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8.324.7 TRANSPORTATION SERVICES

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TITLE 8 SOCIAL SERVICES
CHAPTER 324 ADJUNCT SERVICES
PART 7 TRANSPORTATION SERVICES

8.324.7.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[2/1/95; 8.324.7.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 7/1/04; A, 3/1/11]

8.324.7.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.324.7.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 7/1/04]

8.324.7.3 STATUTORY AUTHORITY: The New Mexico medicaid and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under the Social Security Act as amended or by state statute. See Section 27-2-12 et seq. NMSA 1978.
[2/1/95; 8.324.7.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 7/1/04; A, 3/1/11]

8.324.7.4 DURATION: Permanent
[2/1/95; 8.324.7.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 7/1/04]

8.324.7.5 EFFECTIVE DATE: October 1, 2007, unless a later date is cited at the end of a section.
[2/1/95; 8.324.7.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 7/1/04]

8.324.7.6 OBJECTIVE: The objective of this rule is to provide instruction for the service portion of the New Mexico medical assistant program.
[2/1/95; 8.324.7.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 7/1/04; A, 3/1/11]

8.324.7.7 DEFINITIONS: [RESERVED]

8.324.7.8 MISSION STATEMENT: To reduce the impact of poverty on people living in New Mexico and to assure low income and individuals with disabilities in New Mexico equal participation in the life of their communities.
[2/1/95; 8.324.7.8 NMAC - Rn, 8 NMAC 4.MAD.002, 7/1/04; A, 3/1/11]

8.324.7.9 TRANSPORTATION SERVICES: The New Mexico medical assistance division (MAD) covers expenses for transportation and other related expenses that MAD or its coordinated services contractor determines are necessary to secure covered medical examinations and treatment for an eligible recipient in or out of their home community [42 CFR Section 440.170]. Travel expenses include the cost of transportation by long distance common carriers, taxicab, handivan, and ground or air ambulance, all as appropriate to the situation and location of the eligible recipient. Related travel expenses include the cost of meals and lodging made necessary by receipt of medical care away from the eligible recipient's home community. When medically necessary, medicaid covers similar expenses for an attendant who accompanies the eligible recipient to the medical examination or treatment.
[2/28/98; 8.324.7.9 NMAC - Rn, 8 NMAC 4.MAD.756 & A, 7/1/04; A, 3/1/11]

8.324.7.10 ELIGIBLE PROVIDERS: Health care to eligible recipients is furnished by a variety of providers and provider groups. The reimbursement and billing for these services are administered by MAD. Upon approval of a New Mexico MAD provider participation agreement by MAD or its designee, licensed practitioners, facilities and other providers of services that meet applicable requirements are eligible to be reimbursed for furnishing covered services to eligible recipients. A provider must be enrolled before submitting a claim for payment to the MAD claims processing contractors. MAD makes available on the HSD/MAD website, on other program-specific websites, or in hard copy format, information necessary to participate in health care programs administered by HSD or its authorized agents, including program rules, billing instructions, utilization review instructions, and other pertinent materials. When enrolled, a provider receives instruction on how to access these documents. It is the provider's responsibility to access these instructions, to understand the information provided and to comply with the requirements. The provider must contact HSD or its authorized agents obtain answers to questions related to the material or not covered by the material. To be eligible for reimbursement, a provider must adhere to the provisions of the MAD provider participation agreement and all applicable statutes, regulations, and executive orders. MAD or its selected claims processing contractor issues payments to a provider using electronic

funds transfer (EFT) only. Providers must supply necessary information in order for payment to be made. The following providers are eligible to be reimbursed for providing transportation or transportation related services to eligible recipients:

A. air ambulances certified by the state of New Mexico department of health, emergency medical services bureau;

B. ground ambulance services certified by the New Mexico public regulation commission or by the appropriate state licensing body for out-of-state ground ambulance services, within those geographic regions in the state specifically authorized by the New Mexico public regulation commission;

C. non-emergency transportation vendors (taxicab, vans and other vehicles) and certain bus services certified by the New Mexico public regulation commission, within those geographic regions in the state specifically authorized by the New Mexico public regulation commission;

D. long distance common carriers, that include buses, trains and airplanes;

E. certain carriers exempted or warranted by the New Mexico public regulation commission within those geographic regions in the state specifically authorized by the New Mexico public regulation commission; [~~and~~]

F. lodging and meal providers; and

G. when services are billed to and paid by a MAD fee-for-service coordinated services contractor authorized by HSD, under an administrative services contract, the provider must also enroll as a provider with the coordinated services contractor and follow that contractor's instructions for billing and for authorization of services.

[2/28/98; 8.324.7.10 NMAC - Rn, 8 NMAC 4.MAD.756.1 & A, 7/1/04; A, 3/1/11]

8.324.7.11 PROVIDER RESPONSIBILITIES:

A. A provider who furnishes services to medicaid or other health care programs eligible recipients must comply with all federal and state laws, regulations. and executive orders relevant to the provision of services as specified in the MAD provider participation agreement. A provider also must conform to MAD program rules and instructions as specified in the provider rules manual and its appendices, and program directions and billing instructions, as updated. A provider is also responsible for following coding manual guidelines and CMS correct coding initiatives, including not improperly unbundling or upcoding services.

B. A provider must verify that individuals are eligible for a specific health care program administered by the HSD and its authorized agents, and must verify the eligible recipient's enrollment status at the time services are furnished. A provider must determine if an eligible recipient has other health insurance. A provider must maintain records that are sufficient to fully disclose the extent and nature of the services provided to an eligible recipient. See 8.302.1 NMAC, *General Provider Policies.*

[2/28/98; 8.324.7.11 NMAC - Rn, 8 NMAC 4.MAD.756.2 & A, 7/1/04; A, 3/1/11]

8.324.7.12 COVERED SERVICES AND SERVICE LIMITATIONS: MAD reimburses an eligible recipient or transportation provider for transportation only when the transport is to a MAD enrolled provider and is subject to the following:

A. **Free alternatives:** Alternative transportation services that can be provided free of charge include volunteers, relatives or transportation services provided by nursing facilities or other residential centers. An eligible recipient must certify in writing that they do not have access to free alternatives.

B. **Least costly alternatives:** MAD covers the most appropriate and least costly transportation alternatives suitable for the eligible recipient's medical condition. If an eligible recipient can use private vehicles or [~~less costly~~] public transportation, those alternatives must be used before an eligible recipient can use more expensive transportation alternatives.

C. **Non-emergency transportation service:** MAD covers non-emergency transportation services for an eligible recipient who has no primary transportation and who is unable to access a less costly form of public transportation except as described under non-covered services, see 8.324.7.13 NMAC, *non-covered services.*

D. **Long distance common carriers:** MAD covers long distance services furnished by a common carrier if an eligible recipient must leave their home communities to receive medical services. Authorization forms for direct payment to long distance bus common carriers by MAD are available through local county income support division (ISD) offices.

E. **Ground ambulance services:** MAD covers services provided by ground ambulances when:

(1) an emergency that requires ambulance service is certified by a physician or is documented in the provider's records as meeting emergency medical necessity criteria: terms are defined as follows:

(a) "emergency" is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the eligible recipient (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to body function or serious dysfunction of any bodily organ or part;

(b) "medical necessity" for ambulance services is established if the eligible recipient's physical, mental or behavioral health condition is such that the use of any other method of transportation is contraindicated and would endanger the eligible recipient's health.

(2) Scheduled, non-emergency ambulance services are ordered by a physician who certifies that the use of any other method of non-emergency transportation is contraindicated by the eligible recipient's physical, mental or behavioral health condition. MAD covers non-reusable items and oxygen required during transportation; coverage for these items is included in the base rate reimbursement for ground ambulance.

F. **Air ambulance services:** MAD covers services provided by air ambulances, including private airplanes, if an emergency exists and the physician certifies the medical necessity for the service.

(1) An emergency that would require air over ground ambulance services is defined as a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in one of the following:

(a) eligible recipient's death;
(b) placement of eligible recipient's health in serious jeopardy;
(c) serious impairment of bodily functions; or
(d) serious dysfunction of any bodily organ or part.

(2) Coverage for the following is included in the base rate reimbursement for air ambulance:

(a) non-reusable items and oxygen required during transportation;
(b) professional attendants required during transportation;
(c) detention time or standby time; and
(d) use of equipment required during transportation.

G. **Lodging services:** MAD covers lodging services if an eligible recipient is required to travel to receive medical services more than four hours one way and an overnight stay is required due to medical necessity or cost considerations. If medically justified and approved, lodging is initially set for up to five continuous days. For a longer stay, the need for lodging must be re-evaluated by the fifth day to authorize up to an additional 15 days. Re-evaluation must be made every 15 days for extended stays, prior to the expiration of the existing authorization. Approval of lodging is based on the medical provider's statement of need. Authorization forms for direct payment by MAD to its lodging providers are available through local county income support division (ISD) offices.

H. **Meal services:** MAD covers meals if an eligible recipient is required to leave his home community for eight hours or more to receive medical services. Authorization forms for direct payment to MAD meal providers by MAD are available through local county ISD offices.

I. **Coverage for attendants:** MAD covers transportation, meals and lodging for one attendant if the medical necessity for the attendant is certified in writing justified by the eligible recipient's medical provider or the eligible recipient who is receiving medical service is under 18 years of age. The attendant for a child under 18 years of age should be the parent or legal guardian. If the medical appointment is for an adult eligible recipient, MAD does not cover transportation services or related expenses of children under 18 years of age traveling with the adult eligible recipient.

J. **Coverage for medicaid home and community-based services waiver recipients:** Transportation of a medicaid waiver recipient to or from a provider of waiver service is only covered when the service is a physical therapy, occupational therapy, speech therapy or a behavioral health service.

K. **Medicaid family planning waiver eligible recipients:** MAD does not cover transportation services for recipients eligible for medicaid family planning waiver services.

[12/30/95; 2/28/98; 8.324.7.12 NMAC - Rn, 8 NMAC 4.MAD.756.3 & A, 7/1/04; A, 3/1/11]

8.324.7.13 NONCOVERED SERVICES: Transportation services are subject to the same limitations and coverage restrictions that exist for other MAD services. See 8.301.3 NMAC, *General Noncovered Services.* Payments for transportation for any non-covered service is subject to retroactive recoupment.

A. MAD does not pay to transport an eligible recipient to a medical service or to a provider that is not covered under the MAD program.

B. A provider will not be eligible to seek reimbursement from an eligible recipient if the provider fails to notify the eligible recipient or their personal representative that the service is not a covered MAD service. See 8.302.1 NMAC, *General Provider Policies*.

C. MAD does not pay for transportation to a pharmacy. See Subsection F of 8.324.4.18 NMAC, *Pharmacy Services*, for alternatives.

[12/30/95; 2/28/98; 8.324.7.13 NMAC - Rn, 8 NMAC 4.MAD.756.4 & A, 7/1/04; A, 3/1/11]

8.324.7.14 OUT-OF-STATE TRANSPORTATION AND RELATED EXPENSES: All out-of-state transportation and related expenses must be prior approved by MAD. Out-of-state transportation is approved only if the out-of-state medical service is approved by MAD or its designated contractor. Documentation must be available to the reviewer to justify the out-of-state travel and verify that treatment is not available in the state of New Mexico.

A. Requests for out-of-state transportation must be coordinated through MAD.

B. Authorization for lodging and meal services by an out-of-state provider can be granted for up to 30 days by MAD. Re-evaluation authorizations are completed prior to expiration and every 30 days, thereafter.

C. Transportation to border cities, defined as those cities within 100 miles of the New Mexico border (Mexico excluded), are treated as an in-state provider service. See 8.302.4 NMAC, *Out-of-State and Border Area Providers*.

[12/30/95; 2/28/98; 8.324.7.14 NMAC - Rn, 8 NMAC 4.MAD.756.5, 7/1/04; A, 3/1/11]

8.324.7.15 PRIOR AUTHORIZATION AND UTILIZATION REVIEW: All MAD services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See 8.302.5 NMAC, *Prior Authorization and Utilization Review*. The provider must contact HSD or its authorized agents to request utilization review instructions. It is the provider's responsibility to access these instructions or ask for paper copies to be provided, to understand the information provided, to comply with the requirements, and to obtain answers to questions not covered by these materials. When services are billed to and paid by a MAD fee-for-service coordinated services contractor authorized by HSD, under the administrative services contract, the provider must follow that contractor's instructions for authorization of services.

A. **Prior authorization:** Certain procedures or services may require prior authorization from MAD or its designee. Services for which prior authorization is received remain subject to utilization review at any time during the payment process.

B. **Referrals for travel outside the home community:**

(1) If an eligible recipient must travel over 65 miles from their home community to receive medical care, the transportation provider must obtain a written verification from the referring provider or the service provider containing the following information for the provider to retain with their billing records:

(a) the medical or diagnostic service for which the eligible recipient is being referred;

(b) the name of the out of community medical provider; and

(c) justification that the medical care is not available in the home community.

(2) Referrals and referral information must be obtained from a MAD provider. For continued out of community non-emergency transportation, the required information must be obtained every six months regardless of the frequency of transport.

C. **Eligibility determination:** Prior approval of services does not guarantee that individuals are eligible for MAD services. Providers must verify that an individual is eligible for MAD services at the time services are furnished and determine if the eligible recipient has other health insurance.

D. **Reconsideration:** A provider who is dissatisfied with a utilization review decision or action can request a re-review and a reconsideration. See 8.350.2 NMAC, *Reconsideration of Utilization Review Decisions* [MAD-953].

[12/30/95; 2/28/98; 8.324.7.15 NMAC - Rn, 8 NMAC 4.MAD.756.6 & A, 7/1/04; A, 3/1/11]

8.324.7.16 REIMBURSEMENT:

A. Transportation providers must submit claims for reimbursement on the CMS-1500 claim form or its successor. See 8.302.2 NMAC, *Billing for Medicaid Services*. Reimbursement to transportation providers for covered services is made at the lesser of the following:

(1) the provider's billed charge:

(a) the billed charge must be the provider's usual and customary charge for services; for a provider with a tariff, the billed charge must be the lesser of the charges allowed by the provider's tariff or the provider's usual and customary charge.

(b) "usual and customary charge" refers to the amount an individual provider charges the general public in the majority of cases for a specific procedure or service; or

(2) the MAD fee schedule for the specific service or procedure; reimbursement by the MAD program to a transportation provider is inclusive of gross-receipts taxes and other applicable taxes; an air ambulance provider is exempt from paying gross receipts tax; therefore, the maximum rates paid for air ambulance service do not include gross receipts tax.

B. **Ground ambulance:** A provider of ground ambulance services is reimbursed at the lesser of their billed charge for the service or the MAD maximum allowed amount.

(1) The MAD maximum allowed amount for transports up to 15 miles is limited to the base rate amount. The allowable base rate for advanced life support (ALS) or basic life support (BLS) includes reimbursement for the ALS or BLS equipped service, oxygen, disposable supplies and medications used in transport. The base rate reimbursement includes mileage reimbursement for the first 15 miles of transport.

(2) The allowable base rate for a scheduled non-emergency transport includes reimbursement for oxygen, disposable supplies and medications used in transport. The base rate includes mileage reimbursement for the first 15 miles of transport.

C. **Air ambulance:** A provider of air ambulance services is reimbursed at the lesser of billed charges or the MAD maximum allowed rate.

D. **Non-emergency transportation services:**

(1) A provider of non-emergency transportation [~~are~~] is reimbursed at the lesser of their approved tariff or the MAD rate for one or multiple recipient transports not meeting the "additional passenger" criteria Paragraph (3), below).

(2) Reimbursement will be limited to MAD's reimbursement limitation per one-way trip for an eligible recipient being transported for medical care. MAD does not provide reimbursement for any portion of the trip for which the eligible recipient is not in the vehicle.

(3) An "additional passenger transport" is a non-emergency transport of two or more eligible recipients who are picked up at the same location and are being transported to the same provider. Additional passenger transport services will not be covered. When more than one eligible recipient is being transported from the same location to the same provider and each eligible recipient has a scheduled MAD-covered medical appointment, MAD will allow coverage for one eligible recipient.

(4) MAD covers transportation for one attendant when the eligible recipient is a child 10 years of age and younger not meeting the additional passenger criteria in Paragraph (3), above, if the medical necessity for the attendant is justified in writing by the eligible recipient's medical provider for each transport. In cases where the recipient's condition is ongoing and the need for a medical attendant will not change, the attestation must only be renewed every six months, unless the recipient who is receiving medical service is under 18 years of age. If the medical appointment is for an adult eligible recipient, MAD does not cover transportation services or related expenses of children under 18 years of age traveling with the adult eligible recipient.

(5) MAD covers transportation to scheduled, structured counseling and therapy sessions for an eligible recipient, family, or multi-family groups, based on individualized needs as specified in the treatment plan. Claims for services are to be filed under the name of the eligible recipient being primarily treated through these sessions.

[12/30/95; 8.324.7.16 NMAC - Rn, 8 NMAC 4.MAD.756.7 & A, 7/1/04; A, 3/1/11]

8.324.7.17 CLIENT MEDICAL TRANSPORTATION FUND: In non-emergency situations, an eligible recipient may request reimbursement from the client medical transportation (CMT) fund through their local county ISD office for money spent on covered transportation services. For reimbursement from the CMT fund, appointments for which reimbursement is requested must have occurred within 30-calendar days of the completed request for reimbursement.

A. **Submission of medical verification forms:** Unless medical service providers issue, the signed letter on the provider's stationary which indicates that the eligible recipient kept the appointment(s) for which the CMT fund reimbursement is requested, an eligible recipient will not be reimbursed for the travel. For medical services, written receipts confirming the dates of service must be given to the eligible recipient for submission to the local county ISD office.

B. **Preparation of referrals for travel outside the home community:** If an eligible recipient must travel over 65 miles from their home community to receive medical care, the transportation provider must obtain a written verification from the referring provider or from the service provider containing the following information for the provider to retain with their billing records:

(a) the medical or diagnostic service for which the eligible recipient is being referred;
(b) the name of the out of community medical provider; and
(c) justification that the medical care is not available in the home community.

C. **Fund advances in emergency situations:** Money from the CMT fund is advanced for travel only if an emergency exists. 'Emergency', in this situation, is defined as a non-routine, unforeseen accident, injury or acute illness demanding immediate action and for which transportation arrangements could not be made five calendar days in advance of the visit to the provider. Advance funds must be requested and disbursed prior to the medical appointment. A letter on the provider's stationary which indicates that the eligible recipient kept the appointment(s) for which the CMT fund reimbursement is requested or which indicates that referral outside of the eligible recipient's home community is medically necessary must be received by the ISD office within 30-calendar days from the date of the appointment for which the advance funds were requested.

D. **Eligible recipients enrolled in managed care plans:** Eligible recipients enrolled in medicaid managed care plans on the date of service are not eligible to use the client medical transportation fund for services that are the responsibility of the managed care organization.

[12/30/95; 8.324.7.17 NMAC - Rn, 8 NMAC 4.MAD.756.8 & A, 7/1/04; A, 3/1/11]

HISTORY OF 8.324.7 NMAC: [RESERVED]