



## Kansas Medical Assistance Program



October 2006

Provider Bulletin Number 6107

# Commercial Non-Emergency Medical Transportation Providers

## Required Documentation for C-NEMT Providers Billing More Than Two Round-Trips for an Individual on a Single Day

Providers must complete the NEMT Transportation form when more than two round-trips (4 units) of any combination of T2002, T2003, or A0130 are provided for any one beneficiary per day. Claims that meet this criteria will be suspended for 45 days to await the arrival of the NEMT Transportation form. If the form is not received within 45 days, the claim is denied.

**Reminder:** C-NEMT providers are not to bill date ranges on a single detail line. Each date must be on a separate detail line. Each day should be billed on separate details.

When billing for multiple units (or trips) of the same procedure code on the same date of service, all units must be on one detail line. Providers may not use more than one detail line for multiple trips on one day. Claims that use more than one detail line for multiple trips in the same day and processed on and after November 1, 2006, with dates of service on and after October 1, 2005, are denied.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us/>. For the changes resulting from this provider bulletin, please view the *Commercial Non-Emergency Medical Transportation Provider Manual*, page 7-8.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

### Introduction to the NEMT Transportation Form

Commercial NEMT providers must complete the NEMT Transportation form for **each** one-way or round-trip provided to a Medicaid beneficiary regardless of the Level of service provided. An example of the NEMT Transportation form is in the Forms section at the end of this manual. Completing the form in its entirety **AND** obtaining the beneficiary's signature for each trip provided, at the time it is provided, is mandatory and must be kept on file at each provider's office. The provider must make the form available to the Kansas Health Policy Authority, or its designee, by copying and mailing the form upon request. Completion of the NEMT Transportation form is mandatory and must be kept on file at each provider's office and be made available to Health Care Policy/Medical Policy, or its designee, by copying and mailing the form, upon request.

**Note:** If you provide more than ~~two one~~ round-trips (4 units) of any combination of procedure codes T2002, T2003, or A0130, per day for any one eligible beneficiary, in addition to completing the NEMT Transportation forms for your own records, you must mail copies of the completed NEMT Transportation forms within ~~45~~ 30 days of providing the service to the following address: NEMT PA Team, P.O. Box 3571, Topeka, KS 66601-3571.

When billing for multiple units (or trips) of the same procedure code on the same date of service, all units must be on one detail line. Providers may not use more than one detail line for multiple trips on one day. Claims that use more than one detail line for multiple trips in the same day and processed on and after November 1, 2006, with dates of service on and after October 1, 2005 are denied.

### COMPLETE THE FOLLOWING NEMT TRANSPORTATION FORM FIELDS:

1. **Provider Name/Number:**  
Enter your commercial provider name exactly as it is registered with Provider Enrollment (such as Wheels 4 You) and the provider number assigned to you by Provider Enrollment. Do not use abbreviations.
2. **Date:**  
Enter the date (month, day, year) the service was provided.
3. **Time:**  
Enter the time the driver arrived to pick up the beneficiary, for example, 9:15 AM or 2:23 PM.
4. **Beneficiary Name:**  
Enter the Medicaid beneficiary's name as it appears on the Medicaid card.
5. **Beneficiary Medicaid Number:**  
Enter the beneficiary's Medicaid number as it appears on the Medicaid card.
6. **Signature of Beneficiary:**  
At the time of **each** transport, have the beneficiary sign his or her name. If the beneficiary is unable to sign due to medical condition or due to the beneficiary being too young to sign, and a guardian is not available, the driver should write the words "Unable to Sign" on this line and place the driver's initial next to the line.