Texas Medicaid

Provider Procedures Manual

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Provider Handbooks

Medical Transportation Program Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

MEDICAL TRANSPORTATION PROGRAM HANDBOOK

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1 General Information

The Medical Transportation Program (MTP), under the direction of the Texas Health and Human Services Commission (HHSC), arranges nonemergency medical transportation services and travel-related services for eligible fee-for-service (FFS) Medicaid, Children with Special Health Care Needs (CSHCN) Services Program, and Transportation for Indigent Cancer Patients (TICP) clients who have no other means of transportation. MTP is responsible for the prior authorization of all FFS MTP services. Medicaid managed care organizations (MCOs) are responsible for approval of managed care nonemergency medical transportation services. This handbook does not apply to managed care.

MTP provides for the following general services:

- Mass transit (intercity and intracity): Passes or tickets for client transport within a city and from city to city. Air travel is also an allowable service.
- Demand response transportation: Common carriers such as taxi, wheelchair van, and other transportation according to contractual requirements.
- Mileage reimbursement for registered individual transportation participant (ITP): The registered ITP can be the responsible party, family member, friend, neighbor, or client.
- Meals: Eligible for clients birth through 20 years of age and their guardian or responsible adult.
- Lodging: Eligible overnight stays for clients birth through 20 years of age and their guardian or responsible adult.
- Advanced funds: Financial services travel-related expenses for clients birth through 20 years of age.

Under the contract between Texas Medicaid & Healthcare Partnership (TMHP) and HHSC, TMHP is responsible for enrollment of Demand Response Transportation Service (DRTS) providers, including Transportation Network Companies (TNC), registration of ITPs, and processing of certain MTP claims.

MTP contracts with various provider types to arrange transportation and travel-related services for eligible MTP clients and their attendants.

There are two MTP provider types that enroll directly with TMHP:

- DRTS
- TNC

Note: *ITPs register with TMHP but do not enroll as Medicaid providers.*

1.1 Contacting MTP

If health-care providers have MTP-eligible clients who express difficulty accessing health-care services, advise the clients or their advocates to call the statewide MTP toll-free number at 1-877-633-8747 to request transportation services. Clients or their advocates must call the MTP office at least 2 business days before the scheduled appointment. For clients who need to travel beyond the county where they live, clients or their advocates must call the MTP office at least 5 business days before the scheduled appointment. Appointments are available with less than 48-hour notice if they involve:

- Discharge of a client from a health care facility.
- Obtaining pharmacy services and prescription drugs.
- Receipt of urgent care.

The client must provide the following information to the intake operator at the time of the call:

- Client name, address, and, if available, the telephone number

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- Medicaid, TICP or CSHCN Services Program client identification number (if applicable) or Social Security number, and date of birth
- Name, address, and telephone number of health-care provider and/or referring health-care provider
- Purpose and date of trip and time of appointment
- Affirmation that other means of transportation are unavailable
- Special needs, including wheelchair lift or attendant(s)
- Medical necessity verified by the Health Care Provider's Statement of Need, if applicable
- Affirmation that advance funds are needed in order for the recipient to access health-care services

Note: *Clients must reimburse the department for any advance funds, and any portion thereof, that are not used for the specific prior authorized service.*

2 Individual Transportation Participants (ITP)

ITPs are individuals who use their personal vehicle to drive themselves, a friend, or a family member safely to the doctor, dentist, or drug store.

2.1 Registration for ITPs

To initiate the registration process, the MTP client must contact MTP to request a ride from an individual who is a potential ITP. This request is the first step in the registration process for the ITP.

After the client's call, MTP sends the potential ITP's information to TMHP, and TMHP mails the potential ITP a registration package. The ITP must fill out the Individual Transportation Participant Application and mail it to TMHP with all requested documentation.

The participant must identify the MTP clients they will be transporting and whether they are related to the client. The application packet also includes an Electronic Funds Transfer (EFT) Agreement form that authorizes TMHP to deposit payments directly into a bank account, which results in faster payments.

After the ITP application has been processed, the ITP will receive a letter from TMHP that includes the Atypical Provider Identifier (API) and the Taxonomy Code to be used when the ITP submits claim forms for mileage reimbursement.

2.2 Prior Authorization for ITPs

Once an ITP is registered with TMHP and a client calls MTP to request a ride, MTP will mail a preprinted ITP Service Record (Form H3017) to the MTP client. The H3017 is the form the ITP must mail to TMHP to be reimbursed for the ride.

Important: *Only claims that are authorized by MTP will be considered for payment. All claims must be prior authorized to be paid.*

Refer to: Subsection 3, "Prior Authorization" in this handbook.

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2.3 Claims Filing for ITPs

To file a claim, the ITP must complete the H3017 form that was sent to the Medicaid client and mail it to TMHP at the following address:

Texas Medicaid & Healthcare Partnership
Claims
PO Box 200555
Austin, TX 78720-0555

The H3017 includes the following transportation details:

- Date of the ride
- Number of miles authorized
- MTP Authorization Number
- MTP client's name
- ITP's name
- API
- Taxonomy code

The H3017 claim form must be signed by the doctor, dentist, or drug store representative that rendered services to the MTP client. This signature stands as proof that the ride authorized by MTP was taken. The ITP must also sign the claim form and include the API and taxonomy code that was assigned to them by TMHP. If any of this required information is missing, the claim will be denied.

The ITP must mail the completed claim form to TMHP after the client's authorized ride, but no later than 95 days from the date of the ride. Any claims received by TMHP more than 95 days after the date of the ride will be denied.

An ITP may not charge an MTP client a fee for completing claim forms or for denied claims or additional fees above the rate approved. TMHP also cannot be charged for the filing of claim forms.

3 Prior Authorization

All MTP services must be prior authorized by MTP, which issues all prior authorizations for transportation services. The eligible MTP client must contact MTP to obtain an authorization. Claims that are submitted without proper prior authorization will be denied.

3.1 Retention of Prior Authorization Documents

MTP prior authorization documents relating to Medicaid services or benefits provided to clients who are 20 years of age and younger must not be destroyed until the provider receives notice from HHSC. Examples of such documents include but are not limited to:

- Correspondence with HHSC/MTP;
- Invoices
- Receipts
- Contacts with clients who are class members

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3.2 Definition of Prior Authorization Documents

The term "prior authorization document" is broad and includes, but is not limited to, the following:

- Paper records
- Electronic files in any format
- Database entries
- The original and any drafts or non-identical copies of any document
- Exhibits or attachments to documents
- Handwritten documents
- Emails
- Drawings, graphs, charts
- Electronic or videotape recordings
- Computer disks
- Other forms of computer memory storage

3.3 Copies of Prior Authorization Documents

Providers are not required to retain multiple exact copies of a document. For example:

- An exact electronic copy (e.g., scanned computer image, microfiche) may be retained instead of a paper copy.
- If the last in a chain of emails is retained, it is not necessary to retain each of the individual emails included in the chain, as long as the email that is retained reflects all of the earlier emails.

However, a document containing any substantive editorial comment, margin notes, underlining, etc., is not an exact copy and becomes a new original that must be retained.

3.4 Storage of Prior Authorization Document Storage

Relevant information and documents should be stored in a way that is protected from unintentional disclosure or destruction.

4 Claims Filing

This section contains instructions for completion of Medicaid-required claim forms. When filing a claim, providers should review the instructions carefully and complete all requested information. A correctly completed claim form is processed faster.

Texas Medicaid cannot make payments to clients, so the provider who performs the service must file an assigned claim. Federal regulations prohibit providers from charging clients a fee for completing or filing Medicaid claim forms or for denied claims or additional fees above the rate approved. Providers are not allowed to charge TMHP for filing claims. The cost of claims filing is part of the usual and customary rate for doing business. Providers cannot bill Texas Medicaid or Medicaid clients for missed appointments or failure to keep an appointment. Only claims for services rendered are considered for payment.

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Medicaid providers are also required to complete and sign authorized medical transportation forms (e.g., Form H3017, Individual Transportation Participant (ITP)) Service Record, or Form 3111, Verification of Travel to Healthcare Services by Mass Transit) or provide an equivalent (e.g., provider statement on official letterhead) to attest that services were provided to a client on a specific date. The client presents these forms to the provider.

Providers are not allowed to bill clients or Texas Medicaid for completing these forms.

Medicaid claims are subject to the following procedures:

- TMHP verifies all required information is present.
- Claims filed under the same provider identifier and program and ready for disposition at the end of each week are paid to the provider with an explanation of each payment or denial. The explanation is called the Remittance and Status (R&S) Report, which may be received as a downloadable portable document format (PDF) version or on paper. A Health Insurance Portability and Accountability Act (HIPAA)-compliant 835 transaction file is also available for those providers who wish to import claim dispositions into a financial system.

An R&S Report is generated for providers that have weekly claim or financial activity with or without payment. The report identifies pending, paid, denied, and adjusted claims. If no claim activity or outstanding account receivables exist during the time period, an R&S Report is not generated for the week.

Providers can participate in the most efficient and effective method of submitting claims to TMHP by submitting claims through the TMHP Electronic Data Interchange (EDI) claims processing system using TexMedConnect or a third party vendor. Claims must contain the provider's complete name, address, and provider identifier to avoid unnecessary delays in processing and payment.

4.1 Claims Filing Deadlines

All claims for services rendered to eligible MTP clients are subject to a filing deadline from the date of service (DOS) of:

- 95 days for in-state providers
- 365 days for out-of-state providers

Claims submitted by newly-enrolled MTP providers must be received within 95 days of the date the national provider identifier or the atypical provider identifier (API) is issued, and within 365 days of the DOS. Providers with a pending application should submit any claims that are nearing the 365-day deadline from the DOS. TMHP will reject all claims until an API is issued. MTP providers can use the TMHP rejection report or Return to Provider (RTP) letters as proof of meeting the 365 day deadline and submit an appeal.

4.2 Auditing of Claims

Reimbursement may be recouped when the medical record does not document that the level of service provided accurately matches the level of service claimed. Furthermore, the level of service provided and documented must be medically necessary based on the clinical situation and needs of the patient.

HHSC and TMHP routinely perform retrospective reviews of all providers. HHSC ultimately is responsible for Texas Medicaid utilization review activities. This review includes comparing services billed to the client's clinical record. The following requirements are general requirements for all providers. Any mandatory requirement not present in the client's medical record subjects the associated services to recoupment.

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4.3 Important Codes for All MTP Providers

MTP providers must use the following codes when submitting claims:

- Benefit Code = MTP
- Provider Type = MT
- Diagnosis Code = Z753
- Place of Service = 09 for paper claims, 99 for TexMedConnect claims
- Type of Service = 9
- Taxonomy Code = 347C00000X

The following table shows additional codes that TMHP recommends for filing MTP claims. The codes are based on transportation provider type:

MTP Provider Description	Provider Specialty	Taxonomy Code	Recommended Procedure Code	Modifier Codes
Individual Transportation Participant (ITP)	T4	347C00000X	S0215	
Demand Response Transportation Service Provider (DRTS)	TS	343800000X	T2003	U1
				U2
				U3
DRTS Transportation Network Company	TS	347C00000X	T2003	U1
				U2
				U3

4.4 Delegation of Signature Authority

A provider that delegate signatory authority to a member of the office staff or to a billing service remains responsible for the accuracy of all information on a claim submitted for payment. A provider's employees or a billing service and its employees are equally responsible for any false billings in which they participated or directed.

If the claim is prepared by a billing service or printed by data processing equipment, it is permissible to print "Signature on File" in place of the provider's signature. When claims are prepared by a billing service, the billing service must obtain and keep a letter on file that is signed by the provider authorizing claim submission.

4.5 Electronic Claims

4.5.1 TMHP Electronic Data Interchange (EDI)

Providers are encouraged to submit claims using electronic methods. Providers can participate in the most efficient and effective method of submitting requests to TMHP by submitting through the TMHP EDI Gateway. TMHP uses the HIPAA-compliant American National Standards Institute (ANSI) ASC X12 5010 file format through a Secure File Transfer Protocol (SFTP) connection for maximum security. Providers can access TMHP's electronic services through the TMHP website at www.tmhp.com, TexMedConnect, vendor software, and billing agents. Providers may also submit claims using paper forms. Version 2001 0805 3 MTP Claim Filing.

Note: *This option is not applicable to ITPs.*

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4.5.2 TexMedConnect

TexMedConnect is a free, web-based, claims submission application provided by TMHP. Technical support and training for TexMedConnect are also available free from TMHP. DRTS/TNC Providers can submit claims, eligibility requests, claim status inquiries, appeals, and download ER&S Reports (in either PDF or ANSI 835 formats) using TexMedConnect. TexMedConnect can interactively submit individual claims that are processed in seconds. To use TexMedConnect, providers must have:

- An internet service provider (ISP)

One of the following:

- Microsoft Edge®
- Google Chrome®
- Mozilla Firefox®

A broadband connection is recommended but not required. Providers that use TexMedConnect can find the online instruction manual on the home page and on the EDI page of the TMHP website at www.tmhp.com.

Note: *This option is not applicable to ITPs.*

4.5.3 Vendor Software

Providers that do not use TexMedConnect may use vendor software to create, submit, and retrieve data files. Providers can use software from any vendor listed on the EDI Submitter List, which is located on the EDI Vendor Testing web page of the TMHP website at www.tmhp.com. There are hundreds of software vendors that have a wide assortment of services and that have been approved to submit electronic files to TMHP. Providers that plan to access TMHP's electronic services with vendor software should contact the vendor for details on software requirements. TMHP does not make vendor recommendations or provide any assistance for vendor software. Not all vendor software offers the same features or levels of support. Providers are encouraged to research their software thoroughly to make certain that it meets their needs and that it has completed testing with TMHP.

Providers must setup their software or billing agent services to access the TMHP EDI Gateway. Providers who use billing agents or software vendors should contact those organizations for information on installation, settings, maintenance, and their processes and procedures for exchanging electronic data.

Providers that download the ANSI 835 file through TexMedConnect and providers that use vendor software must request a submitter ID. A submitter ID is necessary for vendor software to access TMHP's electronic services. It serves as an electronic mailbox for the provider and TMHP to exchange data files. To order a submitter ID, providers must call the EDI Help Desk at 1-888-863-3638. Providers that use a billing agent do not need a submitter ID.

Providers may receive an ER&S Report by completing the Electronic Remittance and Status (ER&S) Agreement and submitting it to the EDI Help Desk after setting up access to the TMHP EDI Gateway. 4 Version 2001 0805 MTP Claim Filing.

Note: *This option is not applicable to ITPs.*

4.5.4 Third Party Vendor Implementation

TMHP requires all software vendors and billing agents to complete EDI testing before access to the production server is allowed. Vendors that wish to begin testing may call the EDI Help Desk at 1-888-863-3638, Option 3. After the successful submission of a Trading Partner Agreement, vendors must then complete end-to-end testing on the TMHP test server. Software vendors and billing agents must be partnered with at least one Texas provider before a test submitter ID can be issued. When end-to-end testing has been completed, the software vendor or billing agent will be added to the EDI Submitter List.

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Providers and billing agents may then order production submitter IDs for use with the vendor's software. Companion guides and vendor specifications are available in the EDI section of the TMHP website at www.tmhp.com.

Note: *This option is not applicable to ITPs.*

4.6 Paper Claims

MTP providers can also file claims using the CMS-1500 paper claim form. Providers obtain copies of the CMS-1500 paper claim form from a vendor of their choice. ITPs are required to submit H3017 claim form; TMHP does not supply them.

Providers must submit paper claims to TMHP at the following address:

Texas Medicaid & Healthcare Partnership
Claims
PO Box 200555
Austin, TX 78720-0555

4.6.1 Tips on Expediting Paper Claims

Use the following guidelines to enhance the accuracy and timeliness of paper claims processing.

4.6.1.1 General requirements

- Use original claim forms. Don't use copies of claim forms.
- Detach claims at perforated lines before mailing.
- Use 10 x 13 inch envelopes to mail claims. Don't fold claim forms, appeals, or correspondence.
- Don't use labels, stickers, or stamps on the claim form.
- Don't send duplicate copies of information.
- Use 8 ½ x 11 inch paper. Don't use paper smaller or larger than 8 ½ x 11 inches.
- Don't mail claims with correspondence for other departments. Version 2001 0805 5 MTP Claim Filing

4.6.1.2 Data Fields

- Print claim data within defined boxes on the claim form.
- Use black ink, but not a black marker. Don't use red ink or highlighters.
- Use all capital letters.
- Print using 10-pitch (12-point) Courier font, 10 point. Don't use fonts smaller or larger than 12 points. Don't use proportional fonts, such as Arial or Times Roman.
- Use a laser printer for best results. Don't use a dot matrix printer, if possible.
- Don't use dashes or slashes in date fields.

4.6.1.3 Attachments

- Use paper clips on claims or appeals if they include attachments. Don't use glue, tape, or staples.
- Place the claim form on top when sending new claims, followed by any medical records or other attachments.
- Number the pages when sending when sending attachments or multiple claims for the same client (e.g., 1 of 2, 2 of 2).

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- Don't total the billed amount on each claim form when submitting multi-page claims for the same client.

  Note: *It is strongly recommended that providers who submit paper claims keep a copy of the documentation they send.*

- All paper claims must be submitted with an API or NPI.
- Modifiers describe and qualify the services provided by Texas Medicaid. A modifier is placed after the five-digit procedure code.

4.6.1.4 Attachments to Claims

To expedite claims processing, providers and ITPs must supply all information on the claim form itself and limit attachments to those required by TMHP or necessary to supply information to properly adjudicate the claim.

4.6.2 CMS-1500 Instruction Table

The table below describes what information must be entered in each of the block numbers of the CMS-1500 claim form. Providers obtain copies of the CMS-1500 paper claim form from a vendor of their choice; TMHP does not supply them.

Block numbers not referenced in the table may be left blank. They are not required for TMHP to process MTP claims.

CMS 1500 - Required MTP Information		
Block No	Description	Guidelines
1a	Insured's ID No. (for program checked above, include all letters)	Enter the patient's MPCN (10-digit) patient number from the MTP authorization form.
2	Patient's name	Enter the patients last name, first name, and middle initial as printed on the MTP authorization form.
		If the insured uses a last name suffix (e.g., Jr, Sr) enter it after the last name and before the first name.
21	Diagnosis or nature of illness or injury	The ICD-10-CM diagnosis codes recommended for MTP claims are Z753.
23	Prior authorization number	Enter the Prior Authorization Number issued by MTP.
24a	Date(s) of service	Enter the date of service for each MTP authorization provided in a MM/ DD/YYYY format.
24b	Place of service	The recommended POS code for MTP paper claims is 09. For electronic filing using TexMedConnect, the POS code is 99.
24d	Fully describe procedures, medical services, or supplies furnished for each date given	The recommended procedure code for DRTS claim is T2003.
24e	Diagnosis pointer	The recommended diagnosis codes are Z753 for all MTP claims.
24f	Charges	Indicate the charges for the service listed
24g	Days or units	Enter the number of services performed (such as the quantity billed) per MTP.
27	Accept assignment	Required
		All providers of the Texas Medicaid must accept assignment to receive payment by checking Yes.

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CMS 1500 - Required MTP Information		
Block No	Description	Guidelines
28	Total charge	Enter the total charges.
31	Signature of physician or supplier	An authorized representative must sign and date the claim.
		Billing services may print "Signature on File" in place of the provider's signature if the billing service obtains and retains on file a letter signed by the provider authorizing this practice.
33	Billing provider info & PH #	Enter the billing provider's name, street, city, state, ZIP+4 code, and telephone number.
33A	NPI	DRTS providers enter your NPI or API ITPs and TNCs enter your API
33B	Other ID #	Enter your taxonomy code

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