SECURE MEDICAL 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 secure medical transportation provider must use vehicles owned or registered to the transportation provider. License plates issued in South Dakota will be either commercial or exempt plates. In addition, the driver must meet the driver, attendant, vehicle, and insurance requirements outlined in ARSD Ch. 67:16:25.

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.

Recipients being transported via secure medical transportation must be confined to a wheelchair or must require transportation on a stretcher. "Confined to a wheelchair" means the recipient is unable to walk without the continuous aid of another person or unable to walk in any circumstances. Being discharged from a hospital in a wheelchair does not necessarily mean the recipient is confined to a wheelchair.

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;
- The recipient must be eligible.

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

Secure Medical Transportation Coverage
Transportation services must be provided in accordance with applicable federal, state, and local regulations. An enrolled secure medical transportation provider is eligible to receive payment for non-emergency transportation services from the recipient's home, place of work, or school to a medical provider for medically necessary services, between medical providers when necessary, or from a medical provider to the recipient's home, place of work, or school.

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 covered/reimbursable for secure medical transportation trips that transport a recipient outside the city limits. The provider must have legal authority to operate outside the city limits. Loaded mileage is calculated from the point the trip goes outside the city limits to the destination. Only one mileage allowance is payable for each trip regardless of the number of passengers. Loaded mileage is reimbursed in addition to the applicable base fee.

Driver Requirements
A secure medical transportation provider must ensure and attest 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.
- Each driver does not have a hearing loss of more than 30 decibels in the better ear with or without a hearing aid. A driver whose hearing meets this minimum requirement only when wearing a hearing aid must wear a hearing aid and have it in operation at all times while driving.

Traffic Violations Disclosure Requirements

Secure medical 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.

Driver and Attendant Required Training

A secure medical transportation provider must ensure that each driver and attendant is able to assist a passenger into and out of a vehicle and that each receives the following training before providing services:

1. Instruction on the operation of the vehicle ramp, wheelchair lift, and securement device(s);
2. Instruction on the procedures to follow in case of a medical emergency or an accident, including first aid; and
3. Instruction on the use of the fire extinguisher located in the vehicle used for secure medical transportation.

Required Vehicle Equipment

Each vehicle used for secure medical transportation services must be equipped with vehicle safety equipment and a first aid kit. Vehicle safety equipment should include appropriate items in the event of a roadside emergency or inclement weather. Suggested equipment includes:

- A cell phone;
- A fire extinguisher;
- Emergency warning triangles; and
- An ice scraper and blanket when seasonally appropriate.

Securement Devices

A vehicle used for secure medical transportation must be equipped with a securement device and an occupant restraint system for each occupant being transported. Each securement device must be installed and used according to the manufacturer's instruction. Each occupant restraint system must provide pelvic and upper torso restraint and must comply with the requirements of 49 CFR 571.222, S5.4.1 to S5.4.4, inclusive. The driver or the attendant must ensure that the occupant restraint system is fastened around the user before the driver sets the vehicle in motion.

Vehicle Inspections

Each day, before a secure medical transportation vehicle is used to transport a South Dakota Medicaid recipient, the provider must ensure that:

- The vehicle's coolant, fuel, and windshield washer fluid levels are full;
- The lights, turn signals, hazard flashers, and windshield wipers are operational; and
- The tires do not have cuts in the fabric or are not worn so that the fabric is visible, do not have knots or bulges in the sidewall or tread, and have tread which measures at least two thirty-seconds of an inch on any two adjacent tread grooves.

In addition, the provider must ensure that there is a safety inspection of the vehicle once each week or every 1,000 miles, whichever occurs first. The safety inspection must ensure the following:

- The vehicle's oil and brake fluid levels are maintained at the levels recommended by the manufacturer;
- The air pressure in the tires is maintained at the levels recommended by the manufacturer;
- The horn, brakes, and parking brakes are in working order;
- The instrument panel is fully operational;
- The fan belt is not worn and in need of replacing;
- The wheelchair ramp, lift, and lift electrical systems are in working order;
- The securement devices are not damaged and are able to be used to safely restrain the passenger;
- The passenger heating and cooling systems are in working order;
- The emergency doors and windows function properly.

After the safety inspection, any equipment determined to be nonfunctioning or in need of maintenance must be repaired or serviced before transporting a South Dakota Medicaid recipient.

Smoking is prohibited in a secure medical transportation vehicle whenever a South Dakota Medicaid recipient is being transported. A "No Smoking" sign must be posted in the vehicle so that it is visible to all passengers.

Drivers and passengers must use seatbelts whenever the vehicle is in motion. Before pulling away from a stop, the driver or attendant must instruct the passengers that seatbelt use is required and must make sure the passengers have seatbelts properly secured.
The driver or attendant must ensure that the securement devices and the seatbelt assemblies are retracted, removed, or otherwise stored when not in use.

If a vehicle is stopped for an emergency purpose or is disabled on the roadway, shoulder of a highway, or outside a business or residence district during the time when headlights must be displayed, the driver must place an emergency warning triangle on the traffic side of the road within ten feet from the rear of the vehicle in the direction of traffic approaching in that lane. A second emergency warning triangle must be placed approximately 100 feet from the rear of the vehicle in the direction of traffic approaching in that lane. If the vehicle is stopped or disabled on a one-way road, the driver must place an additional warning triangle approximately 200 feet from the rear of the vehicle in the direction of approaching traffic.

Liability Insurance
At a minimum, the provider must have liability insurance coverage in the amount of $1,000,000 for bodily injury or death of any person in a single accident and $1,000,000 for destruction of or damage to property in a single accident. If the policy is written on a single limit basis, the policy must specify that the limit is $1,000,000 for each occurrence.

Complaints
If South Dakota Medicaid receives a complaint concerning the vehicle's equipment or the condition of a vehicle used to transport recipients , South Dakota Medicaid may inspect or provide for an inspection of the vehicle. The inspection may be unannounced. If it is determined that the vehicle needs repairs, South Dakota Medicaid shall provide a written notice to the provider detailing the needed repairs or maintenance. The vehicle may not be used to transport recipients until after the repairs are made and the provider has sent written verification to South Dakota Medicaid that the repairs are made. Failure to permit an inspection, results in the immediate termination of the provider's contract.

If a provider receives a complaint against a driver or an attendant, the provider must investigate the complaint and attempt to resolve the issue. The provider must prepare and maintain a written report that contains a description of the complaint, the results of the investigation, and the action taken, if any.

Inclement Weather
Providers should consider the safety of the recipient first when deciding whether to transport during times of inclement weather. Providers must 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 A0130 and 2 units.
- Second line with A0130 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 A0130 and 2 units.
- Second line with A0130 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 A0130 and 2 units.
- Second line A0130 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.

Secure Medical Transportation Non-Covered Services

The following secure medical transportation services are not covered:

- Services not specifically stated as covered in the covered services and limits section;
- Transportation to other non-allowable locations; and
- Cancelled transportation, including no-shows.

Exceptions Process

Transportation providers may request an exception for coverage of a non-covered service. Providers requesting an exception should complete sections one and two of the Transportation Exceptions Form and return it to South Dakota Medicaid for consideration. Exceptions must result in an overall cost savings for the department.

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.

Secure Medical Transportation Documentation Requirements

A secure medical transportation provider must maintain the following written documents and must make them available to South Dakota Medicaid on request:

- The dates each of the requirements contained in ARSD 67:16:25:04.01 and ARSD 67:16:25:04.02 were verified by the provider;

- A statement signed and dated by the provider which verifies that each vehicle used for secure medical transportation contains the equipment required in ARSD 67:16:25:04.03;
- A statement signed and dated by the provider which verifies that the securement devices meet the requirements of ARSD 67:16:04.04;
- A record of the safety inspections conducted under ARSD 67:16:25:04.05. The record must contain the date of the inspection, the odometer reading, the result of the inspection, and a notation of the repairs if needed;
- Records of the required driver and attendant trainings;
- The service records for each vehicle and wheelchair lift indicating the date, the odometer reading, and the nature of the maintenance work performed;
- A statement from the insurance carrier that verifies that each vehicle used to transport South Dakota Medicaid recipients has insurance which meets or exceeds the requirements established in ARSD 67:16:25:04.06;
- The accident records of each vehicle involved in an accident;
- A record of complaints received and a statement describing how the provider responded to each complaint; and
- Records of individual drivers' driving history and traffic violations.

South Dakota Medicaid requires secure medical transportation providers keep documentation on file that supports that the recipient was transported to a medical appointment. Providers should also document that the recipient was confined to a wheelchair or required transportation on a stretcher. 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

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement

The rate of payment for secure medical transportation services is limited to the lesser of the provider's usual and customary charge or the fee contained on the department's fee schedule website. Oxygen and oxygen supplies are considered included in the base rate and are not separately reimbursed.

Claim Instructions

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

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

- TK - Additional South Dakota Medicaid recipient.
- QM - Inpatient Hospital Discharge, hospital arranged secure medical transportation.
    - The QM modifier can only be used with A0130 (base rate for non-emergency secure medical transportation). The QM modifier is used for a pick-up from the hospital when the recipient is discharged from an inpatient hospital stay, and hospital contacted the transportation provider to arrange the transportation. The QM modifier should not be used in other circumstances such as pick-up from an outpatient hospital service or pick-up from other clinical settings or medical appointments. The provider's documentation must support use of this modifier.
- 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.

Loaded Mileage

Allowable loaded 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. Mileage should not be billed if coverage requirements are not met. For example, if the trip did not go outside the city limits, mileage should not be billed.

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. "Confined to a wheelchair or stretcher," unable to walk without the continuous aid of another person; unable to walk in any circumstances;

3. "Loaded mileage," mileage driven or flown while a patient is being transported;

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; and

5. "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.

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.

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

   Providers should refer to the Community Transportation manual for claim instructions.

   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 an ambulance be a secure medical transportation provider?**

   Yes, an ambulance provider may enroll as a secure medical transportation provider and bill for services at the secure medical transportation provider rates.

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

   A list of enrolled providers is available on our website at https://dss.sd.gov/medicaid/recipients/securemedtransportation.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 secure medical transportation services to people eligible for IHS or Tribal 638 health care services.

6. What is the difference between secure medical transportation and non-emergent ground ambulance transportation?

Recipients being transported via secure medical transportation must be confined to a wheelchair or must require transportation on a stretcher. Recipients being transported via non-ground ambulance transportation are confined to a bed and it is documented by a physician or other licensed practitioner that other means of transportation including secure medical transportation, such as stretcher van, are contraindicated. Additional non-emergent ground ambulance criteria are available in the Ground Ambulance manual.