

CR 92-174

CERTIFICATE

STATE OF WISCONSIN)
) SS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)



I, Gerald Whitburn, Secretary of the Department of Health and Social Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to provision of transportation services under the Medical Assistance program were duly approved and adopted by this Department on September 30, 1994.

I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 30th day of September, 1994.

SEAL:

Gerald Whitburn, Secretary
Department of Health and Social Services

ORDER OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
REPEALING, RENUMBERING, RENUMBERING AND AMENDING, AMENDING,
REPEALING AND RECREATING AND CREATING RULES

To repeal HSS 107.02(2m)(a)17; to renumber HSS 105.39(2)(b)2 and 3; to renumber and amend HSS 105.38 and 105.39(1); to amend HSS 105.39(2)(a) and (b) (intro.) and 1,(3)(a) and (b),(4)(a) and (5)(a); to repeal and recreate HSS 105.39(4)(b) and (c) and 107.23; and to create HSS 105.38(2) and 105.39(2)(b)2 and (h), and (7), relating to provision of transportation services under the Medical Assistance program.

Analysis Prepared by the Department of Health and Social Services

The Department pays for some Medical Assistance (MA) recipients to be transported by ambulance or specialized medical vehicle (SMV) or, with county or tribal approval, by public carrier or private motor vehicle, to MA-certified health care providers to receive MA-covered services. In doing so, it certifies MA transportation providers under ss. HSS 105.38 and 105.39 and establishes conditions and procedures for reimbursement of transportation services under s. HSS 107.23.

This rulemaking order updates SMV provider certification provisions in s. HSS 105.39 for insurance, vehicle capabilities and maintenance, and driver qualifications and training. It uses as benchmarks Wisconsin Department of Transportation standards and industry norms. All SMVs are required to have either a lift or a ramp. Drivers are expected to have first aid and CPR training and specific instruction in the use of ramps, lifts and restraint devices used by the provider in addition to specific instruction on the care of passengers having seizures. Some other MA providers are prohibited from becoming SMV providers. The Department may refuse to re-certify providers who repeatedly violate SMV requirements.

This order also modifies s. HSS 107.23 relating to covered transportation services. The organization of the section is changed so that it is similar to other covered service sections. The amended rules clarify how providers should bill for certain services such as second attendants and clarifies when the program will reimburse family members for expenses. The rules include new provisions for reimbursement of SMV providers for unloaded mileage and clarify the Department's authority to set guidelines for common carrier transportation and set conditions for transportation of certain ambulatory recipients in specialized medical vehicles. References are added to tribal agencies and to county and tribal agency designees. "Usual and customary" in relation to charges for SMV transportation is defined. SMVs may not be used to transport recipients to some destinations.

The Department's authority to repeal, renumber, amend, repeal and recreate and create these rules is found in s. 49.45(10), Stats. The rules interpret s. 49.46(2)(b)3, Stats.

SECTION 1. HSS 105.38 is renumbered 105.38(1) and amended to read:

HSS 105.38 CERTIFICATION OF AMBULANCE PROVIDERS.(1) For MA certification, ambulance service providers shall be licensed pursuant to s. 146.50, Stats., and ch. ~~H20 {HSS 110}~~ HSS 110, and shall meet ambulance inspection standards ~~adopted by~~ of the Wisconsin department of transportation under s. 341.085, Stats., and ~~found in~~ ch. Trans ~~157~~ 309.

SECTION 2. HSS 105.38(2) is created to read:

HSS 105.38(2) An ambulance service provider that also provides air ambulance services shall submit a separate application under s. HSS 105.01 for certification as an air ambulance provider.

Note #1: For a copy of the application form for an ambulance service provider license, write the EMS Section, Division of Health, P.O. Box 309, Madison, Wisconsin, 53701.

Note #2: For covered transportation services, see s. HSS 107.23.

SECTION 3. HSS 105.39(1) is amended to read:

HSS 105.39 CERTIFICATION OF SPECIALIZED MEDICAL VEHICLE PROVIDERS.
(1) For MA certification, a specialized medical vehicle providers provider shall meet the requirements of this section and shall sign the affidavit required under sub. (6) stipulating that ~~they are~~ the provider is in compliance with the requirements of this section as well as with the requirements of the department of transportation for human service vehicles under ss. 110.05 and 340.01(23)(g), Stats., and ch. Trans. 301, and shall provide proof of compliance when requested by the department.

SECTION 4. HSS 105.39(2)(a) and (b)(intro.) and 1, are amended to read:

HSS 105.39(2) VEHICLES. (a) Insurance of not less than ~~\$100,000~~ \$250,000 personal liability for each person and, not less than ~~\$300,000~~ \$500,000 personal liability for each occurrence and not less than \$10,000 property damage shall be carried on ~~all vehicles~~ each specialized medical vehicle used in transporting recipients to transport a recipient.

(b)(intro.) ~~Vehicle inspections~~ Each vehicle shall be performed inspected and the inspection documented at least every 7 days by an assigned driver or mechanic, to ensure:

1. The proper functioning of the vehicle systems including but not limited to all headlights, emergency flasher lights, turn signal lights, tail lights, brake lights, clearance lights, internal lights, windshield wipers, brakes, front suspension and steering mechanisms, shock absorbers, heater and defroster systems, structural integrity of passenger compartment, air conditioning system, wheelchair locking systems, doors, lifts and ramps, moveable windows and passenger and driver restraint systems;

SECTION 5. HSS 105.39(2)(b)2 and 3 are renumbered 105.39(2)(b)3 and 4.

SECTION 6. HSS 105.39(2)(b)2 and (h) are created to read:

HSS 105.39(2)(b)2. That all brakes, front suspension and steering mechanisms and shock absorbers are functioning correctly;

(h) A provider shall maintain a list showing for each vehicle its registration number, identification number, license number, manufacturer, model, year, passenger

capacity, insurance policy number, insurer, types of restraint systems for wheelchairs and whether it is fitted with a wheelchair lift or with a ramp. Attached to the list shall be evidence of compliance with ch. Trans. 301.

SECTION 7. HSS 105.39(3)(a) and (b) and (4)(a) are amended to read:

HSS 105.39(3) VEHICLE EQUIPMENT. (a) The vehicle shall be equipped at all times with ~~a jack and lug wrench,~~ a flashlight in working condition, a first aid kit containing ~~2 rolls of sterile gauze, sterile gauze compression bandages~~ at least equal in number to the passenger carrying capacity of the vehicle, ~~one roll of adhesive tape and one tourniquet,~~ and a fire extinguisher. The fire extinguisher shall be periodically serviced as recommended by the local fire department.

(b) The vehicle shall be equipped with a lift or ramp for loading wheelchairs. The vehicle shall also be equipped with passenger restraint devices for each passenger, including restraint devices for ~~wheelchairbound recipients~~ if these recipients are carried, and these devices shall be used. ~~Wheelchair restraints shall secure both the passenger and the wheelchair~~ recipients in wheelchairs or on cots or stretchers as defined in s. HSS 107.23(1)(c)4. Both a recipient and the recipient's wheelchair, cot or stretcher shall be secured.

(4) (a) Each driver shall possess a valid ~~Wisconsin chauffeurs~~ regular or commercial operator's license which shall be unrestricted, except that the vision restrictions may be waived if the driver's vision is corrected to an acuity of 20/30 or better by the use of ~~eyeglasses~~ corrective lenses. In this event, the driver shall wear corrective eyeglasses lenses while transporting recipients.

SECTION 8. HSS 105.39(4)(b) and (c) are repealed and recreated to read:

HSS 105.39(4)(b)1. Each driver before driving a vehicle or serving as an attendant shall have received all of the following:

- a. Basic Red Cross or equivalent training in first aid and cardiopulmonary resuscitation (CPR);
- b. Specific instructions on care of passengers in seizure; and
- c. Specific instructions in the use of all ramps, lift equipment and restraint devices used by the provider.

2. A driver who was employed before the effective date of this section [revisor to insert effective date] and who attests in writing that he or she has had prior training in the topics under subd. 1 shall be considered to have fulfilled the requirements under subd. 1.

3. Each driver shall receive refresher training in first aid every 2 years and refresher training in CPR annually. A driver who is an emergency medical technician licensed under ch. HSS 110, 111 or 112, a licensed practical nurse, a registered nurse or a physician assistant shall be considered to have met this requirement by completion of continuing education which includes first aid and CPR.

(c) The provider shall maintain a current list of all drivers showing the name, license number and any driving violations or license restrictions of each and shall keep that list current.

SECTION 9. HSS 105.39(5)(a) is amended to read:

HSS 105.39(5)(a) Compliance with ~~all applicable~~ state and local laws governing the conduct of ~~company business~~ businesses, including ch. Trans 301.

SECTION 10. HSS 105.39(7) is created to read:

HSS 105.39(7) DENIAL OF RECERTIFICATION. If a provider violates provisions of this chapter, s. HSS 106.06, s. HSS 107.23 or any other instruction in MA program manuals, handbooks, bulletins or letters on provision of SMV services 3 times in a 36-month period, the department may deny that provider's request for re-certification.

SECTION 11. HSS 107.02(2m)(a)17 is repealed.

SECTION 12. HSS 107.23 is repealed and recreated to read:

HSS 107.23 TRANSPORTATION. (1) COVERED SERVICES. (a) General.

Transportation by ambulance, specialized medical vehicle (SMV) or county-approved or tribe-approved common carrier as defined under par.(d)1, is a covered service when provided to a recipient in accordance with this section.

(b) Transport by ambulance. Ambulance transportation shall be a covered service if the recipient is suffering from an illness or injury which contraindicates transportation by other means, but only when provided:

1. For emergency care, when immediate medical treatment or examination is needed to deal with or guard against a worsening of the recipient's condition:

a. From the recipient's residence or the site of an illness or accident to a hospital, physician's office or emergency care center;

b. From a nursing home to a hospital; or

c. From a hospital to another hospital; and

2. For non-emergency care when authorized by a physician, physician assistant, nurse midwife or nurse practitioner by written documentation which states the specific

medical problem requiring the non-emergency ambulance transport:

- a. From a hospital or nursing home to the recipient's residence;
- b. From a hospital to a nursing home;
- c. From a nursing home to another nursing home, a hospital, a hospice care

facility or a dialysis center; or

d. From a recipient's residence or nursing home to a hospital or a physician's or dentist's office, if the transportation is to obtain a physician's or dentist's services which require special equipment for diagnosis or treatment that cannot be obtained in the nursing home or recipient's residence.

(c) Transport by specialized medical vehicle (SMV). 1. In this paragraph, "indefinitely disabled" means a chronic, debilitating physical impairment which includes an inability to ambulate without personal assistance or requires the use of a mechanical aid such as a wheelchair, a walker or crutches, or a mental impairment which includes an inability to reliably and safely use common carrier transportation because of organic conditions affecting cognitive abilities or psychiatric symptoms that interfere with the recipient's safety or that might result in unsafe or unpredictable behavior. These symptoms and behaviors may include the inability to remain oriented to correct embarkation and debarkation points and times and the inability to remain safely seated in a common carrier cab or coach.

2. SMV transportation shall be a covered service if the recipient is legally blind or is indefinitely disabled as documented in writing by a physician, physician assistant, nurse midwife or nurse practitioner. The necessity for SMV transportation shall be documented by a physician, physician assistant, nurse midwife or nurse practitioner. The documentation shall indicate in a format determined by the department why the

recipient's condition contraindicates transportation by a common carrier as defined under par.(d)1, including accessible mass transit services, or by a private vehicle and shall be signed and dated by a physician, physician assistant, nurse midwife or nurse practitioner. For a legally blind or indefinitely disabled recipient, the documentation shall be rewritten annually. The documentation shall be placed in the file of the recipient maintained by the provider within 14 working days after the date of the physician's, physician assistant's, nurse midwife's or nurse practitioner's signing of the documentation and before any claim for reimbursement for the transportation is submitted.

3. If a recipient has not been declared legally blind or has not been determined by a physician, physician assistant, nurse midwife or nurse practitioner to be indefinitely disabled, the transportation provider shall obtain and maintain a physician's, physician assistant's, nurse midwife's or nurse practitioner's written documentation for SMV transportation. The documentation shall indicate in a format determined by the department why the recipient's condition contraindicates transportation by a common carrier, including accessible mass transit services, or by a private vehicle and shall state the specific medical problem preventing the use of a common carrier, as defined under par.(d)1, and the specific period of time the service may be provided. The documentation shall be signed and dated by a physician, physician assistant, nurse midwife or nurse practitioner. The documentation shall be valid for a maximum of 90 days from the date of the physician's, physician assistant's, nurse midwife's or nurse practitioner's signature. The documentation shall be placed in the file of the recipient maintained by the provider within 14 working days after the date of the physician's, physician assistant's, nurse midwife's or nurse practitioner's signing of the

documentation and before any claim for reimbursement for the transportation is submitted.

4. SMV transportation, including the return trip, is covered only if the transportation is to a location at which the recipient receives an MA-covered service on that day. SMV trips by cot or stretcher are covered if they have been prescribed by a physician, physician assistant, nurse midwife or nurse practitioner. In this subdivision, "cot or stretcher" mean a bed-like device used to carry a patient in a horizontal or reclining position.

5. Charges for SMV unloaded mileage are reimbursable only when the SMV travels more than 20 miles by the shortest route available to pick up a recipient and there is no other passenger in the vehicle, regardless of whether or not that passenger is an MA recipient. In this subdivision, "unloaded mileage" means the mileage travelled by the vehicle to pick up the recipient for transport to or from MA-covered services.

6. When a recipient does not meet the criteria under subd.2, SMV transportation may be provided under par. (d) to an ambulatory recipient who needs transportation services to or from MA-covered services if no other transportation is available. The transportation provider shall obtain and maintain documentation as to the unavailability of other transportation. Records and charges for the transportation of ambulatory recipients shall be kept separate from records and charges for non-ambulatory recipients. Reimbursement shall be made under the common carrier provisions of par. (d).

(d) Transport by county-approved or tribe-approved common carrier 1. In this paragraph, "common carrier" means any mode of transportation approved by a county

or tribal agency or designated agency, except an ambulance or an SMV unless the SMV is functioning under subd. 5.

2. Transportation of an MA recipient by a common carrier to a Wisconsin provider to receive MA-covered services shall be a covered service if the transportation is authorized by the county or tribal agency or its designated agency. Reimbursement shall be for the charges of the common carrier, for mileage expenses or a contracted amount the county or tribal agency or its designated agency has agreed to pay a common carrier. A county or tribal agency may develop its own transportation system or may enter into contracts with common carriers, individuals, private businesses, SMV providers and other governmental agencies to provide common carrier services. A county or tribe is limited in making this type of arrangement by sub. (3)(c).

3. Transportation of an MA recipient by a common carrier to an out-of-state provider, excluding a border-status provider, to receive MA-covered services shall be covered if the transportation is authorized by the county or tribal agency or its designated agency. The county or tribal agency or its designated agency may approve a request only if prior authorization has been received for the nonemergency medical services as required under s. HSS 107.04. Reimbursement shall be for the charges of the common carrier, for mileage expenses or a contracted amount the county or tribal agency or its designated agency has agreed to pay the common carrier.

4. Related travel expenses may be covered when the necessary transportation is other than routine, such as transportation to receive a service that is available only in another county, state or country, and the transportation is prior authorized by the county or tribal agency or its designated agency. These expenses may include the cost of meals and commercial lodging en route to MA-covered care, while receiving

the care and when returning from the care, and the cost of an attendant to accompany the recipient. The necessity for an attendant, except for children under 16 years of age, shall be determined by a physician, physician assistant, nurse midwife or nurse practitioner with that determination documented and submitted to the county or tribal agency. Reimbursement for the cost of an attendant may include the attendant's transportation, lodging, meals and salary. If the attendant is a relative of the recipient, reimbursed costs are limited to transportation, commercial lodging and meals.

Reimbursement for the costs of meals and commercial lodging shall be no greater than the amounts paid by the state to its employees for those expenses. The costs of more than one attendant shall be reimbursed only if the recipient's condition requires the physical presence of another person. Documentation stating the need for the second attendant shall be from a physician, physician assistant, nurse midwife or nurse practitioner and shall explain the need for the attendant and be maintained by the transportation provider if the provider is not a common carrier. If the provider is a common carrier, the statement of need shall be maintained by the county or tribal agency or its designated agency authorizing the transportation. If the length of attendant care is over 4 weeks in duration, the department shall determine the necessary expenses for the attendant or attendants after the first 4 weeks and at 4-week intervals thereafter. In this subdivision, "attendant" means a person needed by the transportation provider to assist with tasks necessary in transporting the recipient and that cannot be done by the driver or a person traveling with the recipient in order to receive training in the care of the recipient, and "relative" means a parent, grandparent, grandchild, stepparent, spouse, son, daughter, stepson, stepdaughter, brother, sister, half-brother or half-sister, with this relationship either by consanguinity

or direct affinity.

5. If a recipient for emergency reasons beyond that person's control is unable to obtain the county or tribal agency's or designee's authorization for necessary transportation prior to the transportation, such as for a trip to a hospital emergency room on a weekend, the county or tribal agency or its designee may provide retroactive authorization. The county or tribal agency or its designee may require documentation from the medical service provider or the transportation provider, or both, to establish that the transportation was necessary.

(2) SERVICES REQUIRING PRIOR AUTHORIZATION. The following covered services require prior authorization from the department:

(a) All non-emergency transportation of a recipient by water ambulance to receive MA-covered services;

(b) All non-emergency transportation of a recipient by fixed-wing air ambulance to receive MA-covered services;

(c) All non-emergency transportation of a recipient by helicopter ambulance to receive MA-covered services;

(d) Trips by ambulance to obtain physical therapy, occupational therapy, speech therapy, audiology services, chiropractic services, psychotherapy, methadone treatment, alcohol abuse treatment, other drug abuse treatment, mental health day treatment or podiatry services;

(e) Trips by ambulance from nursing homes to dialysis centers; and

(f) All SMV transportation to receive MA-covered services, except for services to be received out of state for which prior authorization has already been received, that is over 40 miles for an one-way trip in Brown, Dane, Fond du Lac, Kenosha, La

Crosse, Manitowoc, Milwaukee, Outagamie, Sheboygan, Racine, Rock and Winnebago counties from a recipient's residence, and 70 miles for an one-way trip in all other counties from a recipient's residence.

Note: For more information on prior authorization, see s. HSS 107.02(3).

(3) LIMITATIONS. (a) Ambulance transportation. 1. When a hospital-to-hospital or nursing home-to-nursing home non-emergency transfer is made by ambulance, the ambulance provider shall obtain, before the transfer, written certification from the recipient's physician, physician assistant, nurse midwife or nurse practitioner explaining why the discharging institution was not an appropriate facility for the patient's condition and the admitting institution is appropriate for that condition. The document shall be signed by the recipient's physician, physician assistant, nurse midwife or nurse practitioner and shall include details of the recipient's condition. This document shall be maintained by the ambulance provider.

2. If a recipient residing at home requires treatment at a nursing home, the transportation provider shall obtain a written statement from the provider who prescribed the treatment indicating that transportation by ambulance is necessary. The statement shall be maintained by the ambulance provider.

3. For other non-emergency transportation, the ambulance provider shall obtain documentation for the service signed by a physician, physician assistant, nurse midwife, dentist or nurse practitioner. The documentation shall include the recipient's name, the date of transport, the details about the recipient's condition that preclude transport by any other means, the specific circumstances requiring that the recipient be transported to the office or clinic to obtain a service, the services performed and an explanation of why the services could not be performed in the hospital, nursing home

or recipient's residence. Documentation of the physician, dentist, physician assistant, nurse midwife or nurse practitioner performing the service shall be signed and dated and shall be maintained by the ambulance provider. Any order received by the transportation provider by telephone shall be repeated in the form of written documentation within 10 working days of the telephone order or prior to the submission of the claim, whichever comes first.

4. Services of more than the 2 attendants required under s. 146.50(4), Stats., are covered only if the recipient's condition requires the physical presence of more than 2 attendants for purposes of restraint or lifting. Medical personnel not employed by the ambulance provider who care for the recipient in transit shall bill the program separately.

5. a. If a recipient is pronounced dead by a legally authorized person after an ambulance is requested but before the ambulance arrives at the pick-up site, emergency service only to the point of pick-up is covered.

b. If ambulance service is provided to a recipient who is pronounced dead en route to a hospital or dead on arrival at the hospital by a legally authorized person, the entire ambulance service is covered.

6. Ambulance reimbursement shall include payment for additional services provided by an ambulance provider such as for drugs used in transit or for starting intravenous solutions, EKG monitoring for infection control, charges for reusable devices and equipment, charges for sterilization of a vehicle including after carrying a recipient with a contagious disease, and additional charges for services provided at night or on weekends, or on holidays. Separate payments for these charges shall not be made.

7. Non-emergency transfers by ambulance that are for the convenience of the recipient or the recipient's family are reimbursed only when the attending physician documents that the participation of the family in the recipient's care is medically necessary and the recipient would suffer hardship if the transfer were not made by ambulance.

(b) SMV transportation. 1. Transportation by SMV shall be covered only if the purpose of the trip is to receive an MA-covered service. Documentation of the name and address of the service provider shall be kept by the SMV provider. Any order received by the transportation provider by telephone shall be repeated in the form of written documentation within 10 working days of the telephone order or prior to the submission of the claim, whichever comes first.

2. Charges for waiting time are covered charges. Waiting time is allowable only when a to-and-return trip is being billed. Waiting time may only be charged for one recipient when the transportation provider or driver waits for more than one recipient at one location in close proximity to where the MA-covered services are provided and no other trips are made by the vehicle or driver while the service is provided to the recipient. In this subdivision, "waiting time" means time when the transportation provider is waiting for the recipient to receive MA covered services and return to the vehicle.

3. Services of a second SMV transportation attendant are covered only if the recipient's condition requires the physical presence of another person for purposes of restraint or lifting. The transportation provider shall obtain a statement of the appropriateness of the second attendant from the physician, physician assistant, nurse midwife or nurse practitioner attesting to the need for the service and shall retain that

statement.

4. SMV services may only be provided to recipients identified under sub.(1)(c).

5. A trip to a sheltered workshop or other nonmedical facility is covered only when the recipient is receiving an MA-covered service there on the dates of transportation and the medical services are of the level, intensity or extent consistent with the medical need defined in the recipient's plan of care.

6. Trips to school for MA-covered services shall be covered only if the recipient is receiving services on the day of the trip under the Individuals with Disabilities Education Act, 20 USC ch. 33, and the MA-covered services are identified in the recipient's individual education plan and are delivered at the school.

7. Unloaded mileage as defined in sub. (1)(c)5 is not reimbursed if there is any other passenger in the vehicle whether or not that passenger is an MA recipient.

8. When 2 or more recipients are being carried at the same time, the department may adjust the rates.

9. Additional charges for services at night or on weekends or holidays are not covered charges.

10. A recipient confined to a cot or stretcher may only be transported in an SMV if the vehicle is equipped with restraints which secure the cot or stretcher to the side and the floor of the vehicle. The recipient shall be medically stable and no monitoring or administration of non-emergency medical services or procedures may be done by SMV personnel.

(c) County-approved or tribe-approved transportation. 1. Non-emergency transportation of a recipient by common carrier is subject to approval by the county or tribal agency or its designee before departure. The reimbursement shall be no more

than an amount set by the department and shall be less per mile than the rates paid by the department for SMV purposes. Reimbursement for urgent transportation is subject to retroactive approval by the county or tribal agency or its designee.

2. The county or tribal agency or its designee shall reimburse the recipient or the vendor for transportation service only if the service is not provided directly by the county or tribal agency or its designee.

3. Transportation provided by a county or tribal agency or its designee shall involve the least costly means of transportation which the recipient is capable of using and which is reasonably available at the time the service is required. Reimbursement to the recipient shall be limited to mileage to the nearest MA provider who can provide the service if the recipient has reasonable access to health care of adequate quality from that provider. Reimbursement shall be made in the most cost-effective manner possible and only after sources for free transportation such as family and friends have been exhausted.

4. The county or tribal agency or its designee may require documentation by the service provider that an MA-covered service was received at the specific location.

5. No provider may be reimbursed more for transportation provided for an MA recipient than the provider's usual and customary charge. In this subdivision, "usual and customary charge" means the amount the provider charges or advertises as a charge for transportation except to county or tribal agencies or non-profit agencies.

(4) NON-COVERED SERVICES. The following transportation services and charges related to transportation services are non-covered services:

(a) Emergency transportation of a recipient who is pronounced dead by a legally authorized person before the ambulance is called;

- (b) Transportation of a recipient's personal belongings only;
- (c) Transportation of a laboratory specimen only;
- (d) Charges for excess mileage resulting from the use of indirect routes to and from destinations;
- (e) Transport of a recipient's relatives other than as provided in sub. (1)(d)4;
- (f) SMV transport provided by the recipient or a relative, as defined in sub. (1)(d)4, of the recipient;
- (g) SMV transport of an ambulatory recipient, except an ambulatory recipient under sub. (1)(c)1, to a methadone clinic or physician's clinic solely to obtain methadone or related services such as drug counseling or urinalysis;
- (h) Transportation by SMV to a pharmacy to have a prescription filled or refilled or to pick up medication or disposable medical supplies;
- (i) Transportation by SMV provided solely to compel a recipient to attend therapy, counseling or any other MA-covered appointment; and
- (j) Transportation to any location where no MA-covered service is provided either at the destination or pick-up point.

Note: For more information on non-covered services, see s. HSS 107.03.

The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s.227.22(2), Stats.

Wisconsin Department of Health and
Social Services

Date : September 30, 1994

By: _____



Gerald Whitburn
Secretary

SEAL:

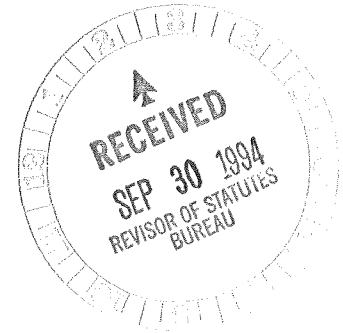
Tommy G. Thompson
Governor
Gerald Whitburn
Secretary



Mailing Address
1 West Wilson Street
Post Office Box 7850
Madison, WI 53707-7850
Telephone (608) 266-9622

State of Wisconsin Department of Health and Social Services

September 30, 1994



Mr. Bruce E. Munson
Revisor of Statutes
131 W. Wilson St., Suite 800
Madison, WI 53703

Dear Mr. Munson:

As provided in s. 227.20, Stats., there is hereby submitted a certified copy of chs. HSS 105 and 107, administrative rules relating to provision of transportation services under the Medical Assistance program.

These rules are also being submitted to the Secretary of State as required by s. 227.20, Stats.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gerald Whitburn".

Gerald Whitburn
Secretary

Enclosure