12-15

Secretary of State
Certificate and Order for Filing
PERMANENT ADMINISTRATIVE RULES

I certify that the attached copies* are true, full and correct copies of the PERMANENT Rule(s) adopted on 11/25/2010 by the
Date prior to or same as filing date

Department of Human Services, Division of Medical Assistance Programs 410
Agency and Division — Administrative Rules Chapter Number

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to become effective 1/1/2011. Rulemaking Notice was published in the 11/2010. *Oregon Bulletin.***
Date upon filing or later — Month and Year

DMAP 35-2010

RULEMAKING ACTION

Rule Filing Caption: Inclusion of transportation brokerages and necessary updates to comply with federal requirements

AMEND: 410-136-0030, 410-136-0040, 410-136-0045, 410-136-0050, 410-136-0060, 410-136-0070, 410-136-0080, 410-136-0140, 410-136-0160, 410-136-0180 & 410-136-0200 dw 12/16/10, 410-136-0220, 410-136-0240, 410-136-0300, 410-136-0320, 410-136-0340, 410-136-0350, 410-136-0440, 410-136-0800, 410-136-0820, 410-136-0860, 410-136-0840 dw 12/16/10

Statutory Authority: ORS 409-050
Other Authority: None.
Statutes Implemented: 414.065

FILED
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ARCHIVES DIVISION
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Summary:

The Medical Transportation Services Program rules govern the Division of Medical Assistance Programs' (Division) payments for services provided to certain clients. The Division revised rules to include transportation brokerages and made non-substantial clarification revisions. Also, rule updates are required pursuant to federal requirements as conditions of acceptance of Federal 1915(b) waiver for non-emergent medical transportation.

Other text may be revised to improve readability and to take care of necessary "housekeeping" corrections.

12-6-10

Authorized Signer: Judy Mohr Peterson, Lynn Read or Jean Phillips — Date

410-136-0030
Contracted Medical Transportation Services
(1) Contracts and intergovernmental agreements may be implemented for the provision of medical transportation services in order to achieve one or more of the following purposes:
(a) To reduce the cost of program administration or to obtain comparable services at a lesser cost to the Division of Medical Assistance Programs (Division);
(b) To ensure access to necessary medical services in areas where transportation may not otherwise be available or existing transportation would be at a higher cost to the Division;
(c) To more fully specify the scope, quantity or quality of the medical transportation services provided.
(2) The Division may implement intergovernmental agreements to establish Regional Transportation Brokerages to provide non-emergent medical transportation to eligible Oregon Health Plan (OHP) clients.
(3)Reimbursement for contracted medical transportation services shall be made according to the terms defined in the contract or intergovernmental agreement language.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0040
Reimbursement
(1) The Division of Medical Assistance Programs (Division) reimburses for the following on a fee schedule (the fee schedule rates are updated monthly and posted at http://www.oregon.gov/Department/healthplan/data_pubs/feeschedule/main.shtml):
(a) Ambulance, air ambulance, stretcher car, wheelchair car or van:
(A) Base rate;
(B) Mileage;
(C) Modified base rate for each additional client, according to OAR 410-136-0080;
(D) Extra attendant;
(b) Aid call service or care is provided at the scene by the responding emergency ambulance provider and no transport of client was required;
(c) Taxi; and
(d) Secured transport.
(2) The provider may not bill the Division if:
(a) County or city ordinance prohibits any provider from charging for services identified in the Medical Transportation Services administrative rules;
(b) The provider does not charge the general public for such services;
(c) The provider did not provide transport, medical services, or treatment; or
(d) The provider is providing the transport through a transportation brokerage.
(3) The Division shall make payment for medical transportation when those services have been authorized by either the client's local branch office or the Division. The Division may recoup such payments if, on subsequent review, it is found that the provider did not comply with the Division's administrative rules. Non-compliance includes, but is not limited to, failure to adequately document the service and the need for the service.

(4) Reimbursement is based on the condition that the service to be provided at the point of origin or destination is a medical service covered under the Medical Assistance Programs and that the service billed is adequately documented in the provider's records prior to billing.
(5) The Division shall reimburse at the lesser of the amount charged the general public (public billing rate), the amount billed or the Division's maximum allowed, less any amount paid or payable by another party.
(6) The Division shall base reimbursement for transportation services covered by Medicare on the lesser of Medicare's allowed amount or the Division's maximum allowed, less any amount paid or payable by another party.
(7) The Division shall only reimburse for the mode of transportation authorized by the local branch office or the Division.
(8) The Division shall only reimburse when a transport of the client has occurred or in the case of aid calls where service or care was provided at the scene by an ambulance provider and no transport of the client occurred.
(9) The Division shall reimburse transportation brokerages according to the terms of the intergovernmental agreement.
(10) The Division reimbursement is payment in full.
[Publications: Publications referenced are available from the agency.]
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0045
Non-Emergent Medical Transportation for Standard Benefit Package
A client receiving the Oregon Health Plan Standard Benefit Package is not eligible for Non-Emergent Medical Transportation benefits. See the Division of Medical Assistance Programs' General Rules, 410-120-1230 for additional information.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0050
Out-of-State Transportation
(1) Out-of-state transportation includes transportation to or from any location outside the state of Oregon, with the exception of contiguous area providers as defined in OAR 410-120-0000.
(2) The Division of Medical Assistance Programs (Division) may authorize and make payment for out-of-state transportation when all -of the following three conditions are met:
(a) The medical service to be obtained out-of-state is covered under the client's benefit package;
(b) The service is not available in-state; and
(c) The service has been authorized in advance by the Division or the client's Prepaid Health Plan (PHP).

(3) The Division may also authorize out-of-state transportation when the Division deems it to be cost-effective.
(4) The least expensive mode of transportation that meets the medical needs of the client shall be authorized.
(5) Reimbursement may not be made for transportation out-of-state to obtain medical services that are not covered under the client's benefit package, even though the client may have Medicare or other insurance that covers the service being obtained.
(6) If a PHP arranges and authorizes services out-of-state and those services are available in-state, the PHP is responsible for all transportation, meals and lodging costs for the client and any required attendant (OAR 410-141-0420).
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0060
Taxi Services
(1)The Division of Medical Assistance Programs (Division) may not make payment to a taxi service provider for taxi services when provided in the service area of a transportation brokerage. The Division shall reimburse the transportation broker according to the terms of its intergovernmental agreement.
(2) The Division shall make payment to a taxi service provider for taxi services only when those services have been authorized by the branch office and provided outside the service area of a transportation brokerage.
(3) Reimbursement shall be made for the most cost-effective route from point of origin to point of destination and billing is limited to the actual meter charge. The Division definition of meter charge includes:
(a) A flag rate that does not exceed 110% of the usual and customary charges for the services within the area;
(b) Actual patient miles traveled at a rate that does not exceed 110% of the usual and customary charges for the services within the area;
(c) "In route" waiting time, such as red lights, railroad tracks, medical interval.
(4) Charges for assistance or "waiting time" incurred prior to the time the client enters the taxi or assistance after the client exits the taxi are not reimbursable.
(5) Meter charges that include "waiting time" billed to the Division for a medical interval must be clearly documented in the provider records. Medical interval is defined as any delay in a transport already in progress for events such as:
(a) Nausea, vomiting after dialysis or chemotherapy; or
(b) Pharmacy stop to obtain prescription; or
(c) Other medically appropriate episode.
(6) When client circumstance requires an escort or attendant or when a second client is transported from the same point of origin to the same destination, no additional charge beyond the meter charge is allowed. If more than one client is transported from a single pickup point to different destinations or from different pickup points to a single destination, only the meter charge incurred from the first pickup point to the final destination may be billed. No additional flag rate or duplicate miles traveled may be billed.

Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0070
Wheelchair Car/Van Service
(1)The Division of Medical Assistance Programs (Division) may not make payment to a wheelchair car/van service provider for wheelchair car/van services when provided in the service area of a transportation brokerage. The Division shall reimburse the transportation broker according to the terms of its intergovernmental agreement.
(2) The Division shall make payment to a wheelchair car/van service provider for wheelchair car/van services only when those services have been authorized by the branch office and provided outside the service area of a transportation brokerage.
(3) Payment for wheelchair car/van services may not be made for transportation of ambulatory clients.
(4) Wheelchair car/vans may also provide stretcher car services if allowed by local ordinance and when those services have been authorized by the local branch office.
(5) A stretcher car/van must be capable of loading a stretcher or gurney into the vehicle.
(6) Reclining wheelchairs are not considered stretchers or gurneys and must not be billed as stretcher car/van services.
(7) Payment for stretcher car/van services may not be made for transporting wheelchair clients.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0080
Additional Client Transport
(1) Ambulance, wheelchair car/van, stretcher car, taxi, and contract services (ambulatory). If two or more Medicaid clients are transported by the same mode (e.g. wheelchair van) at the same time, the Division of Medical Assistance Programs (Division) shall reimburse at no more than the full base rate for the first client and one-half the appropriate base rate for each additional client. If two or more Medicaid clients are transported by mixed mode (e.g. wheelchair, van and ambulatory) at the same time, the Division shall reimburse at the full base rate for the highest mode for the first client and one-half the base rate of the appropriate mode for each additional client.
(2) The Division shall reimburse the transportation broker according to the terms of its intergovernmental agreement.
(3) The Division may not reimburse for duplicated miles traveled.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0140
Conditions for Payment
(1) To qualify for reimbursement by the Division of Medical Assistance Programs (Division), a provider of ambulance, air ambulance, wheelchair car, stretcher car, taxi,

secured transport or other medical transportation services must meet the following conditions:
(a) Establish rates to be charged to the general public, customarily charge the general public at those rates and routinely pursue payment of unpaid charges with the intent of collection unless prohibited by federal rules or regulations from charging for services. Any volunteer, community resource or other transportation service that operates without charge or provides services without charge to the community may not be reimbursed by the Division when those same services are provided to Division clients;
(b) If providing ground or air ambulance services, be in compliance with Oregon Revised Statutes 682.015 through 682.991 (and any rules and regulations pertinent thereto) and must be licensed by the Public Health Division of the Department of Human Services (Department) to operate as ground or air ambulance;
(c) An ambulance service provider located in a contiguous state that regularly provides transports for Division clients must be licensed by the Department's Public Health Division as well as by the state in which it is located;
(d) Be in compliance with all statutes, required certifications or regulations promulgated by any local, state or federal governmental entity with jurisdiction over the provider.
(2) In the absence of any local regulatory body, a provider must be enrolled with the Division as a provider of the level of service provided. If providing wheelchair transports, a provider in an unregulated area must be enrolled as a wheelchair transport provider and bill the Division using the specific codes defined in the Procedure Codes Section of the Medical Transportation Services Provider Guide.
[Publications: Publications referenced are available from the agency.]
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0160
Non-Emergency Medical Transportation
(1) The Division of Medical Assistance Programs (Division) shall make payment for prior authorized non-emergency medical transportation, including client-reimbursed travel, when the client's branch office, the Division or transportation brokerage has determined the transport is appropriate.
(2) The Division may not make payment for transportation to or from an out-of-area provider based solely on client preference or convenience. If supporting documentation demonstrates inadequate or inappropriate services are being or have been provided by the only local treatment facility or practitioner, the Division may authorize transportation outside of the client's local area on a case-by-case basis.
(3) For purposes of authorizing non-emergency medical transportation, the medical service or practitioner must be within the local area. Local area is defined as within the accepted community standard and includes in the client's metropolitan area, city or town of residence, or, if the client does not reside in a metropolitan area, city or town, in the metropolitan area, city or town nearest the client's residence. If the service to be obtained is not available locally, transportation may be authorized to the nearest location where the service can be obtained or to a location deemed by the Division to be cost-effective.

(4) A Branch may not authorize and the Division may not make payment for non-emergency medical transportation outside a client's local area when the client has been non-compliant with treatment or has demonstrated other behaviors that result in a local provider or treatment facility's refusing to provide further service or treatment to the client and the provider or treatment facility is willing to reinstate the client with reasonable restrictions, including but not limited to the following:
(a) Requiring the client to comply with applicable Division rules or regulations; or
(b) Requiring the client to attend appointments with an escort approved by the provider.
(5) For a client who is threatening harm to providers or others in the vehicle, or whose health conditions create health or safety concerns to the provider or others in the vehicle, or whose other conduct or circumstances place the provider and others at risk of harm, the Division or transportation broker may impose certain reasonable restrictions on transportation services to that client, including but not limited to the following:
(a) Restricting the client to a single transportation provider, or
(b) Requiring the client to travel with an escort.
(6) Except for sections (4) and (5) above, the Division or transportation broker shall authorize non-emergent medical transportation to the nearest available appropriate provider when there is no other appropriate service available to the client under any circumstances in the client's local area.
(7) The client shall be required to utilize the least expensive mode of transportation that meets the client's medical needs or condition. Ride sharing by more than one client is considered to be cost effective and may be required unless written medical documentation in the branch or transportation broker record indicates ride sharing is not appropriate for a particular client. When more than one medical assistance client ride-shares to medical appointments, the Division shall reimburse mileage to only one client. The written documentation shall be made available for review upon request by the Division.
(8) The provider must submit billings for non-emergency ambulance transports provided to clients enrolled in Fully Capitated Health Plans (FCHP) to the FCHP. The FCHP must review for medical appropriateness prior to payment. Depending on the individual FCHP, the FCHP may or may not require authorization in advance of services.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0180
Base Rate
(1) Ambulance -- All inclusive. The Division of Medical Assistance Programs (Division) reimbursement for ambulance base rate includes any procedures/services performed, all medications, non-reusable supplies and/or oxygen used, all direct or indirect costs including general operating costs, personnel costs, neonatal intensive care teams employed by the ambulance provider, use of reusable equipment, and any other miscellaneous medical items or special handling that may be required in the course of transport. Reimbursement of the first ten miles is included in the payment for the base rate.

(2) Wheelchair car/van -- Stretcher car (including stretcher car services provided by an ambulance). The Division reimbursement of the first ten miles of a transport is included in the payment for the base rate. A service from point of origin to point of destination (one-way) is considered a "transport."
(3) The Division shall reimburse the transportation broker according to the terms of its intergovernmental agreement.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0200
Emergency Medical Transportation (With Need for an Emergency Medical Technician)
(1) The Division of Medical Assistance Programs (Division) shall reimburse emergency ambulance transport when:
(a) The client's condition meets the definition of an emergency under OAR 410-120-0000, OAR 410-120-1210, or OAR 410-141-0000 and;(b) All other client eligibility criteria are met.
(2) When transport occurs, the client must be transported to the nearest appropriate facility able to meet the client's medical needs.
(3) Authorizations of, and billings for, emergency ambulance services provided to clients enrolled in Fully Capitated Health Plans (FCHPs) must be submitted to the FCHP. The FCHP will review for emergency medical condition using the prudent layperson standard as defined in OAR 410-141-0000 prior to payment.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0220
Air Ambulance Transport
The Division of Medical Assistance Programs (Division) shall only make payment for an air ambulance transport when at least one of the following conditions, in addition to all other requirements for medical transportation, is met:
(1) The client's medical condition is such that the length of time required to transport, current road conditions, the instability of transport by ground conveyance, or the lack of appropriate level of ground conveyance would further jeopardize or compromise the client's medical condition;
(2) The non-emergent service has been authorized by the client's branch office or the Division, after a written recommendation has been obtained by the attending physician indicating medical appropriateness; or
(3) The Division has determined the transportation is cost effective.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0240
Secured Transports

(1)The Division of Medical Assistance Programs (Division) may not make payment to a secured transport provider for secured transport services when provided in the service area of a transportation brokerage. The Division shall reimburse the transportation broker according to the terms of its intergovernmental agreement.
(2) The Division shall make payment to a secured transport provider for secured transport services only when those services have been requested by a medical provider, authorized by the branch office and provided outside the service area of a transportation brokerage.
(3) The Division shall reimburse for secured transports when the following conditions are met:
(a) The provider must be able to transport children and adults who are in crisis or at immediate risk of harming themselves or others due to mental or emotional problems or substance abuse;
(b) The Division must recognize the provider as a provider of secured transports. This requires written advance notice to the Division (prior to or at the time of enrollment) that the provider has met the requirements of the secure transport provider protocol as established in OAR 309-033-0200 through OAR 309-033-0970.
(4) When medically appropriate (to administer medications, etc. in-route) or in cases where legal requirements must be satisfied, including, but not limited to when a parent, legal guardian or escort is required during transport, one additional person shall be allowed to escort at no additional charge to the Division. The Division's reimbursement shall be payment in full for the transport.
(5) The provider must submit a copy of all rates charged to the general public to the Division, provider enrollment, at the time of enrollment. The provider must submit any changes to those rates to the Division in writing within 30 days of the change. The notification must indicate the rate changes and effective date. If subsequent review by the Division discloses that the written notice is not accurate, the Division may recoup payments.
(6) The Division shall authorize reimbursement on an individual client basis in keeping with the Division's rules regarding level of transport needed, eligibility, cost effectiveness and medical appropriateness. If the provider gave transport on an emergent basis, the Division may authorize, when appropriate, after provision of service.
(7) In keeping with the guidelines set forth in OAR 410-136-0300, the Division shall reimburse for court ordered medical transportation for an OHP Plus client who is otherwise eligible for OHP medical transportation services.
(8) The Division's medical care identification (ID) does not guarantee eligibility. The provider must verify client eligibility prior to providing services. This includes determining if the Division or a managed care plan is responsible for reimbursement. The provider assumes full financial responsibility in serving a person who is not confirmed eligible by the Division as eligible for the service provided on the date of service. Refer to OAR 410-120-1140, Verification of Eligibility (also see the Division's General Rules Supplemental Information guide for instructions).
(9) The provider must transport the client to a Title XIX eligible or enrolled facility recognized by the Division as having the ability to treat the immediate medical, mental and emotional needs of a client in crisis.
(10) The Division must assume that a client being returned to place of residence is no longer in crisis or at immediate risk of harming him or herself or others, and is, therefore, able to utilize non-secured transport. In the event a secured transport is medically

appropriate to return a client to place of residence, the branch must obtain written documentation stating the circumstances and the treating physician must sign the documentation. The branch must retain the documentation and a copy of the order in the branch record for Division review.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0300
Authorization
(1) For the purposes of the administrative rules governing provision of medical transportation services, authorization is defined to be authorization in advance of the service being accessed or provided.
(2) Retroactive authorization for medical transportation shall be made only under the following circumstances:
(a) "After hours" transports to obtain urgent medical care. Medical appropriateness shall be determined by the transportation brokerage, branch or the Division of Medical Assistance Programs' (Division) review;
(b) Secured transports provided to clients in crisis on weekends, holidays or after normal branch office hours. Medical appropriateness for secured transports shall be determined by the transportation brokerage, branch or Division review to ensure authorization is given and reimbursement made only for those transports that meet criteria set forth in 410-136-0240.
(3) Authorization of payment is required for the following:
(a) Non-emergency ambulance;
(b) Non-emergency air ambulance;
(c) Stretcher car (including stretcher car services provided by an ambulance);
(d) Wheelchair car/van;
(e) Taxi;
(f) Secured transport (including those arranged for or provided outside of normal branch office hours);
(g) Client reimbursed transportation (including medically appropriate meals, lodging, attendant);
(h) Fixed route public bus systems;
(i) All special/bid transports.
(4) Authorization shall be made for the services identified above when:
(a) The transport is medically appropriate considering the medical condition of the client;
(b) The destination is to a medical service covered under the Medical Assistance program, or a return home from a covered medical service;
(c) The client medical transportation eligibility screening indicates the client has no resources or that no alternative resource is available to provide appropriate transportation without cost or at a lesser cost to the Division; and
(d) The transport is the least expensive medically appropriate mode of conveyance available considering the medical condition of the client.
(5) Authorization may be provided by the branch, the Division, or a transportation brokerage according to the terms of its intergovernmental agreement.

(6) The Division's medical care identification (ID) does not guarantee eligibility. The provider must verify client eligibility prior to providing services. This includes determining if the Division or a managed care plan is responsible for reimbursement. The provider assumes full financial responsibility serving a person who is not confirmed eligible by the Division as eligible for the service provided on the date of service.
(7) Refer to OAR 410-120-1140 Verification of Eligibility (also see the Division's General Rules Supplemental Information guide for instructions).
(8) Authorization must be obtained in advance of service provision. A provider authorized by a branch to provide transportation shall receive a completed Medical Transportation Order (DMAP 405T or DMAP 406). All transportation orders, including any equivalent, must contain the following:
(a) Provider name or number;
(b) Client name and ID number;
(c) Pickup address;
(d) Destination name and address;
(e) Second (or more) destination name and address;
(f) Appointment date and time;
(g) Trip information, e.g., special client requirements;
(h) Mode of transportation, e.g., taxi;
(i) 1 way, round trip, 3-way;
(j) Current date;
(k) Branch number;
(l) Worker/clerk ID;
(m) Dollar amount authorized (if special/secured transport).
(9) If the Medical Transportation Order indicates 'on-going' transports have been authorized, the following information is also required:
(a) Begin and end dates;
(b) Appointment time;
(c) Days of week.
(10) Additional information identifying any special needs of the individual client must be indicated on the order in the "Comments" section. If the order is for a secured transport the name and telephone number of the medical professional requesting the transport, as well as information regarding the nature of the crisis is required.
(11) Authorization for non-emergency services after service provided:
(a)Occasionally a client may contact the provider directly "after hours", when the branch office or transportation broker is closed, and order an urgent care medical transport. Only in this case, is it appropriate for the provider to initiate the Medical Transportation Order. All required information (except the branch number, worker/clerk ID and dollars authorized) must be completed by the provider before submitting the order to the branch or transportation broker for authorization. The provider must also indicate on the order the time and day of week the client called. The partially completed authorization order must be received at the appropriate branch office or transportation broker within 30 calendar days following provision of the service;
(b) If the provider sends a Medical Transportation Order to a branch for review, then upon approval, the branch shall complete the branch number, dollars authorized (if special or secured transport) worker/clerk ID and current date, and return the order to the

provider within 30 calendar days. The provider may not bill the Division until the final approved order is received;
(c) If the provider sends a Medical Transportation Order to a transportation broker for review, the transportation broker shall perform according to the terms of its intergovernmental agreement;
(d) A provider requesting authorization for "after hours" rides may not be reimbursed if the branch or transportation broker determines the ride was not for the purpose of obtaining urgent medical services covered under the Medical Assistance Programs.
(12) Client reimbursed transportation:
(a) For client reimbursed transportation provided by a branch, the client must contact the branch office in advance of the travel. Once the transportation has been authorized, the branch is to provide assistance using the current guidelines and methodologies as indicated in the DHS Worker Guide;
(b) For client reimbursed transportation provided by a transportation broker, the client must contact the transportation broker in advance of the travel. Once the transportation has been authorized, the transportation broker must provide assistance according to the terms of its intergovernmental agreement.
(13) Authorization may not be made nor reimbursement provided:
(a) To return a client from any foreign country to any location within the United States even though the medical care needed by the client is not available in the foreign country;
(b) To return a client to Oregon from another state or provide mileage, meals or lodging to the client, unless the client was in the other state for the purpose of obtaining services or treatment approved by the Division or approved by the client's Prepaid Health Plan with subsequent Division approval for the travel. This does not apply when the client is at a contiguous area provider as defined in OAR 410-120-0000;
(c) For any secured medical transport provided to a person:
(A) In the custody of or under the legal jurisdiction of any law enforcement agency;
(B) Going to or from a court hearing, or to or from a commitment hearing;
(C) Who the Division has determined is an inmate of a public institution as defined in OAR 461-135-0950; and
(D) Whose OHP eligibility has been suspended by the Division pursuant to ORS 414.420 or ORS 414.424.
(14) Authorization does not guarantee reimbursement:
(a) Check eligibility on the date of service by calling the Automated Voice System (AVS) placing an eligibility verification request on the Medicaid Web Portal, checking the transportation broker DHS eligibility file, or requesting a copy of the client's Medical Care Identification;
(b) Ensure the service to be provided is currently a medical service covered under the Medical Assistance program;
(c) Ensure the claim is for the actual services and number of services provided.
(d) Pursuant to OAR 410-136-0280, for all claims submitted to the Division, the provider record must contain completed documentation pertinent to the service provided.
(15) The Division may not be billed for services or dollars in excess of the services or dollars authorized.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0320
Billing
(1) Medical transportation services not provided through a transportation broker must be billed using the billing instructions and procedure codes found in the Division of Medical Assistance Programs' Medical Transportation Services Program administrative rules and the Medical Transportation Services Supplemental Information.
(2) Medical transportation services provided through a transportation broker must be billed according to the terms of its intergovernmental agreement.
[Publications: Publications referenced are available from the agency.]
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0340
Billing for Clients Who Have Both Medicare and Medicaid Coverage
(1) For services provided to clients with both Medicare and coverage through the Division of Medical Assistance Programs (Division), bill Medicare first, except when the items are not covered by Medicare.
(2) Services not covered by Medicare must be billed directly to the Division.
(3) The Division shall reimburse the transportation broker according to the terms of its intergovernmental agreement.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0350
Billing for Each Additional Client
(1) Billing for each additional client must be submitted to the Division of Medical Assistance Programs (Division) on a separate claim.
(2) Bill using the appropriate procedure code found in the Procedure Code Section of the Medical Transportation Services Provider Guide.
(3) All required billing information must be included on the claim for the additional client.
(4) Ensure a completed Transportation Order for the additional client has been forwarded by the branch for retention in the provider's record.
[Publications: Publications referenced are available from the agency.]
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0440
Non-Emergency Medical Transportation Procedure Codes
(1) Ambulance Service – Bill the following codes using Type of Service "D."
(a) Basic Life Support (BLS) – Bill using the following procedure codes:

(A) A0428 – Ambulance service, BLS, non-emergency transport (BLS);
(B) S0215 – Ground mileage, per statute mile;
(C) A0424 – Extra ambulance attendant, ALS or BLS (requires medical review).
(b) Advanced Life Support (ALS) – Bill using the following procedure codes:
(A) A0426 – Ambulance Service, ALS, non-emergency transport, level 1 (ALS1);
(B) A0433 – Ambulance Service, ALS, non-emergency transport, level 2 (ALS2);
(C) S0215 – Ground mileage, per statute mile;
(D) A0424 – Extra ambulance attendant, ALS or BLS (requires medical review).
(c) Air Ambulance – Bill using the following procedure codes:
(A) A0430 – Ambulance service, conventional air services, transport, one-way (fixed wing);
(B) A0431 – Ambulance service, conventional air services, transport, one-way (rotary wing).
(d) Wheelchair Car/Van – Bill using the following procedure codes:
(A) A0130 – Non-emergency transportation, wheelchair car/van base rate;
(B) S0209 – Ground mileage, per statute mile;
(C) T2001 – Extra Attendant (each).
(e) Stretcher Car/Van – Bill using the following procedure codes:
(A) T2005 – Non-emergency transportation, stretcher car/van base rate;
(B) T2002 – Ground mileage, per statute mile, stretcher car/van
(C) T2001 – Extra Attendant (each);
(D) T2003 – Non-emergency transportation, stretcher car service provided by ambulance base rate;
(E) T2049 – Ground mileage, per statute mile, stretcher car/van by ambulance.
(f) Taxi – Bill using A0100 (all inclusive);
(g) Secured Transport (all inclusive) – Bill using A0434. Attach a copy of the Medical Transportation Order to all billings submitted for secured transports;
(h) Transportation broker (all inclusive) – Bill using A0999 and according to the terms of the intergovernmental agreement.
(2) All non-emergency medical transportation requires authorization in advance of service provision.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0800
Prior Authorization of Client Reimbursed Mileage, Meals and Lodging
(1) The regional transportation brokerage or the client's local branch office must authorize all reimbursement for client mileage, meals and lodging in advance of the client's travel in order to qualify for reimbursement. A client may request reimbursement up to 30 days after their medical appointment provided the expenditure was authorized in advance of the travel. Reimbursement under the amount of $10 may be accumulated and held by the transportation brokerage or branch until the minimum of $10 is reached.
(2) A client must demonstrate medical necessity before the Division of Medical Assistance Programs (Division) authorizes reimbursement for mileage, meals or lodging.

The Division shall only reimburse to access medical services covered under the Oregon Health Plan.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0820
Qualifying Criteria for Meals/Lodging/Attendant
(1) Payment for meals may be made when a client, with or without attendant, is required to travel a minimum of four hours round trip out of their geographic area, but only if the course of travel spans the recognized "normal meal time." The following criteria apply:
(a) Breakfast allowance -- travel must begin before 6 am;
(b) Lunch allowance -- travel must span the entire period from 11:30 am through 1:30 pm;
(c) Dinner allowance -- travel must end after 6:30 pm.
(2) Payment for lodging may be made when a client would otherwise be required to begin travel prior to 5 am in order to reach a scheduled appointment, or when travel from a scheduled appointment would end after 9 pm, or when there is documentation of medical need. If lodging is available below the Division of Medical Assistance Program's (Division) current allowable rate, payment shall be made for only the actual cost of the lodging.
(3) When medically necessary, payment for meals or lodging may be made for one attendant to accompany the client. At least one of the following conditions or circumstances must be met:
(a) The client is a minor child and unable to travel without an attendant; or
(b) The client's attending physician has forwarded to the client's branch office a signed statement indicating the reason an attendant must travel with the client; or
(c) The client is mentally or physically unable to reach his or her medical appointment without assistance; or
(d) The client is or would be unable to return home without assistance after the treatment or service.
(4) Only one attendant, including parents, may be eligible for reimbursement for meals or lodging.
(5) No reimbursement shall be made for the attendant's time or services.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065

410-136-0840
Common Carrier and Public Transportation
When deemed cost effective and if the client can safely travel by common carrier or public transportation, reimbursement may be made either directly to the client for purchase of fare or the branch or transportation broker may purchase the fare directly and disburse the ticket and other appropriate documents directly to the client.
Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 414.065

410-136-0860
Overpayments -- Client Mileage/Per Diem
(1) The following situations are considered to be overpayments:
(a) Client mileage or per diem monies were paid to the client directly for the purpose of traveling to medical appointments and reimbursement for the same travel was provided by another resource;
(b) Monies paid directly to the client for the purpose of traveling to medical appointments and the monies were subsequently not used by the client for the intended purpose;
(c) Monies were paid directly to the client for the purpose of traveling to medical appointments but the client ride-shared with another client who had also received mileage reimbursement;
(d) Monies were paid directly to the client for the purpose of traveling to medical appointments but the client subsequently failed to keep the appointment;
(e) Common carrier or public transportation tickets or passes were provided to the client for the purpose of traveling to medical appointments but were sold or otherwise transferred to another person for use.
(2) All overpayments for client reimbursed travel relating to medical appointments shall be recovered from the client by the Department of Human Services Office of Payment Accuracy and Recovery.
Stat. Auth.: ORS 409.050
Stats. Implemented: ORS 414.065