

Department of Public Health  
and Human Services

Section:  
MEDICAID SERVICES

MEDICAL ASSISTANCE

Subject:  
Medicaid Transportation

**Supersedes:** MA 1101-1 (07/01/07)

**References:** ARM 37.82.101, 37.86.2402

GENERAL RULE--Coverage of transportation and per diem is limited to that which is needed to obtain necessary Medicaid covered services.

The following limitations and restrictions apply to Medicaid transportation and per diem:

1. Coverage is limited to the site nearest to the recipient which provides the necessary services.

Transportation and per diem to another site, other than the nearest to the recipient, is available if the combined total cost to the Medicaid program of the medical services and transportation/per diem at the more distant site is less than the total cost at the closest site.

**NOTE:** The Medicaid recipient may still seek services at another site. However, the rate of reimbursement will only be to the nearest site.

2. Transportation coverage is limited to mileage fees and does not include other fees. Reimbursement is not available for other private vehicle costs or fees.
3. Per diem coverage is not available for a round trip that can reasonably be made in one day.
4. All non-emergency Medicaid transportation and per diem must be prior authorized by Mountain-Pacific Quality Health (MPQH) at 1-800-292-7114. Notification of emergency transportation must be received at MPQH within 30 days of the initial emergency treatment.
5. Reimbursement is made to the common carrier or lodging facility unless otherwise authorized by MPQH.
6. Transportation coverage is limited to the least expensive means suitable to the recipient's medical needs.

7. Transportation and per diem are not available for retroactive Medicaid coverage periods.
8. Transportation and per diem are only available for an attendant when it has been determined to be medically necessary.
  - a. Use of an attendant must be prior authorized by MPQH.
  - b. Coverage is limited to the same standards and fees as for a recipient.
  - c. The attendant must return home after accompanying the recipient to the medical destination unless MPQH determines that the cost of the attendant's stay will be less than the cost of additional transportation costs resulting from the attendant returning home.
  - d. Coverage is available for a responsible adult to accompany a minor.
9. If the recipient dies en route to or during treatment outside of their community, the cost of transportation to the medical service is reimbursable. Cost of returning the deceased is not reimbursable.
10. Mileage submitted for transportation reimbursement must be rounded to the nearest whole mile.

### **NON-EMERGENCY TRANSPORTATION**

Non-emergency transportation includes commercial services (cab, bus, airplane, etc.), specialized non-emergency services (wheelchair and stretcher vans), mileage for personal vehicle use as well as meals and lodging for the recipient and, if necessary, an attendant.

Commercial and specialized non-emergency transportation services are generally rendered by Montana Medicaid providers and are billed through ACS.

### **REIMBURSEMENT**

Mileage and per diem are reimbursed by MPQH. Only one mileage charge will be reimbursed regardless of the number of individuals transported.

Mileage for Medicaid reimbursement is measured directly from the Medicaid patient's departure town to the destination town and return to the departure town or reasonable destination.

1. The recipient or authorized representative must contact MPQH directly to request mileage and per diem reimbursements. Eligibility

will be verified, appointments confirmed and alternate service providers investigated.

2. Travel advances will be issued only when necessary to ensure the recipient can keep the medical appointment.
3. Local travel of more than \$5 per month may be reimbursed.

## REIMBURSEMENT RATES

The individual will be reimbursed the lowest of: actual (submitted) charge, rate negotiated by MPQH, or the following fee schedule:



1. Private Vehicle - 33¢ per mile (as of 10/1/08) or the current rate verified with MPQH. The same reimbursement rate applies regardless of how many miles traveled per month.
2. Per Diem -
  - a. When lodging is necessary, reimbursement will be for actual costs up to a maximum of \$25, with a receipt required.
  - b. Reimbursement for meals will not exceed \$15 per day, or \$5 per meal, whichever is less.

**NOTE:** Meals and lodging are not reimbursed when a trip can be reasonably made in one day.

3. Commercial Transportation - Reimbursement will be the lowest of: provider's actual submitted charge or negotiated rate; provider's usual and customary charge or the fee schedule below.
  - a. Ground trips under 16 miles –  
one-way trip (loaded mileage only)                      \$12.16\*
  - b. Ground trips over 16 miles –  
loaded mileage, per mile    \$ .76\*
  - c. Commercial Bus - usual charge or rate negotiated with the Department.
  - d. Commercial Air - usual charge or rate negotiated with the Department.

\* or the current rate verified with MPQH.

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