

**NEW YORK STATE
MEDICAID TRANSPORTATION**

**CITY OF NEW YORK
TRANSPORTATION ORDERING GUIDELINES
MANUAL**

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Introduction

When the Medicaid Program was established in the 1960s, lawmakers said that:

“The aid, care and support of the needy are public concerns...”

NYS Constitution – Article XVII – Section 1

By the very nature of the Medicaid population, getting to and from services can be a struggle. If the enrollee can not get to services, then the Program fails from the start; so New York State made the decision to cover a series of optional services under the Medicaid Program, including medical transportation.

In order to maintain enough flexibility to sufficiently meet the needs of Medicaid enrollees in a significantly culturally and geographically diverse State, the responsibility of managing the New York State Medicaid Transportation Program was delegated to each county’s local departments of social services.

The New York City Medicaid Transportation Program is administered by the City of New York Human Resources Administration, which encompasses the five boroughs of the City of New York, with oversight by the New York State Department of Health.

This Manual will clarify the rules of ordering, required forms, and other important information needed for the ordering of fee-for-service medical transportation of **New York City** Medicaid enrollees.

There may be an occasion where a practitioner in the City of New York will need to arrange for the transportation of a Medicaid enrollee whose county of fiscal responsibility is not the City of New York. For these enrollees, the practitioner must contact the local department of social services in the county who retains eligibility for the enrollee. Contact telephone numbers of counties surrounding the City of New York are included in this Manual.

For questions, please contact the Medicaid Program’s Transportation Unit:

Telephone: (518) 474-5187
Fax: (518) 473-5884
Email: medtrans@health.state.ny.us

Section I – Covered Transportation Services

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services.

When traveling to medical appointments, a Medicaid enrollee is to use the same mode of transportation as used to carry out the duties of daily life. For most New York City residents, this mode is bus or subway; however, for some Medicaid enrollees, their condition necessitates another form of transport, such as an ambulette.

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

Covered transportation services include:

- Public transportation;
- Livery;
- Ambulette; and
- Non-emergency ambulance.

Section II – Rules for Ordering

As an ordering practitioner, you are responsible for ordering only necessary transportation within the [common medical marketing area](#) (CMMA).

The CMMA is the geographic area from which a community customarily obtains its medical care and services. In New York City, the CMMA is five miles from one's residence.

Enrollees who have reasonable access to a mode of transportation used for the normal activities of daily living; such as shopping and recreational events; are expected to use this mode to travel to and from medical appointments when that mode is available to them. For most residents of New York City, this mode is usually mass transit.

Medicaid may restrict payment for transportation if it is determined that:

- the enrollee chose to go to a medical provider outside the CMMA when services were available within the CMMA;
- the enrollee could have taken a less expensive form of transportation but opted to take the more costly transportation.

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

Responsibility of the Ordering Practitioner

As the medical practitioner requesting livery, ambulette, or non-emergency ambulance services, you are also responsible for ordering the *medically appropriate* mode of transportation for the Medicaid enrollee.

A basic consideration for this should be the enrollee's current level of mobility and functional independence.

The transportation ordered should be the least specialized mode required based upon the enrollee's *current* medical condition. For example, if you feel the enrollee does not require personal assistance, but cannot walk to public transportation, you should authorize livery service, not ambulette service.

Any order practitioner or facilities/programs ordering on the practitioner's behalf, which do not meet the rules of this section, may be sanctioned according to the regulations established by the Department of Health at Title 18 Section 515.3, available online at:

<http://www.health.state.ny.us/nysdoh/phforum/nycrr18.htm>.

Ordering Transportation for Non-New York City Enrollees

When a practitioner needs to arrange transportation for a Medicaid enrollee whose Medicaid eligibility is not 66-NYC, then the guidelines in this Manual **do not apply**. Rather, the practitioner must contact the local department of social services in the county who establishes eligibility for the enrollee (i.e., 28-Nassau; 55-Westchester) in order to request a prior authorization for transportation services.

Transportation contact information for those counties surrounding the City of New York is below:

County	Transportation Contact Telephone Number
28-Nassau	(516) 433-4603
39-Rockland	(845) 364-3052
47-Suffolk	(631) 854-5801
55-Westchester	(914) 813-5642

Non-emergency Ambulance

Generally, ambulance service is requested when a Medicaid enrollee needs to be transported in a recumbent position or is in need of medical attention while en route to their medical appointments.

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

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

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation on behalf of the ordering practitioner.

Ambulette

Ambulette service is door-to-door; from the enrollee's home through the door of the medical appointment. [Personal assistance](#) by the staff of the ambulette company is

required by the Medicaid Program in order to bill the Program for the provision of ambulette service.

If personal assistance is not necessary and/or not provided, then [livery service](#) should be ordered.

Ambulettes may also provide taxi (curb-to-curb) service and will transport livery-eligible enrollees in the same vehicle as ambulette-eligible enrollees. The Medicaid Program does not require the ambulette service to be licensed as a taxi service; the only requirement that ambulettes need to meet for this service is the proper authority and license to operate as an ambulette.

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

- Attending physician;
- Physician's assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order transportation services on behalf of the ordering practitioner.

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

- The Medicaid enrollee needs to be transported in a recumbent position and the ambulette service is able to accommodate a stretcher;
- The Medicaid enrollee is wheelchair-bound and is unable to use a taxi, livery service, bus or private vehicle;
- The Medicaid enrollee has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, livery service, bus or private vehicle;

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

The ordering practitioner must note in the patient’s record the condition which qualifies the use of ambulette services.

Livery Transportation

A request for prior authorization for transportation by New York City livery services must be supported by the order of a practitioner who is the Medicaid enrollee’s:

- Attending physician;
- Physician’s assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order transportation services on behalf of the ordering practitioner.

Day Treatment Transportation

Day treatment/day program transportation is unique in that this transportation can be provided by an ambulance, ambulette or livery provider. The difference is that a typical transport involves a group of individuals traveling to and from the same site, at the same time, on a daily or regular basis.

The economies of this group ride transport are reflected in a different reimbursement amount than that reimbursed for an episodic medical appointment.

Providers of transportation to day treatment/day program must adhere to the same requirements for their specific provider category.

Mileage

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

When a trip occurs within **any** of the five boroughs, i.e., Queens to Manhattan, mileage should **not** be ordered.

When a New York City Medicaid enrollee requires long-distance transportation, i.e., Manhattan to Suffolk County, mileage may be ordered, **beginning at the City limits**.

Section III – Required Documentation

In cases where an ordering practitioner believes that a Medicaid enrollee should use a particular form of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations Section 505.10 (c)(4) indicate that:

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

The MAP-2015

What is the MAP-2015?

The MAP-2015, included on the following pages, is the identifier created by the Medicaid Program in the City of New York to be used as a concise justification for the ordering of livery, ambulette and non-emergency ambulance transportation services for Medicaid enrollees in the City of New York.

*The MAP-2015 is **not** a request for transportation prior authorization. Rather, this form is used **in conjunction** with a request for Medicaid transportation prior authorization to **support** the order for a particular mode of transportation.*

Why use the MAP-2015?

When traveling to medical appointments, a Medicaid enrollee is to use the same mode of transportation as used to carry out the duties of daily living. For most New York City residents, this mode is bus or subway. However, for some enrollees, their condition necessitates another form of transport, such as an ambulette. In these circumstances, Medicaid will pay for the most **medically appropriate** level of transportation to and from services covered by the Medicaid Program.

In cases where an ordering practitioner believes that a Medicaid enrollee should use a particular form of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations Section 505.10(c)(4) indicate that:

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

Who should complete the MAP-2015?

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

When should the MAP-2015 be used?

The MAP-2015 **should be** used when:

- a patient has a condition that necessitates a mode of transportation other than mass transit, but that necessity cannot be readily discerned from the patient's medical record.

The MAP-2015 is **not** necessary when:

- a patient can use mass transit; or
- it is clear from the patient's record that mass transit would be difficult to navigate, e.g., a wheelchair-bound double leg amputee.
- upon discharge from a hospital, the **Discharge Plan** clearly indicates the presence of a condition necessitating livery, ambulette or non-emergency ambulance transportation.

How is the MAP-2015 completed?

The MAP-2015 requests patient-specific information such as the patient's name, address, Medicaid enrollee identification number, diagnoses, requested authorization time span and space to justify the need for higher level of transportation. Additionally, there are yes/no questions, such as whether or not the patient uses a wheelchair.

On the second page, there is a certification statement and places where those involved in the completion of the form identify themselves.

Does a new MAP-2015 need to be completed for each trip requested?

No. An authorization can cover one trip or many trips during the authorization period. A six-month authorization period is available for patients with acute conditions, and a twelve-month authorization period is available for patients with chronic conditions.

The MAP-2015 should be updated as soon as possible if a patient's condition changes during the authorization period or upon expiration of the authorization period.

Where is the completed MAP-2015 to be kept?

Once completed, the form should be maintained in the Medicaid enrollee's patient record.

Inappropriate Orders

Recent transportation audits by the Office of the Medicaid Inspector General have revealed that ordering providers are not aware of the need to complete the MAP-2015, do not fill out the form completely and correctly, or fail to keep the form in the medical

records of the patients, as required. Transportation ordering providers are hereby reminded that:

1. They should comply with the instructions for completing MAP-2015; and
2. Title 18 of the Official Compilations of Rules and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) require providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services.

The Office of the Medicaid Inspector General audits the ordering practitioners of transportation services to ensure that they are in compliance with the appropriate regulations.

New York State Medicaid Transportation – NYC Ordering Guidelines Manual

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

Human Resources Administration
Medical Assistance Programs

**LIVERY, AMBULETTE & NON-EMERGENCY AMBULANCE SERVICES
MEDICAID TRANSPORTATION PRIOR APPROVAL FORM**

Patient Name _____ Date of Birth ____/____/____ Sex _____

Address _____

Medicaid ID.: _____ Social Security Number _____ - _____ - _____

1. (a) List Diagnoses (PRINT):

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

(b) Why do these diagnoses justify transportation other than Public Transportation?

2. (a) Does the patient use a wheelchair, scooter or portable oxygen? Yes No

(b) Does the patient require personal assistance of another individual to enter or exit a building or vehicle? Yes No

(c) Does the patient have a family member or home attendant traveling with him/her? Yes No

3. (a) Is the patient's departure/destination point within his/her CMMA? (see definition under the Certification Statement) Yes No

(b) If not, justify travel outside CMMA

4. Respond to this question only if **Non-Emergency Ambulance** is requested.

(a) Does the patient require life-sustaining equipment during transport? Yes No

(b) Does the patient require monitoring by a certified emergency medical technician or paramedic during transport? Yes No

(c) Does the patient need to be transported in a reclining position for:

- 1) Medical reasons Yes No 2) Psychiatric condition Yes No

(d) Does the patient require use of the vehicle's oxygen during transport? Yes No

5. Indicate the location and the mode of transportation ordered pursuant to the filing of this document. Consult the New York State Department of Health ordering guidelines for definition of each mode of travel.

(a) Location: Travel is within the CMMA Travel is outside the CMMA.

(b) Mode: LIVERY AMBULETTE Non-Emergency AMBULANCE

6. This transportation authorization is from ____/____/____ to ____/____/____.

(NOTE: An authorization may cover a one way trip; a six-month period for patients with acute conditions; or twelve months for patients with chronic conditions).

New York State Medicaid Transportation – NYC Ordering Guidelines Manual

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

Human Resources Administration
Medical Assistance Programs

INSTRUCTIONS

Updated form is required when authorization period expires or when change in patient's condition results in a higher level of transportation. Form must be retained in medical practitioner's place of business readily retrievable for audit purposes.

CERTIFICATION STATEMENT

I (or the entity) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.

I (or the entity) understand that the Common Medical Market Area (CMMA), as defined by New York State Social Service Regulation 505.10(b)(5), means the geographic area from which a community customarily obtains its medical care and services. This area lies within a five-mile radius of the enrollee's residence.

HRA does not intend to limit an enrollee's freedom to choose any Medicaid practitioner in the New York City region. Enrollees are allowed to receive care and services from any practitioner willing to provide care. However, HRA is not required to pay the transportation expenses of an enrollee to accommodate one's free choice when the same medical service is available closer to one's residence. Internal medicine, general and family practice, OB/GYN, pediatric and psychiatric services are considered by HRA to be typically available to Medicaid enrollees/patients within the CMMA. This listing is not deemed all-inclusive.

By ordering transportation services for Medicaid enrollees/patients traveling outside the CMMA, I (or the entity) certify that the Medicaid enrollee/patient requires specialized care not available within the enrollee/patient's CMMA, or that failure to maintain the continuity of services with a particular medical provider, although other appropriate care is available to the enrollee/patient within the CMMA, is essential to the enrollee/patient's physical and mental health, or there is an imminent need to initiate ongoing medical services that may be available within the CMMA but for which there exists a waiting list to receive care.

Practitioner's Name (PRINT)

Practitioner's Signature

Telephone Number

License Number

Hospital/Clinic/Inst. Name

Medical Practitioner's Address

MMIS ID #

Date

Indicate name of Nurse/Social Worker/Other Person assisting in completing this Form.

Name (PRINT)

Title

Telephone Number

Section IV – Requesting Transportation Prior Authorization

First, Orderers must verify that the county of fiscal responsibility for the enrollee is the City of New York (66-NYC).

If the county of fiscal responsibility is not 66-NYC, then the orderer must contact the county of fiscal responsibility and follow their rules for ordering transportation.

All efforts should be made to submit requests for prior authorizations before the first date of service. However, it is understood that sometimes unforeseen circumstances arise that delay the submission of the prior authorization request until after the service has been provided.

Orderers in New York City have two options for the ordering of Medicaid transportation of New York City Medicaid enrollees:

1. Call the eMedNY Call Center at (800) 343-9000 option 1, sub-option 2. Be prepared to provide the following information:
 - eMedNY identification number of the:
 - Medicaid enrollee,
 - ordering provider and
 - transportation provider;
 - first and last dates of transport;
 - procedure code; and
 - number of *round trips* requested.
2. Complete one of two forms:
 - eMedNY 389701 – Transportation Prior Approval; or
 - eMedNY 410601 – Group Transportation Prior Approval.

Procedure Codes

Procedure codes are required in order to request transportation services. Procedure codes are the rate-specific codes given to a specific service rendered by a transportation provider.

The following procedure codes have been established for the most commonly requested forms of New York City transportation:

Service	Procedure Code	Description
Ambulette	NY100	Trip up to 5 miles
	NY102	Trip greater than 5 miles
Livery	NY200	Trip up to 5 miles
	NY202	Trip greater than 5 miles

Completing the Paper Prior Approval Request Forms

It is *imperative* that the following procedures are used when completing the eMedNY-389701 and/or the eMedNY-410601 Transportation Prior Approval Request forms.

Please note that these forms may not have any white-out or cross-out markings, and are to be used **only** for New York City Medicaid Enrollees.

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

eMedNY-389701 Field by Field Instructions

Field 1 – Ordering Provider Number

The eight-digit Medicaid provider identification number of the provider that is ordering the trip/s is entered in this field. This number will always be a Medicaid Provider Identification Number and not a license number. Right justify the information as shown in the example below.

Example:

ORDERING PROVIDER NUMBER								
	0	1	2	3	4	5	6	7

Field 2 – Name and Address (Ordering Provider)

Enter the name and address of the ordering provider in this field.

Field 3 – Proc Code

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

Field 4 – Transportation Provider Number

The eight-digit Medicaid provider identification number of the transportation provider is to be entered in the field.

Field 5 – Name and Address (Transportation Provider)

Enter the transportation provider's name and address in the field.

Field 6 – Enrollee ID

The Medicaid enrollee's Medicaid identification number is entered in this field. If the number is invalid, a rejection will result and will appear on your weekly transportation ordering provider roster.

Field 7 – Beginning Date of Service

The first date of service for this prior authorization is to be entered in this field.

Field 8 – No. of Units

The total number of **one-way** trips is to be entered in this field. A round trip is indicated by entering 002.

Field 9 – Cal Days [Calendar Days]

The total number of calendar days to cover the entire period of the prior authorization is to be entered in this field.

Field 10 – Appt Time [Appointment Time]

This field indicates the time of appointment for the Medicaid enrollee. This field may be left blank by the ordering practitioner.

Field 11 – Destination

This field may be left blank by the ordering practitioner.

Field 12 – Enrollee Name

The enrollee's name is entered in this field, last name first.

Field 13 – Address

This field may be left blank by the ordering practitioner.

Field 14 – For Official Use Only

LEAVE THIS FIELD BLANK.

Field 15 – Signature

An authorized agent for the ordering practitioner **must** sign the form in this field.

Field 16 – Date

Enter the date the form was signed by the authorized agent of the ordering practitioner in this field.

CERTIFICATION

Orderer certifies that: I am (or the business entity named on this form is) a qualified orderer enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialties, if any, required in connection with this transportation prior approval request; I have reviewed this form. I (or the entity) order or cause to be ordered the services itemized in accordance with applicable federal and state laws and regulations; ALL STATEMENTS MADE HEREON ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE; NO MATERIAL FACT HAS BEEN OMITTED FROM THIS FORM; I UNDERSTAND THAT PAYMENT FOR THE ORDERED SERVICES WILL BE FROM FEDERAL, STATE, AND LOCAL PUBLIC FUNDS AND THAT I MAY BE PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; all records pertaining to the ordering of these services including all records which are necessary to disclose fully the extent of care, services, and supplies provided to individuals under the New York State Medical Assistance Program will be kept for a period of six years from the date of payment, and as such records and information regarding this ordered service shall be promptly furnished upon request to the local or State Department of Health, the State Medicaid Fraud Control Unit, or the Secretary of the Department of Health and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex, and religion; I agree (or the entity agrees) to comply with the requirements of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to accept the data on this form as original evidence of services ordered.

By making this prior approval request I understand and agree that I (or the entity) shall be subject to and bound by all rules, regulations, policies, standards, fee codes, and procedures of the New York State Department of Health as set forth in Title 18 of the Official Compilation of Codes, Rules, and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services, the Medicaid Management Information System Provider Manuals and other official bulletins of the Department. I understand and agree that I (or the entity) shall be subject to and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or the entity's) past, present, or future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

I understand that my signature on the face hereof incorporates the above certifications and attests to their truth.

eMedNY-410601 Field by Field Instructions

Field 1 – Treatment Center Provider Number

The eight-digit Medicaid provider identification number of the treatment center that is ordering the trip/s is entered in this field. This number will always be a Medicaid Provider Identification Number and not a license number. Right justify the information as shown in the example below.

Example:

TREATMENT CENTER								
PROVIDER NUMBER								
	0	1	2	3	4	5	6	7

Field 2 – Name, Address and Telephone (Treatment Center Provider)

Enter the name, address and telephone number of the treatment center provider in this field.

Field 4 – Beginning Date

The first date of service for this prior authorization is to be entered in this field.

Field 5 – Transportation Provider Number

The eight-digit Medicaid provider identification number of the transportation provider is to be entered in the field.

Field 6 – Name, Address and Garage (Transportation Provider)

Enter the transportation provider's name, address and garage in the field.

Field 7 – Destination

This field may be left blank.

Field 8 – Enrollee ID

The enrollee's Medicaid identification number is entered in this field. If the number is invalid, a rejection will result and will appear on your weekly transportation ordering provider roster.

Field 9 – Proc Code

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

Field 10 – No. of Units

The total number of one-way trips is to be entered in this field. A round trip is indicated by entering 002.

Field 11 – Cal Days [Calendar Days]

Enter the total number of calendar days to cover the entire period of the prior authorization in this field.

Field 12 – Enrollee Name

The enrollee's name is entered in this field, last name first.

Field 13 – Address

This field may be left blank by the ordering practitioner.

Field 14 – Wheelchair

Indicate whether or not the enrollee uses a wheelchair.

Y – Yes

N - No

Field 15 – Date of Birth

Enter the enrollee's date of birth in this field.

Field 16 – Sex

Enter the enrollee's sex in this field.

Field 17 – Treatment Center Authorized Signature

An authorized agent for the treatment center provider **must** sign the form in this field.

Field 18 – Date

Enter in this field the date the form was signed.

Field 19 – Group Transportation Authorized Signature

An authorized agent for the group transportation provider **must** sign the form in this field.

Field 20 – Date

Enter in this field the date the form was signed by the group transportation provider.

Field 22 – For Official Use Only

LEAVE THIS FIELD BLANK.

GROUP TRANSPORTATION PRIOR APPROVAL

NYS MEDICAL ASSISTANCE - TITLE XIX PROGRAM

1. TREATMENT CENTER PROVIDER ID	2. NAME ADDRESS TELEPHONE	3. CLIENT ID	4. BEGINNING DATE	5. TRANSPORTATION PROVIDER NUMBER	6. NAME ADDRESS GARAGE	7. DESTINATION	8. CLIENT ID	9. PROCEDURE CODE	10. NUMBER OF UNITS	11. CAL. DAYS	12. CLIENT NAME	13. ADDRESS	14. WHEEL CHAIR	15. DATE OF BIRTH	16. SEX	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																

17. TREATMENT CENTER AUTHORIZED SIGNATURE


18. DATE

19. GROUP TRANSPORTATION AUTHORIZED SIGNATURE

20. DATE

22. FOR OFFICIAL USE ONLY

DO NOT STAPLE IN BARGODE AREA



EMEDNY-410601 (04/04)

CERTIFICATION

Orderer certifies that: I am (or the business entity named on this form is) a qualified orderer enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialties, if any, required in connection with this transportation prior approval request; I have reviewed this form. I (or the entity) order or cause to be ordered the services itemized in accordance with applicable federal and state laws and regulations; ALL STATEMENTS MADE HEREON ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE; NO MATERIAL FACT HAS BEEN OMITTED FROM THIS FORM; I UNDERSTAND THAT PAYMENT FOR THE ORDERED SERVICES WILL BE FROM FEDERAL, STATE, AND LOCAL PUBLIC FUNDS AND THAT I MAY BE PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; all records pertaining to the ordering of these services including all records which are necessary to disclose fully the extent of care, services, and supplies provided to individuals under the New York State Medical Assistance Program will be kept for a period of six years from the date of payment, and as such records and information regarding this ordered service shall be promptly furnished upon request to the local or State Department of Health, the State Medicaid Fraud Control Unit, or the Secretary of the Department of Health and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex, and religion; I agree (or the entity agrees) to comply with the requirements of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to accept the data on this form as original evidence of services ordered.

By making this prior approval request I understand and agree that I (or the entity) shall be subject to and bound by all rules, regulations, policies, standards, fee codes, and procedures of the New York State Department of Health as set forth in Title 18 of the Official Compilation of Codes, Rules, and Regulations of New York State and other publications of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services, the Medicaid Management Information System Provider Manuals and other official bulletins of the Department. I understand and agree that I (or the entity) shall be subject to and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, and duly made determination affecting my (or the entity's) past, present, or future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

I understand that my signature on the face hereof incorporates the above certifications and attests to their truth.

Where to Send Completed Request Forms

Original paper transportation prior authorization request forms should be mailed to:

Computer Sciences Corporation
P.O. Box 4600
Rensselaer, New York 12144.

Obtaining More Forms

A supply of paper transportation prior authorization request forms is available by contacting the eMedNY Call Center at:

(800) 343-9000 option 1, sub-option 4.

Section V – Ordering Provider Roster

For a transportation provider to receive prior approval to render transportation services, the identity of the physician ordering the transportation **must** be furnished to NYS Medicaid.

When the prior authorization request is approved, a copy of the roster containing the prior authorization information is sent to the ordering provider. Upon receipt of the roster, the practitioner should review the information to ensure that the patient(s) on the roster were indeed referred by the practitioner receiving the roster.

If any of the patient(s) on the roster were **not** referred for transportation services, then a copy of the roster should be sent to Computer Sciences Corporation, with a cover letter explaining that the services for the indicated patient(s) were not referred by the practitioner identified on the roster. The roster and cover letter should be sent to:

Computer Sciences Corporation
ATTN: eMedNY FRAUD
1 CSC Way
Rensselaer New York 12144.

Section VI – Medicaid Managed Care Contact Information

Many New York City Medicaid clients are currently enrolling in Medicaid Managed Care plans (also known as a Prepaid Capitation Plan). If a Managed Care Plan includes the cost of transportation, **then transportation must be ordered through the Managed Care Plan.**

Any questions should be referred to the Managed Care Plan. More information on Managed Care plans can be found in the Information for All Providers – Third Party Manual online at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>.

Prepaid Capitation Plan Provider Name	Telephone Number
Health Plus Lutheran	(718) 745-0030
Affinity Health Plan (Bronx PHSP)	(800) 553-8247
CenterCare, Inc. (Manhattan PHSP)	(800) 545-0571
Metroplus (Metropolitan Health Plan)	(800) 597-3380
HIP of Greater NY	(646) 447-5000
Hebrew Hospital Home, Inc. (CO-OP)	(888) 830-5620
Patel, Arjunj MS (Broome County)	(607) 778-2669
HomeFirst, Inc.	(718) 630-2560 or (877) 771-1119
ABC Health Plan	(800) 298-2420 or (212) 675-3692
HealthNOW NY, Inc. (Community Blue)	(716) 887-6900
Comprehensive Care Mgmt. Corp.	(877) 226-8500 or (718) 515-8600
Capital District Phys. Health Plan	(518) 641-3000
Vytra HealthCare Plans, L.I., Inc. (Choice Care)	(800) 926-9530 or (631) 694-4000
FIDELIS (NYS Catholic Health Plan)	(800) 749-0820
SMA Managed Care (Broome County)	(607) 778-2702
Driscoll, Daniel MD (Broome County)	(607) 778-2737
Lourdes Primary Care Assoc.	(607) 778-2737
UB Family Medicine	(716) 898-5966
Senior Care Connection	(518) 382-3290
Daigler, Gerald MD PCMP I (Erie County)	(716) 878-7355
Rosenthal, Thomas MD PCMP II	(716) 898-5966
Medical Group of Western NY PCMP III	(716) 882-1212
Univ. Med. Service Erie PCMP III	(716) 898-5400
Lancaster – Depew Ped. PCMP III	(716) 684-6140
Service Medical PC PCMP III	(716) 592-7400
Concord Medical Group PCMP III	(716) 592-4600
Sheehan Memorial Hospital PCMP III	(716) 842-2200
CPCP Group Inc. PCMP III	(716) 882-8989
Tonawanda Pediatrics PCMP III	(716) 695-0560
Family Medical Faculty Assoc PCMP III	(716) 887-8200
Family Health Services	(888) 753-7585
Bhard-Waj, Gaur MD	(607) 770-0004
Partners in Community Care	(845) 368-5943

Prepaid Capitation Plan Provider Name	Telephone Number
Group Health Inc PPO FHP	(518) 446-8010
GHI HMO Select, Inc. A (Columbia County)	(518) 446-8055
GHI HMO Select, Inc. A & B	(518) 446-8055
Guildnet	(212) 769-6200
Senior Health Partners, Inc.	(212) 870-4610
Graham, David MD (Health Choice)	(716) 593-6800
Depner, Chris MD (Health Choice)	(716) 593-4250
Coch, William MD (Health Choice)	(607) 478-8421
HIP – Suffolk	(646) 447-5000
HIP – Westchester	(646) 447-5000
HIP – Nassau	(646) 447-5000
Healthnet (Empire Blue Cross/Blue Shield)	(800) 522-6630
Independent Health Association of WNY	(716) 631-3086
Independent Living for Seniors	(585) 922-2800
Loretto HMO	(877) 268-5284
Independence Care System, Inc.	(212) 584-2500
Middletown Psychiatric Center	(914) 342-5511 ext. 3525
Mohawk Valley Psychiatric Center	(315) 738-4426
New York Psychiatric Institute	(212) 543-5000
Pilgrim Psychiatric Center	(516) 761-2704, 2129 or 2225
Rochester Psychiatric Center	(716) 473-4379
Rockland Psychiatric Center	(914) 359-1000 ext. 2235
St. Lawrence Psychiatric Center	(315) 393-3000 ext. 3529
South Beach Psychiatric Center	(718) 667-2823
Binghamton Psychiatric Center	(607) 724-1391
Bronx Psychiatric Center	(718) 931-0600
Buffalo Psychiatric Center	(716) 885-2261 ext. 2009
Capital District Psychiatric Center	(518) 447-9611 ext. 6808 or 6971
Creedmoor Psychiatric Center	(718) 464-7500
Elmira Psychiatric Center	(607) 737-4740
Hudson River Psychiatric Center	(845) 452-8000
Hutchings Psychiatric Center	(315) 473-4980 ext. 4087
Kingsboro Psychiatric Center	(718) 221-7886
Manhattan Psychiatric Center	(212) 961-8700
Southern Tier Psychiatric Center	(607) 737-4740
Community Premier Plus, Inc.	(877) 277-4456
Community Choice Health Plan Westchester	(914) 709-8400
Care Plus Health Plan	(800) 535-2814 or (800) 563-5581
Sale, Keith MD (Health Choice)	(716) 593-6800
CAREPLUS LLC MLTC	(212) 372-6942
Cusumano, Leo MD (Health Choice)	(585) 968-4137
Broadlawn Health Partners (LI Hlth Partners)	(516) 336-2006
Elant Choice (Health Advantage Plan, Inc.)	(845) 569-0500
Americhoice of NY, Inc.	(800) 493-4647
United Healthcare of NY, Inc. – Metlife	(212) 216-6824
Excellus (Blue Cross/Blue Choice Option)	(585) 454-1700
Managed Health	(800) 566-2678
MVP Health Plan, Inc.	(518) 388-2427

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Prepaid Capitation Plan Provider Name	Telephone Number
Senior Network Health LLC	(888) 355-4764
Total Aging in Place	(716) 250-3100
Neighborhood Health Provider PHSP	(800) 558-7970
NY Hospital Community Health Plan	(212) 297-5510
VidaCare, Inc. SN	(212) 352-3253
Fidelis (NYS Catholic Health Plan) SN	(718) 896-6500
NY Presbyterian System Select Health SN	(866) 469-7774
HealthFirst, Inc. PHSP SN	(212) 801-6102
MetroPlus Partnership Care SN	(212) 597-8600
Univera Comm. Hlth, Inc. (Buffalo Comm. Hlth Inc)	(716) 857-4448
Southern Tier Priority Healthcare	(607) 795-5215 or (888) 447-8528
Preferred Care Rochester HMO	(716) 325-3920
Total Care – Syracuse (PHSP)	(315) 476-7921 ext. 415
Partners in Health (St. Barnabus Comm Hlth Plan)	(800) 652-1332
Health First PHSP	(800) 580-8540 or (212) 801-6000
Suffolk Health Plan	(800) 763-9132
Saeed, Azmat MD (Broome County)	(607) 748-7355
FIDELIS (NYS Catholic Health Plan)	(800) 749-0820
Southern Tier Pediatrics	(607) 734-3252
CCM Select MLTCP	(718) 734-3252
United Healthcare of Upstate NY	(877) 842-3210 or (212) 609-5600
VNS Choice LTCP	(888) 867-6555
Giordano, Vincent MD	(607) 778-2737
Wellcare of NY	(800) 960-2530
Wellcare of NY (Greene)	(800) 960-2530
Hudson Health Plan, Inc. (Westchester PHSP)	(914) 631-1611
Broome County MAX Program	(607) 778-2702
Wellcare of NY (Orange)	(800) 960-2530
Neighborhood Health Provider LLC M/M	(212) 883-0883
Group Health Inc. M/M	(518) 446-8072
Managed Health, Inc. M/M	(212) 801-1638
Liberty Health Advantage M/M	(818) 654-3461
Americhoice of NY M/M	(212) 509-5999
NY Presbyterian Comm Hlth M/M	(212) 597-5594
HIP Health Plan M/M	(646) 447-6200
Fidelis Dual Advantage M/M	(718) 896-6500
Oxford Mosaic M/M	(914) 467-1009
Wellcare Health Plan M/M	(212) 337-5180
Oxford Health Plans M/M	(914) 467-1009

Section VII – Definitions

For the purposes of the Medicaid Program, and as used in this Manual, the following terms are defined:

Ambulance

A motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

Ambulance Service

Any entity, as defined in section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat or other form of transportation to or from facilities providing hospital services and which is currently certified or registered by the Department of Health as an ambulance service.

Ambulette

A special-purpose vehicle designed and equipped to provide non-emergency transport that has wheelchair-carrying capacity, stretcher-carrying capacity, or the ability to carry disabled individuals.

Ambulettes, also known as invalid coaches, are licensed by the New York State Department of Transportation and the Taxi and Limousine Commission of the City of New York.

Ambulette Service

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

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

Common Medical Marketing Area

The geographic area from which a community customarily obtains its medical care and services. In New York City, this is five miles from one's residence.

Ordering Practitioner

The Medicaid enrollee's attending physician or other medical practitioner who has not been excluded from enrollment in the Medicaid Program and who is requesting transportation on behalf of the enrollee in order that the enrollee may obtain medical care or services which are covered under the Medicaid Program.

The ordering practitioner is responsible for initially determining when a specific mode of transportation to a particular medical care or service is medically necessary.

Personal Assistance

The provision of physical assistance by a provider of ambulette services or the provider's employee to a Medicaid enrollee for the purpose of assuring safe access to and from the enrollee's place of residence, ambulette vehicle and Medicaid-covered health service provider's place of business.

Personal assistance is the rendering of physical assistance to the enrollee in:

- walking, climbing or descending stairs, ramps, curbs or other obstacles;
- opening or closing doors;
- accessing an ambulette vehicle; and
- the moving of wheelchairs or other items of medical equipment and the removal of obstacles as necessary to assure the safe movement of the recipient.

In providing personal assistance, the provider or the provider's employee will physically assist the recipient which shall include touching, or, if the recipient prefers not to be touched, guiding the recipient in such close proximity that the provider of services will be able to prevent any potential injury due to a sudden loss of steadiness or balance.

A enrollee who can walk to and from a vehicle, his or her home, and a place of medical services without such assistance is deemed not to require personal assistance.

Prior Authorization

Designated agents of the Department of Health or social services district's determination that payment for a specific mode of transportation is essential in order for a Medicaid enrollee to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the enrollee's transportation costs.

Transportation Services

Transportation by ambulance, ambulette or invalid coach, taxicab, common carrier or other means appropriate to the enrollee's medical condition.

Undue Financial Hardship

Transportation expenses which the Medicaid enrollee cannot be expected to meet from monthly income or from available resources. Such transportation expenses may include those of a recurring nature or major one-time costs.