



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX

Chapter 538 School-Based Health Services

Appendix 538I Transportation Billing Form

BMS Provider Manual Chapter 538 School-Based Health Services Appendix I, Transportation Billing Form

Effective 8/1/19

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.

Service Record – School Based Specialized Transportation

Medicaid Number	Last Name	First Name	County	School
WVEIS Number	Diagnosis Code	Date of Birth	Month/Year	Vehicle Type
				Modified

____T2001 SE – Non-Emergency Medical Transportation – with Bus Aide

____T2002 SE – Non-Emergency Medical Transportation – without Bus Aide

Up to 4 one-way trips per instructional day. Locations would be school, home, or designated stop (DS). If other than these, indicate the specific location. Driver and aide signatures are only verifying the student's total monthly trips.

Date	Departure Location	Arrival Location	Start Time	Stop Time	
Total Trips Total Billable Trips* Total Non-Billable Trips*					

*District staff completes the total billable and non-billable lines based upon dates the student receives billable services.

Driver Signature/Credentials:

Bus Aide Signature/Credentials: _____