



Texas Medicaid Provider Procedures Manual

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Volume
2

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.

1 General Information

The Medical Transportation Program (MTP), under the direction of the Texas Health and Human Services Commission (HHSC), arranges transportation and travel-related services for eligible 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 MTP services.

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 enrolled individual transportation provider (ITP): The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.
- Meals: Contracted vendors (e.g., hospital cafeteria).
- Lodging: Contracted hotels and motels.
- Advanced funds: Financial services contractor.
- Attendant: Responsible party, parent/guardian, etc., who accompanies the client to a health-care service.

Under the contract between Texas Medicaid & Healthcare Partnership (TMHP) and MTP, TMHP is responsible for enrollment of providers and processing of MTP provider claims.

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

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

- ITPs
- Lodging providers
- Meal providers

All other transportation providers arrange enrollment through MTP (e.g., transportation service area providers, client services 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. MTP clients in the Houston/Beaumont area can call 1-855-687-4786 to request services. Clients in the Dallas/Ft. Worth area can call 1-855-687-3255 to request services. For transportation services within the county where the client lives, 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.

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
- Medicaid, TICP or CSHCN Services Program client identification number (if applicable) or Social Security number, and date of birth

- 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. 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.

Medicaid providers are also required to complete and sign authorized medical transportation forms (e.g., Form 3103, Individual Driver Registrant (IDR) 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 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 atypical provider identifier (API) is issued, and within 365 days of the date of service (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.

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

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
Client Financial Services (CFS)	T1	347E00000X	A0170	
Individual Transportation Provider (ITP)	T4	347C00000X	S0215	

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).
- 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 a TPI and 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 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 TSAP claims is A0100 The recommended procedure code for CFS claims is A0170“
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.
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.

CMS 1500 - Required MTP Information		
Block No	Description	Guidelines
33A	NPI	Enter your API
33B	Other ID #	Enter your TPI number

5 Claim Form Examples

The following linked claim form examples can also be found on the [Claim Form Examples](#) page of the Provider section of the TMHP website at www.tmhp.com:

Claim Form Examples
Lodging Provider Paper Claim Form Example
Meals Provider Paper Claim Form Example

