assigns and dispatches providers and monitors NEMT services to ensure consistent application of guidelines.

Transportation to a limited range of services provided by behavioral health providers and home and community based waiver providers, and that are integral to member plans of care, are exempt. Please see subsection [524.3.3 Behavioral Health and Home and Community Based Waiver Program](#) of this Chapter.

#### 524.3.1 Statewide Brokerage System

West Virginia Medicaid has contracted with a broker to manage almost all NEMT. The Broker is prohibited from owning or having any financial interest in the transportation provider organizations that deliver NEMT transportation service to eligible members. The West Virginia Medicaid NEMT broker is a full-risk capitated Broker and is reimbursed based on the Medicaid per member per month payment reimbursement methodology (capitation). It assumes the financial responsibility for providing all covered services for eligible members within the capitation rate.

##### 524.3.1.1 Trip Management

These requests may be made by members, their families, guardians or representatives and by providers.

The Broker is to consider member's permanent and temporary special needs, appropriate modes of transportation and special instructions regarding the nearest appropriate provider and additional information necessary to ensure that appropriate transportation is authorized and provided. The Broker determines:

- The member's eligibility for NEMT services.
- The member's medical need leading to the requirement for NEMT services and the most economical mode of transportation that meets the member's needs. The Broker will maximize

## CHAPTER 524 TRANSPORTATION

use of fixed route transit and individual vehicles, which may be driven by the member, friend or family member whenever determined more economical and appropriate.

- The member's lack of access to available transportation. The Broker is to require the member to verbally certify this.
- Whether the service for the member is a covered service and whether prior authorization has been granted if required.
- The nearest appropriate enrolled provider. The Broker will seek to minimize distance traveled, although if a member has recently moved to a new area, the Broker is to allow long distance transportation for up to 90 calendar days if necessary to maintain continuity of care.
- Necessity of attendant or assistance request. The Broker shall determine if the member needs door-to-door, curb-to-curb or hand-to-hand level of assistance with transportation.

The Broker is to educate members on how and when to request NEMT services. Requests are to be made at least five business days before the NEMT service is needed. Trip requests are to be made using a single toll free number unless otherwise approved by BMS. The Broker will also make accommodation for standing orders for repeat trips. The Broker will have a process in place to handle such last minute scheduling changes and/or urgent trips. After consultation with BMS, the Broker will also implement a system for post-transportation authorization requests.

Members may request a particular provider but are not guaranteed the use of that provider.

The Broker is to inform the member or the member's representative, and the transportation provider, of transportation arrangements at least two calendar days prior to the appointment by phone, fax or letter. The Broker may group members.

The Broker may group trips for efficiency. The provider may transport family members and/or caregivers if space and conditions allow.

Any request for reimbursement for out-of-state travel, other than to in-network providers, must be scheduled and approved by the Broker in advance in order to be eligible for reimbursement. This includes lodging and meals.

### **524.3.1.2 Provider Network**

The Broker establishes a network of NEMT providers and negotiates reimbursement with interested, willing and qualified transportation entities that meet the transportation provider requirements. This includes licensed behavioral health centers, which are considered preferred providers for members who receive services from these centers. This network must include all modes of transportation covered in this policy and must include any willing and qualified provider. The network must be sufficient in number and types of providers so that the failure of any provider to perform will not impede the ability of the Broker to provide NEMT services as required by the contract.

The Broker is prohibited from serving as an NEMT provider.

Contracts between the Broker and the providers must address:

- Payment administration and timely payment
- Modes of transportation

## CHAPTER 524 TRANSPORTATION

- Geographic coverage areas
- Attendant services
- Phone and vehicle communication services
- Information systems
- Scheduling
- Dispatching
- Pickup and delivery standards
- Urgent trip requirements
- Driver qualifications
- Expectations for door-to-door, hand-to-hand and curb-to-curb
- Driver conduct
- Driver manifest delivery
- Vehicle requirements
- Backup service
- Quality assurance
- Non-compliance with standards
- Training for drivers
- Confidentiality of information
- Specific provision that in the instance of default by Broker the agreement must be passed to BMS or its agent
- Evidence of insurance for vehicle and driver
- Submission of documentation as required by BMS
- Appeal and dispute resolution
- Assurance of no overlap of services with other programs

### **524.3.1.3 Broker Requirements**

The Broker must meet a series of standards as outlined in its contract with BMS. These standards include, but are not limited to, requirements related to:

- Call response times on the toll free number
- Call center hours
- On-time arrival for member pickup
- Timeliness of trip scheduling
- Timely payment of providers
- Length of travel time

It is the Broker's responsibility to monitor provider compliance with vehicle and driver safety requirements.

The Broker shall conduct provider education and training relating to safety and requirements under the transportation contract.

The Broker shall conduct pre- and post-transportation validation checks.

The Broker shall refer all cases of suspected fraud, abuse or misuse to BMS.

## CHAPTER 524 TRANSPORTATION

### **524.3.1.4 Member Relations**

The Broker shall conduct member outreach and work to educate members who are not compliant with requirements, e.g. do not show or are late for appointments.

The Broker must have a complaint resolution/appeal process for members and must respond within one business day to all complaints. The Broker must try to resolve all complaints and must send complaint information to BMS. BMS may review and overturn the complaint resolution/appeal decision.

The Broker shall conduct periodic member satisfaction surveys.

### **524.3.2 Covered Services**

- Specialized Multi-Passenger Van Transport
- Common Carrier/Fixed Route
- Individual Transportation

Specialized Multi-Passenger Van Transportation can be provided in all approved multi-passenger vans.

In general, a provider of van transportation services must transport the member from the member's home to the scheduled medical service or from the location of the medical appointment directly to the member's residence. The transporting company is responsible for maintaining records that verify the transport was appropriate and completed.

If transportation to more than two medical appointments is scheduled on the same day, documentation that supports the additional transport(s) must be approved by the Broker.

#### **524.3.2.1 Specialized Multi-Patient Medical Transport (SMPMT)**

Providers of Specialized Multi-Patient Medical Transport services transport Medicaid members to and from medical appointments in a safe, sanitary, and comfortable manner. Providers of this service must have a Certificate of Convenience and Necessity from the WV Public Service Commission in order to participate in the WV Medicaid Program. The vehicles and personnel may not be utilized for the transportation of BLS or ALS medical patients.

Medicaid-approved providers of Specialized Multi-Patient Medical Transport services are prohibited from identifying themselves in any way as ambulance services or entities associated with emergency medical services agencies. The organization or entity may not advertise or utilize a company name or logo that could be misinterpreted by the general public as having the capacity to provide medical care, or be construed as associated with an emergency medical service agency.

#### **524.3.2.2 Common Carrier/Fixed Route**

Common carrier services are transportation services provided by public railways, buses, cabs, or airlines at rates negotiated by the Broker. Fixed route transportation must be given priority if appropriate.

## CHAPTER 524 TRANSPORTATION

### ***524.3.2.3 Member, Friends and Family Transportation***

The transportation of individual Medicaid members by a private vehicle is also reimbursed through the Non-Emergency Medical Transportation Program. Mileage will be reimbursed by the broker for the shortest route as determined by the Broker at the current state rate.

The amount of reimbursement for transportation expenses depends on the method of transportation, the round-trip mileage and/or whether lodging was required.

Members, as well as their friends and family may request reimbursement for costs related to automobile travel, such as mileage, tolls, and parking fees when free parking is not available. The travel must be for scheduled appointments and treatment. Mileage is paid from the member's home to the facility and back to the home. When comparable treatment may be obtained at a facility closer to the member's home than the one chosen, mileage reimbursed is limited to the distance to the nearest facility. Mileage will be reimbursed at a rate determined by the Broker for the shortest route and approved by BMS. Reimbursement may be made for other travel-related expenses, such as tolls and parking fees, when free parking is not available within reasonable walking distance of the facility. A receipt is required for parking fees over two dollars and all tolls.

When travel by private automobile is an option, but the member chooses more costly transportation, the rate of reimbursement is limited to the private auto mileage rate. Automobile rental, rental related fees and mileage may be allowed if car rental is determined to be the most economical mode of transportation.

### ***524.3.2.4 Volunteer Drivers***

A volunteer is a person, other than the member, or the member's family or friends, who provides transportation to medical appointments for Medicaid members. Anyone may volunteer to provide transportation for Medicaid members for expense reimbursement only.

### ***524.3.2.5 Individuals Accompanying Member***

Transportation may be covered for an immediate family member (parent, spouse, or child guardian, foster parent of the member) to accompany and/or stay with the member at a medical facility when the need to stay is based on medical necessity and documented by the physician.

Two round trips per hospitalization (one for admittance and one for discharge) may be covered when the parent or family member chooses not to stay with the member.

A parent, guardian, or other authorized adult must accompany a child under the age of 16 unless the child is an emancipated minor. A child between the ages of 16 and 18 may travel unaccompanied with written consent from the parent or guardian, or to attend a family planning appointment or an appointment for another service where parental consent or notification is not required.

### ***524.3.2.6 Meals and Lodging***

When an overnight or longer stay is required, lodging may be paid for the member and one additional person if the member is not the driver. Accommodations must be obtained at the most economical facility available. Resources such as Ronald McDonald Houses or facilities operated by the hospital must be used whenever possible.

## CHAPTER 524 TRANSPORTATION

Lodging prior to the day of the appointment is determined necessary when the appointment is scheduled for 8:00 a.m. or earlier and travel time to the facility is two hours or more from the member's home. It may also be determined necessary when the member is required to stay overnight to receive additional treatment. Exceptions may be granted based on medical necessity and documented by the physician.

Reimbursement for meals is available only with lodging and only for meals that occur during travel or the stay. Meals are permitted for the member and/or the person approved to be with the member. Meals will be paid for at a rate established by the Broker and approved by BMS. To determine which meals to include, the Broker must know the time the trip started and when the member returned home.

### 524.3.3 Behavioral Health and Home and Community Based Waiver Transportation Services

These services are used to transport a Medicaid member to/from certain Medicaid services that are designated in the member's service plan. See [Chapter 502, Behavioral Health Clinics](#); [Chapter 503, Behavioral Health Rehabilitation](#); [Chapter 501, Aged and Disabled Waiver](#); [Chapter 512, Traumatic Brain Injury Waiver](#); and [Chapter 513, Intellectual and Developmental Disabilities Waiver](#).

### 524.3.4 Nursing Facility Transportation Services

Nursing facilities must provide non-emergency medical transportation (NEMT) which includes non-emergency ambulance transportation for all residents. Transport to the facility for admission and discharge to home or community are separately reimbursable. West Virginia Medicaid reimburses separately for emergency transportation services rendered to members residing in nursing facilities when the services are medically necessary. See [Chapter 514, Nursing Facility Services](#) for more information.

### 524.3.5 Psychiatric Residential Treatment Facilities (PRTF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Transportation Services

These requirements pertain to psychiatric residential treatment facilities and intermediate care facilities for individuals with intellectual disabilities. Transportation of members to and from medical appointments, court appearances, day habilitation, and transportation to family visits must be provided by the facility. It is considered included in the per diem rate and not separately reimbursable. West Virginia Medicaid reimburses separately for emergency transportation services rendered to members residing in PRTFs and ICF/IID facilities when the services are medically necessary. Please refer to [Policy 531.1, Psychiatric Residential Treatment Facilities](#) and [Chapter 511, ICF/IID Services](#) for additional information.

### 524.3.6 School-Based Health Transportation Services

Specialty Transportation (Non-Emergency Medical Transportation) school-based services include transportation to or from necessary medical care, when a child's medical needs require use of specialized transportation services, including specially equipped and/or specially staffed vehicles. Services are furnished by providers who meet the qualifications established by the Medicaid agency and the Department of Education or the Local Education Agency (LEA). Services must be ordered pursuant to an Individualized Education Program (IEP) as defined under Part B of the Individuals with Disabilities



## CHAPTER 524 TRANSPORTATION

Education Act (IDEA). Please refer to [Chapter 538, School-Based Health Services](#) for additional information.

### 524.4 REIMBURSEMENT AND BILLING

Ambulance services are reimbursed directly by Medicaid and must be billed on CMS 1500 forms, or the electronic equivalent, using the appropriate procedure codes and modifiers. Reimbursement is based upon a fee schedule determined by BMS.

The Broker negotiates rates with transportation providers, negotiates a contract with these providers, and reimburses them directly. The minimum allowable rate for such reimbursement is the state mileage rate. The Broker may reimburse NEMT providers through any payment arrangement agreeable to both parties including a sub-capitation arrangement. The Broker must ensure that the utilization data for every encounter is submitted by its contracted transportation providers.

Individuals who use common carrier/fixed route transit and/or individual vehicles are reimbursed by the Broker in accordance with sections [524.3.2.2, Common Carrier/Fixed Route](#), and [524.3.2.3, Member, Friends and Family Transportation](#) of this Chapter.

#### 524.4.1 Billing

Ambulance services are reimbursed according to the published fee schedule, which can be accessed at <http://www.dhhr.wv.gov/bms/Pages/default.aspx>. The appropriate code modifier must be entered in the proper space on the CMS-1500 claim form or the claim will be denied. Billing instructions for non-emergency transportation services will be provided by the Broker.

### 524.5 NON-COVERED SERVICES

Non-covered services include, but are not limited to:

- Transportation to any location that does not render covered medical, diagnostic, or therapeutic services
- Transportation using inadequate or inappropriate level of staff personnel on board transporting vehicle
- Transportation of members who do not meet the medical necessity requirements for level of service billed
- Services provided when the request was for post transportation authorization and was not received timely or did not meet established criteria
- Transportation provided when the member refuses the appropriate mode of transportation
- Transportation to a service that requires prior authorization but has not been prior authorized

In addition, certain services are not covered when provided by ambulance providers:

- Reimbursement for ground or air ambulance mileage beyond the nearest appropriate facility
- Scheduled air ambulance transportation without prior approval
- Same-day, round-trip, ambulance transportation from one medical facility to another
- Transportation of multiple Medicaid members in the same ambulance at the same time, unless an emergency warrants that multiple patients be transported, as in the case of mass casualty incidents. In the event of a mass casualty, mileage must be billed as if only one patient was transported
- Transportation to the emergency room for routine medical care

## CHAPTER 524 TRANSPORTATION

These services are not covered when provided by non-ambulance providers:

- Transportation provided when the member has access to affordable transportation
- Transportation provided when the NEMT service is covered under another program or free of charge
- The member refuses the NEMT provider assigned to the trip and another NEMT provider is not available
- Transportation for parents/children to visit or participate in a treatment plan for hospitalized members if it does not coincide with the member's travel.
- Transportation to the emergency room

The Broker must issue a denial for non-covered services. This information must be recorded and a denial letter sent to the member and/or provider the next business day.

Non-covered services are not eligible for a DHHR Fair Hearing or a Desk/Document review.

### GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

**Accident:** An unforeseen and unplanned event or circumstance.

**Advanced Life Support (ALS):** A sophisticated level of out-of-hospital emergency medical care provided to patients being transported by an ambulance to a hospital.

ALS service is appropriate when the patient manifests symptoms that the absence of immediate medical attention could result in serious harm to the patient.

ALS services include administration of intravenous fluids and the administration of medications by intravenous, endotracheal, intramuscular, subcutaneous, sublingual, inhalation or oral routes, and insertion of endotracheal tube or other advanced airway adjunct device.

**Air Ambulance:** An aircraft used for air ambulance operations

**Air Ambulance Transportation:** Transport of a patient whose medical condition requires transportation by air ambulance as certified by a physician

**Ambulance:** A vehicle designed, equipped, and appropriately staffed to transport patients to the nearest medical facility that can provide the needed medical care. As classified in [West Virginia Health Legislative Rule §64 CSR 48](#).

- Class B – Basic Life Support
- Class C – Advanced Life Support
- Class D – Critical Care Transport
- Class E – Aeromedical (Fixed and Rotary Wing)
- Class F – Specialized Multi-Patient Medical Transport Vehicle

## CHAPTER 524 TRANSPORTATION

**Appeal:** An action initiated by a member to challenge a decision made by BMS or contractor.

**Basic Life Support (BLS):** A basic level of out-of-hospital and inter-facility emergency medical services provided when a patient requires BLS services or continual medical supervision in those instances when services are determined to be medically necessary in an emergency transport. An emergency transport is one that is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy
- Impairment to bodily functions
- Serious dysfunction to any bodily organ or part

**Broker:** The contracted entity that screens NEMT requests and assigns, dispatches and monitors NEMT services for eligible Medicaid members to receive covered services.

**Common Carrier/Fixed Route:** Such services as public railways, buses, cabs, airlines, and other public transportation

**Complaint:** An oral or written expression of dissatisfaction by a member, a member's family or other responsible party or a provider or NEMT provider.

**Covered Medical Service:** For the purposes of NEMT, any medical service that is eligible for reimbursement under BMS policy excluding pharmacy services and any other exclusion designated by BMS.

**Curb-to-Curb Service:** Transportation provided to passengers who need little if any assistance between the vehicle and the door of the pick-up point or destination. The driver provides assistance according to the member's needs but assistance does not include the lifting of any member. The driver remains at or near the vehicles and does not enter any buildings.

**Door-to-Door Service:** Transportation provided to members with disabilities who need assistance to safely move between the door of the vehicle and the door of the passenger's pick-up point or destination. The driver exits the vehicle and assists the member from the door of the pick-up point, e.g. residence, escorts the passenger to the door of the vehicle and assists the passenger in entering the vehicle. The driver assists the member throughout the trip and to the door of the destination. Drivers, except for ambulance personnel, do not enter a residence.

**Emergency Medical Services (EMS):** All services which are set forth in [West Virginia State Code §16-4C](#), "The Emergency Medical Services Act of 1996" and those services included in and made part of the emergency medical services plan of the Department of Health and Human Resources including, but not limited to, responding to the medical needs of an individual to prevent the loss of life or aggravation of illness or injury. EMS Rules in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Emergency Medical Services Agency:** Any authority, person, corporation, partnership, or other entity, public or private, which is licensed by the Office of Emergency Medical Services (OEMS) to provide emergency medical services in West Virginia

## CHAPTER 524 TRANSPORTATION

**Emergency Medical Services (Air Ambulance) Provider:** Any authority, person, corporation, partnership, or other entity, public or private, which owns or operates a licensed emergency medical services agency providing emergency medical service in this state. Certification of eligibility is issued by the Department of Health and Human Resources and the Office of Emergency Medical Services for the purpose of providing medical treatment and transportation services to Medicaid patients in the State of West Virginia. [West Virginia State Code §16-4C](#); EMS Rules in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Emergency Medical Services (Ambulance) Certification:** The Office of Emergency Medical Services (OEMS) is the certifying agency for emergency medical services (EMS) agencies and has authority over patient transportation through its licensure process. The Bureau for Medical Services of the Department of Health and Human Resources (Medicaid) has the authority to enroll licensed providers for submission of claims for reimbursement.

**Emergency Medical Services Provider:** Any authority, person, corporation partnership, or other entity, public or private, which owns or operates a licensed emergency medical services agency providing emergency medical service in this state. Certification of eligibility is issued by the Department of Health and Human Resources and the Office of Emergency Medical Services for the purpose of providing medical treatment and transportation services to Medicaid patients in the State of West Virginia. [West Virginia State Code §16-4C](#); EMS Rules in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Emergency Medical Services Vehicle (EMS vehicle):** Emergency Medical Services (EMS) transportation vehicles including ambulances, air ambulances and non-medical transportation vehicle as described within EMS Rules in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Emergency Medical Technician – Basic (EMT-B):** An individual certified by the Office of Emergency Medical Services (OEMS) to render emergency medical services as defined in the scope of practice and authorized pursuant to [West Virginia State Code §16-4C](#) and in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Emergency Medical Technician – Paramedic (EMT-P):** An individual certified by the Office of Emergency Medical Services (OEMS) to render emergency medical services as defined in the scope of practice and authorized pursuant to [West Virginia State Code §16-4C](#) and in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Encounter:** For the purposes of the NEMT program, an encounter is a trip leg that has been completed by the NEMT provider and has been reimbursed by contractor.

**Fixed Route Mode of Transportation:** Transportation by means of a public transit vehicle that follows an advertised route on an advertised schedule, does not deviate from the route or the schedule and picks up passengers at designated stops.

**Fixed Winged Aircraft:** The fixed wing air ambulance (airplane) services are deemed appropriate when the member's medical condition is such that transport by ground ambulance is not appropriate. Transport by fixed wing may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude such rapid delivery to the nearest appropriate facility. The fixed wing aircraft shall be designed, constructed, or modified; equipped, maintained, appropriately staffed, and operated for the transportation of patients as provided and classified in in [West Virginia Health Legislative Rule §64 CSR 48](#).

## CHAPTER 524 TRANSPORTATION

**Hand-to-Hand Service:** Transportation of a member with disabilities from an individual at the pick-up point to a facility staff member, family member or other responsible party at the destination.

**Level of Service:** Designation used to describe the appropriate type of vehicle that may be used to transport the member. Specific modes of transportation may include the following:

- Ambulatory level of service: an ambulatory member is able to move and pivot without assistance. The term may also reference a member in a manual wheelchair who can transfer without assistance.
- Wheelchair level of service: a member who uses an electric or manual wheelchair who cannot transfer independently.

**Participating Common Carrier/Individual Volunteer Providers:** A provider of non-medical, non-ambulance transportation of Medicaid members. Such services may include; public railways, buses, cabs, airlines; or other firms, corporations, and entities who are certified pursuant to the regulations as established by the Public Service Commission and DHHR; and individual volunteers; all as defined herein

**Participating Ground Ambulance Provider:** A provider of ground medical transportation services that has been granted certification, as defined herein, by the Office of Emergency Medical Services (OEMS) and Department of Health & Human Resources (DHHR) for the provision of medical transportation of Medicaid patients and who elects to participate in and seeks reimbursement from DHHR Bureau for Medical Services, pursuant to the regulations herein

Levels of ground medical transportation includes Advanced Life Support (ALS), Basic Life Support (BLS), Ambulance Medical Transport (AMT), and Specialized Multi-Patient Medical Transport Provider (SMPMT) as defined herein.

**Patient Transportation:** Movement or transfer of a patient from one location to another by an approved and designated ambulance. EMS Rules in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Private Vehicle Transportation by Individuals:** Individuals are permitted to transport Medicaid members in private autos. Payments are processed by staff in the West Virginia Department of Health & Human Resources county offices and reimbursements made through the non-medical, non-ambulance Transportation Program.

**Rotary Wing Aircraft:** The rotary wing air ambulance (helicopter) services are deemed appropriate when the member's medical condition is such that transport by ground ambulance is not appropriate. Transport by fixed wing may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude such rapid delivery to the nearest appropriate facility. The fixed wing aircraft shall be designed, constructed or modified; equipped, maintained, appropriately staffed, and operated for the transportation of patients as provided and classified in in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Specialized Multi-Patient Medical Transport (SMPMT):** A non-emergency transport service provided by an EMS agency licensed to provide this service by the Office of Emergency Medical Services (OEMS). This service is provided to members who are ambulatory and/or mobile non-ambulatory with a medical history, but have no apparent immediate need for any level of medical services while being transported to

## CHAPTER 524 TRANSPORTATION

and from scheduled medical appointments. Vehicles and staff must comply with the rules and requirements set forth in in [West Virginia Health Legislative Rule §64 CSR 48](#).

**Specialized Multi-Patient Medical Transport Vehicle:** A vehicle owned and operated by a licensed emergency medical services agency used to provide transportation to ambulatory patients with a medical history but who have no apparent immediate need for any level of medical supervision while being transported to and from scheduled medical appointments

**Specialized Multi-Passenger Van Transportation (SMPVT):** An organization or entity which operates specialized multi-passenger vans equipped to transport ambulatory and/or mobile non-ambulatory patients. SMPVT vehicles and personnel shall meet the requirements set forth by these regulations. These vehicles and personnel are to provide safe, sanitary, and comfortable transportation to and from scheduled medical appointments and cannot be utilized for the transportation of Advanced Life Support or Basic Life Support medical patients. This category of transportation provider submits claims directly to the Medicaid Program.

**Specialized Multi-Passenger Van Transportation(SMPVT) Certification:** Certification of eligibility issued by the West Virginia Department of Health & Human Resources, Bureau for Medical Services, and the Office of Emergency Service or the Public Service Commission and any other federal governing agency or departments of the State of West Virginia to any individual, firm, corporation, association, county, municipality or other legal entity for the purposes of providing non-ambulance transportation services to eligible Medicaid members in the State of West Virginia.

**Standing Order:** A request or authorization for NEMT services to multiple recurring medical appointments for the same member with the same provider for the same treatment or condition.

**Trip Leg:** One-way transportation from an origin to a destination.

### REFERENCES

West Virginia State Plan references transportation services at sections [3.1-A\(24\)](#), [3.1-B\(24\)](#), [supplement 2 to attachments 3.1-A and 3.1-B\(24\)](#) and reimbursement at [4.19-B\(24\)](#). Attachment [3.1-D](#) provides additional information on methods of assuring transportation. See the recently approved state plan [amendment 13-007](#).

### CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Transportation		September 18, 2015