

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care Any Other Medical Care and Any Other Type of Remedial Care
42 CFR and Services Recognized Under State Law and Specified by the Secretary are
440.170 Item 24. a. limited as follows:

I. Emergency Medical Transportation

A. Coverage

The Bureau of Health Services Financing (hereinafter sometimes referred to as "the Bureau") makes payment to providers of emergency medical transportation services when provided for unforeseen circumstances which apparently demand immediate attention at a hospital under the following conditions:

to prevent serious impairment or loss of life;

a mental patient is unmanageable or needs restraint;

a patient has a medical condition such as possible heart attack, coma, hemorrhage, loss of consciousness, or a debilitating condition;

transfer of patient requiring the administering of IV fluids; or

the patient would be susceptible to injury using other methods of transportation.

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LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial
42 CFR Care and Services
440.170(a) Item 24.a. (cont'd)

B. Authorization for Services

1. Certification for Land Ambulance Services

Vendor payment is made upon receipt of the completed DHH certification of ambulance transportation form signed by a physician or other licensed medical professional as authorized by the Bureau. The certification form documents the recipient's condition at the time the ambulance services were ordered and establishes that ambulance transportation was necessary because other means of transportation would endanger the life or health of the patient.

Effective for dates of services on or after August 3, 2005, the Medicaid Program discontinues the requirement for completion of the medical certification form for reimbursement of emergency ambulance services. In order to submit a claim for Medicaid reimbursement, the emergency ambulance trip must meet the definition of emergency response as defined by the Centers for Medicare and Medicaid Services.

ALL SERVICES TN 03-43

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CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24.a. (cont'd.)

2. **Prior Authorization for Air Ambulance Services**

Air ambulance services are reimbursable only if speedy admission of the patient is essential and the point of pick-up of the patient is inaccessible by land vehicle, or great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities. This determination is made by the Prior Authorization Unit of the fiscal intermediary.

C. **Limitations**

There are no arbitrary limitations as to the number of Emergency Medical Transportation services for which payment will be made.

Medicaid will not make payment on a claim if Medicare has denied the claim as not being medically necessary.

If both land and air ambulance transport are necessary during the same trip, each type of provider will be reimbursed separately according to regulations for that type of provider.

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STATE OF LOUISIANA

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CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

II. Medically Necessary Non-Emergency Transportation

Louisiana Medicaid provides non-emergency transportation for eligible Medicaid beneficiaries who do not otherwise have transportation to and from their Medicaid service providers.

A. Beneficiary Eligibility

Medicaid transportation is available to Medicaid beneficiaries when both of the following criteria are met:

1. The individual is enrolled in either a full-coverage Medicaid benefit program or a limited-coverage Medicaid benefit program that explicitly includes transportation services; and
2. The beneficiary or their representative has stated that they have no other means of transportation.

B. Transportation Provider Minimum Requirements

Non-emergency medical transportation (NEMT) may be provided by non-profit providers (e.g. Councils on Aging), for-profit providers (e.g. private medical transportation companies), public transit, or private individuals enrolled under the Friends and Family program. Non-emergency ambulance transportation (NEAT) may also be provided if medically necessary. All NEMT providers must meet the following minimum requirements:

- 1) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- 2) Each such individual driver has a valid driver's license;
- 3) Each such provider has in place a process to address any violation of a state drug law; and
- 4) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Public transit authorities are excluded from these requirements.

STATE OF LOUISIANA

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CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

Transportation providers must comply with published rules and regulations governing the Medicaid transportation program and with all state laws and regulations of any other state agency, commission or local entity with applicable jurisdiction.

Transportation providers may be subject to suspension from the Medicaid program if the Department acquires documentation of inappropriate billing or other practices that egregiously violate published program policy.

C. Authorization for Services

1. All non-emergency non-ambulance transportation requires prior authorization. The Department or its designee will authorize non-emergency non-ambulance transportation services under the following criteria:
 - a. The beneficiary is eligible for transportation as described in part A of this section;
 - b. The requested transportation is necessary to receive a Medicaid covered service;
 - c. The requested destination is a medical service provider currently enrolled in the Medicaid program;
 - d. The requested destination is a Medicaid provider within the beneficiary's local service area; or if the service is not available in the local service area the requested destination is the nearest available provider of the Medicaid covered service;
 - e. The transportation provider is actively enrolled in the Medicaid program and meets all criteria in part B of this section;
 - f. The transportation provider is the least costly available to provide the requested transportation service. If there are multiple providers available at the lowest cost, the beneficiary may choose a preferred transportation provider.
2. Non-emergency ambulance services are not prior authorized. Payment for non-emergency ambulance transportation shall be made upon receipt of the completed Certification of Ambulance Transportation form. The Certification form must be signed by a licensed medical professional and must describe the medical condition which necessitates ambulance services.