COMMUNITY TRANSPORTATION SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

A community transportation provider must be a governmental entity, enrolled secure medical transportation provider, or registered as a nonprofit organization with the South Dakota Secretary of State. Enrolled secure medical transportation providers must also be enrolled as a community transportation provider in order to provide and bill for community transportation services. Community transportation providers must be domiciled in the State of South Dakota or enrolled as a Medicaid transportation provider in the entity's or organization's state of domicile. Vehicles used to provide the covered services must be owned or registered to the community transportation provider and license plates issued in South Dakota will be either commercial or exempt plates.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter and in the table below:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby. Transportation must be to or from pregnancy related medical appointments.

Refer to the Recipient Eligibility manual for additional information regarding eligibility.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary; and
- The recipient must be eligible.

The manual also includes non-discrimination requirements providers must abide by.

Community Transportation Coverage
Transportation services must be provided in accordance with applicable federal, state, and local regulations. Transportation must be to or from medically necessary services. The services must be covered by South Dakota Medicaid and provided by a provider who is enrolled or eligible for enrollment with South Dakota Medicaid. In addition, the transportation must be to the closest facility or medical provider capable of providing the necessary services, unless the recipient has written authorization from their local medical provider, primary care provider, or Health Home provider to seek treatment at a different facility or provider.

Transportation must be from an eligible recipient's residence, bus stop nearest to the recipient's residence, place of work, or school to a medical provider, between medical providers, or from a medical provider to the recipient's residence, bus stop nearest to the recipient's residence, or place of work. A recipient's residence does not include a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease.

Transportation to pick-up prescription drugs, durable medical equipment (DME), and optical supplies may be covered if delivery or mailing is not an option for obtaining the prescriptions, DME, or optical supplies. Trips for the first fill of a new prescription or a medical equipment fitting or adjustment are allowable and covered even if a delivery program is available. If a recipient has multiple prescriptions or DME items, orders must be coordinated for pick-up on the same date from the same provider/location whenever feasible.

Loaded Mileage
Loaded mileage is mileage driven while a patient is being transported. Loaded mileage is only covered if the following requirements are met:

- The trip is outside of city limits; and
- The trip is 21 miles or more one way.

Loaded mileage should not be billed if these requirements are not met.

Loaded mileage is limited to actual mileage between two cities and does not include in-town driving. Loaded mileage should be billed using S0215. Only one mileage allowance is covered/reimbursable for each trip regardless of the number of passengers in the vehicle. This means the provider should only bill the mileage on the claim for one recipient.

Unloaded Mileage
Unloaded mileage is mileage driven when the recipient is not present. Unloaded mileage is only covered when the following requirements are met:

- The trip is outside of city limits; and
- The trip is 21 miles or more one way; and
- The driver is returning to the point of origin after delivering a recipient or is traveling to a medical institution such as a hospital or nursing facility to transport a recipient who is being discharged from the institution.

Unloaded mileage should not be billed if these requirements are not met

Unloaded mileage is limited to the actual mileage between the two cities and does not include in-town driving. Unloaded mileage should be billed using S0215. Only one mileage allowance is covered/reimbursable for each trip regardless of the number of passengers in the vehicle. This means the provider should only bill the mileage on the claim for one recipient.

Driver Requirements
Community transportation providers must ensure that the following driver requirements are met:

- Each driver providing services is at least 18 years old with one year of experience as a licensed driver who possesses a valid driver's license for the class of vehicle driven.
- Each provider must have a process in place to address any violation of state drug law by a driver.
- Each driver providing services has not had a driver's license suspended under the provisions of SDCL Ch. 32-12 or had a conviction of driving under the influence pursuant to SDCL Ch. 32-23 or under similar laws of another state during the previous three years.
- Each driver providing services has not been excluded from participation in any federal health care program and is not listed on the exclusion list of the Department of Health and Human Services Office of Inspector General.

Traffic Violations Disclosure Requirements
Community transportation providers are required to have a process in place to disclose to Medicaid the driving history, including traffic violations, of each driver employed or providing services. Providers should maintain the records of individual drivers' driving history and traffic violations. Medicaid may request a copy of the records.

Long-Term Care Facilities
A nursing facility may not submit a claim for community transportation.

Such services are considered routine under the provisions of ARSD 67:16:04:41 and are included in the facility's cost reports required in ARSD 67:16:04:34.

Inclement Weather
Providers should consider the safety of the recipient first when deciding whether to transport during times of inclement weather. Providers should ensure that recipients receive proper notice if transportation is not possible due to the inclement weather situation.

Multiple Trips per Day
If a recipient is seeing several medical providers on a single day, South Dakota Medicaid will pay for up to 4 one-way community transportation/secure medical transportation trips for a date of service.

If a recipient is picked up at his/her residence and sees three providers in different locations, requiring transportation, and is then taken back home, the claim needs to be billed as follows:

- First line with A0120 and 2 units.
- Second line with A0120 59 modifier and 2 units.

If a recipient is picked up at his/her residence and sees one provider and is returned home and then sees another provider again later in the day (getting picked up at home and dropped off at home again) the claim needs to be billed as follows:

- First line with A0120 and 2 units.
- Second line with A0120 59 modifier and 2 units.

If a recipient is picked up at his/her residence and sees two providers in different locations, requiring transportation, and then taken back home, the claim needs to be billed as follows:

- First line A0120 and 2 units.
- Second line A0120 59 modifier and 1 unit.

Providers are not allowed to bill a third-round trip with a different date of service to obtain additional reimbursement. If a recipient schedules more than two round trips a day, the third trip is the recipient's responsibility.

Accompanying Adult
South Dakota Medicaid covers transportation for an accompanying adult to a medical service for recipients age 20 or younger or when accompanied travel is medically necessary. Accompanied travel may be necessary for recipients with physical, cognitive, behavioral, sensory, or post-procedural limitations that prevent them from safely traveling or receiving the medical service alone. Providers should not bill for the service if their policy allows for a parent, guardian, or accompanying adult to ride at no charge. When a provider's policy allows, the provider may bill for the accompanying adult under the recipient's Medicaid number at their usual and customary rate using CPT code T2001. Up to one unit of T2001 may be reimbursed per one-way trip.

NON-COVERED SERVICES

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Community Transportation Non-Covered Services
The following community transportation services are not covered:

- Services not specifically stated as covered in the covered services and limits section of this manual;
- Transportation to non-allowable locations;
- Community transportation services provided by a secure medical transportation provider unless the provider is also enrolled with Medicaid as a community transportation provider;
- Transportation beyond the closest facility or medical provider capable of providing the necessary services unless the recipient has written authorization from their local medical provider, primary care provider, or Health Home provider to seek treatment at a different facility or provider;
- Cancelled transportation, including no-shows; and
- Transportation from or to a place of residence that is a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Community Transportation Documentation Requirements
The department requires community transportation providers keep documentation on file that supports that the recipient was transported for a medically necessary service. As a best practice South Dakota Medicaid recommends providers use the department's Transportation Documentation Form, which satisfies this requirement.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances.

Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim for community transportation services must be submitted at the provider's usual and customary charge.

The applicable procedure codes, rates, and modifier codes for community transportation services can be found on the South Dakota Medicaid's Transportation fee schedule. Mileage that meets the coverage and billing requirements in this manual may be billed in addition to the transportation base fee.

Claim Instructions
Claims for community transportation services must be submitted on a CMS 1500 claim form or via an 837P electronic transaction. Detailed claim instructions are available on our website. Claims must be submitted at the provider's usual and customary charge. Providers must include the origin and destination of the recipient being transported in Block 19 of the CMS 1500 form or the equivalent on an 837P electronic transaction.

Transportation claims must list the address of the origin and destination. Providers should refer to the appropriate claim instructions for additional information

Modifiers
If applicable, the following modifier codes must be included on a provider's claim:

- TK - Additional South Dakota Medicaid Recipient.
- TN - Trip outside of city limits.
- 59 - Distinct or separate service (multiple trips on the same day).
- Applicable descriptive modifiers are required to be included on the claim.

Modifier payment effects are described on the department's website.

Mileage
Allowable mileage should be billed in whole numbers. Providers should not use decimals. Providers should round up or down to the nearest whole number using standard rounding conventions. Only one mileage allowance is billable for each trip regardless of the number of passengers. If there are multiple passengers, the provider should only bill the mileage on one recipient's claim. If the trip includes both allowable loaded and unloaded mileage that meets the requirements in the Covered Services and Limits section of this manual, the total mileage should be billed on one line using S2015. Mileage should not be billed if coverage requirements are not met. For example, if the trip is 10 loaded miles, the provider should bill for mileage on the claim.

DEFINITIONS

1. "Community transportation service," the nonemergency transporting of a recipient to and from medical services by a community transportation provider meeting the requirements of § 67:16:25:06.01;

2. "Loaded mileage," mileage driven while a patient is being transported;

3. "Trip," the transporting of a person from the person's home to a medical provider, between medical providers, or from a medical provider to the person's home; and

4. "Secure medical transportation provider," a company, firm, or individual that uses specifically designed and equipped vehicles to provide nonemergency transportation to and from medical care for recipients confined to wheelchairs or requiring transportation on a stretcher.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **Can the same vehicle be used for secure and community transportation services?**

   A vehicle that provides securement devices as well as non-secured seating (ex: bus with wheelchair ramp) can be used to provide both types of transportation as long as the provider meets all eligibility conditions and is enrolled with Medicaid as both a secure medical transportation provider and a community transportation provider.

2. **How does a secure medical transportation provider that is also enrolled as a community transportation provider bill for community transportation services?**

   Providers should follow the claim instructions in this manual. Community transportation services must be billed for using the applicable community transportation codes on the Transportation Services Fee Schedule. Billing for community transportation services using secure medical transportation codes is considered fraud and abuse of the program.

3. **Can a nursing facility bill for community transportation?**

   No, the cost of transportation is already included in the facility's reimbursement.

4. **Does South Dakota Medicaid provide a list of enrolled community transportation providers to recipients?**

   A list of enrolled providers is available on our website at https://dss.sd.gov/medicaid/recipients/communitytransportation.aspx. Providers can contact sdmedxgeneral@state.sd.us to update information on the list.

5. **Can a provider limit which Medicaid recipients they serve?**

   Providers may set reasonable limits such as hours of service or areas of operation. Providers must serve all Medicaid recipients within the parameters of these limits. Transportation providers may not limit services to specific Medicaid recipients. For example, an assisted living provider cannot limit transportation to their own residents. IHS and Tribal 638 transportation providers may restrict community transportation services to individuals eligible for IHS or Tribal 638 health care services.