CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX I

## Chapter 538 School-Based Health Services

Appendix 538I Transportation Billing Form

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 |
| :---: | :---: | :---: | :---: | :---: |
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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: $\qquad$

