

South Carolina
Department of Health and Human Services
Post Office Box 8206
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www.dhhs.state.sc.us

January 5, 2006

MEDICAID BULLETIN

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TO: Ambulance, Physicians, Nursing Homes and Adult and Community Residential Care Facilities

SUBJECT: Policy Update For Non-Emergency Wheelchair Ambulance Transport

The Department of Health and Human Services (DHHS) is providing supplemental guidance to physicians and other Medicaid providers regarding the authorization of a beneficiary's need for Non-emergency Wheelchair Ambulance transportation. The procedure codes impacted are A0130, Non-Emergency Transportation Wheelchair Van, and A0160, Non-emergency Transportation Per Mile. Recent Medicaid utilization reviews suggest patterns in the frequency of use and in the submission of provider claims that may indicate inappropriate utilization and possible abuse of the Wheelchair Ambulance Service. Licensed ambulance companies may provide the Wheelchair Ambulance Service to transport recipients to and from Medicaid covered services only when the recipient's medical condition prohibits any other means of transportation. Wheelchair Ambulance Transport is not available for an individual who is otherwise ambulatory or who needs routine transportation to and from a non-emergency medical appointment or service.

Medical Necessity

Non-emergency Wheelchair Ambulance transports are limited to recipients who are unable to ambulate without assistance at the time of transport or where it is documented that other methods of transportation would endanger the recipient's health. Non-emergency Wheelchair Ambulance transports for the beneficiary's convenience or when other means of transportation are available and suitable for the beneficiary's documented medical condition are prohibited. Non-emergency Wheelchair Ambulance transport to and from dialysis facilities, adult day health care centers or other scheduled, repetitive non-emergency services when ambulance services are not required due to medical condition of the beneficiary are not Medicaid-reimbursable.

Authorization of Services

Only an attending physician, physician's assistant, nurse practitioner, clinical nurse specialist or registered nurse is authorized to sign DHHS Form 216. This form is also used to authorize Basic Life Supports (BLS) transports. By signing Form 216 the health care provider is validating, within the applicable professional scope of practice and under state law, that all medical necessity criteria for Wheelchair Ambulance Transport have been met.

Facility administrators are deleted from DHHS Form 216, and may no longer sign to authorize Wheelchair Ambulance transports. Facility administrators should seek other transportation for beneficiaries who have medical appointments and who do not meet the level of care for Wheelchair Ambulance transportation.

Documentation

No other form may be used in lieu of the revised DHHS Form 216 as attached. Original documentation to support each transport must be maintained in the provider files and must include the following:

- Medical necessity;
- Vehicle odometer readings;
- Origin and destination codes;
- DHHS Form 216 signed by the health care professional requesting the transport.

Beneficiary Advisory

Ambulance providers should notify beneficiaries who request transportation via Wheelchair Ambulance that the appropriate health care personnel, as listed above, must authorize the trip using DHHS Form 216 to qualify the service for Medicaid reimbursement.

Your continued support of the South Carolina Medicaid Program is appreciated. Questions regarding this bulletin should be directed to your Program Manager at (803) 898-2565.

/s/

Robert M. Kerr
Director

RMK/bmmh

Attachment

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/dhhsnew/QLEbulletins.asp>

AMBULANCE AUTHORIZATION FORM FOR MEDICAID

Recipient's Name _____ Medicaid I.D. Number: _____

I certify that it is medically necessary for this patient to be transported by ambulance. Transportation by any other means would be detrimental and medically inadvisable. This certification is provided within my professional scope of practice and applicable state law. I further certify this transport is not a transport of convenience and that this patient is unable to ambulate without assistance.

Level of ambulance transport required:

_____ Basic Life Support / Convalescent Transport – (An ambulance with staff and equipment on board that provides treatment in basic life support situations.)

_____ Wheelchair Ambulance Transport – (A licensed ambulance company with a wheelchair van and staff that assist a beneficiary in and out of the facility.)

I understand that Medicaid will only cover transport to Medicaid-sponsored services in accordance with the following age limitations. This recipient is being transported to and from the following Medicaid service:

<u>From</u>	<u>To</u>
___ R-Residence	___ P-Physician Office
___ H-Hospital	___ H-Hospital
___ N-Nursing Home	___ N-Nursing Home
___ P-Physician Office	___ G-Hospital-Based Dialysis
___ G-Hospital-Based Dialysis	___ J-Non-Hospital-Based Dialysis*
___ J-Non-Hospital-Based Dialysis*	___ 076 (Duplicate procedure, same day of service)
___ Adult Residential Facility	___ Emergency Vision Care (to age 21)
___ Other	___ Preventive and Restorative Dental Care (to age 21)
	___ Emergency Dental Care (over age 21)

***(Requestor must prior authorize non-routine service and specify existing medical condition below.)**

Specify Existing Medical Condition:

(Requestor, Title)
(Attending physician, physician assistant, nurse practitioner, clinical nurse specialist or registered nurse)

Date: _____

(Facility Name, County)

Vehicle odometer reading (To): _____ Vehicle odometer reading (From): _____

DHHS Form 216