STATE OF LOUISIANA

#### PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services

42 CFR 440.170 Item 24.a. (cont'd)

## **B.** Non-Emergency Medical Transportation

## **Reimbursement Methodology**

1. Non-Emergency Medical Transportation (NEMT)

Effective for dates of service on or after October 1, 2014 reimbursement for transportation services shall be based on the published fee schedule (<a href="www.lamedicaid.com">www.lamedicaid.com</a>) and made in accordance with rules and regulations issued by the Louisiana Department of Health (LDH).

<u>LDH reimburses the Traditional providers of non-emergency, non-ambulance medical transportation</u> services <u>are reimbursed</u> at <u>a</u> base rate plus mileage per leg. The Medicaid fee schedule establishes the minimum reimbursement rates for services rendered to beneficiaries. The reimbursement rate shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the transportation broker and the transportation provider in the provider agreement.

The transportation broker may not dispatch trips to out-of-region providers, unless there are no willing and available providers in the domicile region of the beneficiary.

An additional per-mile rate may be included when the Department determines that a NEMT provider requires compensation for travelling far outside of their service area. The additional payment shall only be made when there are no willing and available NEMT providers to complete the requested transportation services in the beneficiary's domicile region.

<u>Transportation Network Companies (TNCs)</u> are reimbursed a rate negotiated by a contracted transportation broker and must be no more costly than traditional providers.

Reimbursement for NEMT services provided by traditional providers, gas reimbursement providers, public transit, or transportation network companies shall only be reimbursed if scheduled by a contracted transportation broker.

#### **Elevated Level of Care**

Reimbursement for NEMT elevated level of care (ELOC) claims shall be paid only when accompanied by the completed prior approval form documenting the medical necessity for the enhanced level of care.

2. Non-Emergency Ambulance Transportation

Non-emergency ambulance transportation (NEAT) services are reimbursed at base rate plus mileage per leg, minus the amount paid by any liable third-party. The Medicaid fee schedule establishes the minimum reimbursement rates for services rendered to beneficiaries. The reimbursement rate shall be no

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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

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STATE OF LOUISIANA

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less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the transportation broker and the transportation provider in the provider agreement.

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