

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03



PROVIDER BULLETIN

No. 17-16

DATE: July 20, 2017

TO: Medicaid HCBS DD Services Providers

FROM: Courtney Miller, Director *CM*
Division of Developmental Disabilities

BY: Tony Green, Deputy Director

RE: Coverage of Medical Escort Services

This provider bulletin is being issued to inform HCBS DD Services Providers how to bill for Medical Escort Services for the clients they serve. Medical Escort is billable by Non-Emergency Medical Transportation Service (NEMT) providers and is available under the Medicaid State Plan.

Medical Escort provides an attendant or caregiver to accompany and assist a participant with any mobility, transfers, or other needed services to obtain Medicaid covered services when the participant is unable to travel alone or receive the service alone due to disability.

Authorization

There are no prior authorization requirements to bill for Medical Escort. Client eligibility for Medical Escort may be reviewed on a post-payment basis. Medical Escort is only available when the client's transportation to the Medicaid coverable service was authorized as an NEMT service.

Billing

Claims for Medical Escort must be submitted on the MS-66 claim form. The claim form is available in a fillable pdf format on the Department's webpage at dhhs.ne.gov. Select Download FORMS from the right side of the page. Click OK on the Disclaimer page. Search for form number MS-66 and click on the highlighted title of the form. Claim form completion instructions are available on the back of the form.

Agency providers bill using the following procedure code and, for service dates beginning 5/1/2017 are reimbursed \$5.43 per unit:

T2001 52 NON-EMERGENCY MEDICAL TRANSPORTATION; PATIENT
ATTENDANT/ESCORT (quarter hour)

Independent providers bill using the following procedure code and, for service dates beginning 5/1/2017 are reimbursed \$2.58 per unit:

T2001 NON-EMERGENCY MEDICAL TRANSPORTATION; PATIENT
ATTENDANT/ESCORT (quarter hour)

If you have any questions about this provider bulletin, please contact Tara Neeman, DHHS Medicaid & Long-Term Care Program Specialist for NEMT, at Tara.Neeman@nebraska.gov or 402-471-9384.

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.