

Reimbursement is not approved for services normally provided free to other individuals.

2. Transportation Requiring Prior Approval From BMS

All requests for out-of-state transportation and certain related expenses must have prior approval from the Bureau for Medical Services, Case Planning Unit, except for travel to those facilities which have been granted border status and thus are considered in-state providers. The current list of providers with border status is located in Appendix C. The Worker must contact BMS at 558-7311 for the status of any facility not listed.

Requests to the Case Planning Unit are made in writing when time permits, or by telephone, and must include the following information:

- The Medicaid recipient's name, address and case number;
- The physician's order for the service, including any necessary documentation, as well as the following related items:
 - Specific medical service requested;
 - Where the service will be obtained, who will provide it, and the reason why an out-of-state provider is being used;
 - The diagnosis, prognosis and expected duration of the medical service; and
 - Description of the total round-trip cost of transportation and any related expenses (lodging, meals, tolls, parking, etc.)

3. Requests Which Require Approval By The Worker

The following must be approved by the local DHHR Worker:

- Transportation of an immediate family member (parent, spouse, or child of the patient) to accompany and/or stay with the patient at a medical facility when the need to stay is based on medical necessity and documented by the physician. Exceptions require supervisory approval.
- Two round trips per hospitalization (1 for admittance and 1 for discharge) when the parent or family member chooses not to stay with the patient.

Emergency And Special Assistance Programs

- Lodging.
- Meals only when lodging is approved.
- Transportation via common carrier judged to be the most economical. If the applicant insists on incurring expenses beyond those approved by the Department, the Worker must inform the applicant that such costs will not be reimbursed.

Travel for parents/children to visit or participate in a treatment plan for hospitalized individuals is not authorized when it does not coincide with the patient's travel.

4. Routine Automobile Transportation Requests

Applicants may request reimbursement for costs related to automobile travel, such as mileage, tolls, and parking fees when free parking is not available. The travel must be for scheduled appointments and treatment. Mileage is paid from the patient's home to the facility and back to the home. When comparable treatment may be obtained at a facility closer to the patient's home than the one he chooses, mileage reimbursed is limited to the distance to the nearest facility. The client's statement about the availability of a closer facility is accepted unless the information is questionable (see item N, below).

Meals are not reimbursed for any travel which does not include an overnight stay.

When travel by private automobile is an option but the applicant chooses more costly transportation, the rate of reimbursement is limited to the private auto mileage rate.

Applicants must car-pool when others in the household have appointments the same day at the same facility.

Round trips are limited to 1 per household per day. Parents must make an effort to schedule appointments for children at the same time or on the same day whenever possible.

5. Requests For Transportation For Emergency Room Services

Applicants who use emergency rooms for routine medical care are not reimbursed for transportation. When it is documented that emergency room treatment was necessary, the Worker may approve the NEMT