
4.19 Payments for Medical and Remedial Care and Services

23. Pediatric or Family Nurse Practitioner Services

Payment may not exceed the amount paid to physicians for the service the provider is authorized by State Law to perform, or the provider's customary charge, whichever is less.

For services provided on and after 11.01.94, the following methodology will apply:

An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Payment will be the lessor of the upper limit or the provider's customary charge for the service to the general public.

1. a. Transportation

Payment is made for transportation and related expenses necessary for recipient access to covered medical services via common carrier or other appropriate means, cost of meals and lodging, and attendant services where medically necessary.

Reimbursement Upper Limits:

- (i) Common Carriers (bus, taxi, train, or airplane) – the rates established by any applicable regulatory authority, or the provider's customary charge to the general public.
- (ii) Automobile – Reimbursement is computed at the prevailing state employee travel per mile.
- (iii) Ambulance – Ground transportation is 100% of the Medicare rural reimbursement rate at the time of service. Air transportation is 50% of the Medicare rural reimbursement rate at the time of service. Reimbursement is the same for both governmental and private providers. This methodology applies to all dates of service on or after July 1, 2022.
- (iv) Meals - \$5.00 per meal during travel time for patient, attendant, and transportation provider.
- (v) Lodging – At cost, as documented by receipt, at the most economical resource available as recommended by the medical facility at destination.