CHAPTER 503 BEHAVIORAL HEALTH REHABILITATION SERVICES

503.24.2 Transportation: Per Mile

Procedure Code: A0160 DD HE
Service Unit: One mile
Service Limits: 500 miles per month

Prior Authorization: None

Definition: Community Integration Transportation: Per Mile is a service in which the member's transportation to his/her community activity by the provider is documented and subsequently billed by the mile. Mileage cannot be accumulated during the transport of other members to their destinations even if the member remains in the vehicle during the transport of the other members.

Documentation: Documentation must consist an activity note describing the purpose for the transport, signed by the providing staff (along with their credentials), type of vehicle used for the transport, place of departure and arrival, actual billable mileage, and date of service.

503.25 SERVICE LIMITATIONS

Service limitations governing the provision of all WV Medicaid services will apply pursuant to Chapter 100, General Administration and Information of the Provider Manual.

503.26 SERVICE EXCLUSIONS

In addition to the exclusions listed in Chapter 100, General Administration and Information, BMS will not pay for the following services:

- Telephone consultations
- Meeting with the Medicaid Member or Medicaid Member’s family for the sole purpose of reviewing evaluation and/or results.
- Missed appointments, including but not limited to, canceled appointments and appointments not kept.
- Services not meeting the definition of Medical Necessity
- Time spent in preparation of reports
- A copy of medical report when the agency paid for the original service
- Experimental services or drugs
- Methadone administration or management
- Any activity provided for the purpose of leisure or recreation
- Services rendered outside the scope of a provider's license

503.27 ROUNDING UNITS OF SERVICE

- Services covered by Medicaid are, by definition, either based on the time spent providing the service or episodic. Units of service based on an episode or event cannot be rounded.
- Many services are described as being “planned”, “structured”, or “scheduled”. If a service is planned, structured, or scheduled, this would assure that the service is billed in whole units; therefore, rounding is not appropriate.

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.