

How to Request a Service Authorization for Non-Emergency Medical Transportation and Accommodation Services



Transportation and accommodation services are authorized to the nearest facility. However, for Alaska Natives, transportation and accommodation services may be approved for traveling to the nearest tribal health facility (e.g., specialty clinic, Ambulatory Surgical Care facility, or inpatient hospital).

All medically necessary, nonemergency transportation (air, water, or ground) and accommodations (e.g., hotel or meals) must be authorized by Conduent. The patient's Medicaid coverage must include **transportation benefits**.

Providers can request transportation authorizations by calling the Conduent Service Authorization call center or submitting a request through Health Enterprise. Refer to "How to Submit a Transportation Authorization Request in Health Enterprise" available at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Follow these steps to request a service authorization for transportation or accommodation services through the Conduent Service Authorization call center.

1. Call the Conduent Service Authorization Unit at 907.644.6800, option 5, or toll-free in Alaska at 800.770.5650, option 1, 2.
2. Tell the Conduent representative what kind of transportation and/or accommodation services are needed.
3. Complete fields 8, 10, 19, and 24 of the AK-04 with the information that the Service Authorization Unit gives you.
4. Complete the remaining fields up to field 16 on the AK-04. Refer to **How to Complete the Transportation Authorization and Invoice (AK-04) Form**.



Complete a separate AK-04 for each transportation/accommodation provider who will be billing for services. Complete a separate AK-04 for each taxi ride even if the trips are with the same taxi company.

5. Give the completed AK-04 forms to the member.

It is the member's or the member's escort's responsibility to call the Medicaid Travel Office (MTO) to arrange the member's air or ferry travel. The requesting provider may also set up the member's travel through the MTO. However, whoever calls must have the service authorization number available.

You may reach the MTO at 800.514.7123. MTO phones are staffed 7:00 a.m. – 7:00 p.m. daily, including weekends.

Local Transportation for Medicaid Members

Alaska Medical Assistance may provide coverage for local transportation for an Alaska Medicaid member to travel to or from a medical appointment if the transportation request is made by the referring or receiving medical provider. The request must also meet the following criteria:

- The patient for whom local transportation is being requested must be eligible for Alaska Medicaid.
- Refer to the patient's Alaska Medicaid eligibility coupon, if available, or Eligibility Verification in Section III of your provider manual for other methods of verifying eligibility.

Provider billing manuals are available at
<https://medicaidalaska.com/portals/wps/portal/BillingManuals>.

- The patient's Alaska Medicaid coverage must include transportation benefits.
NOTE: If you are uncertain, a Conduent Service Authorization staff member can verify this information when you call for a Service Authorization Number (see below).
- The transportation must be for an appointment to receive a covered service.
- The appointment must be medically necessary.
- The patient must not have access to public transportation.
- The patient must have no other mode of transportation available to him/her.

How to Complete the Transportation Authorization and Invoice (AK-04) Form

Follow these steps to complete the Transportation Authorization and Invoice (AK-04) form.

1. **Eligibility Checked:** Verify the member's eligibility and then check the box, initial the line, and enter the date.
2. **Emergency/Nonemergency:** Mark Non-Emergency
3. **Patient's Name** (field 1): Enter the patient's first name, middle initial and last name (in that order).
4. **Patient's Date of Birth** (field 2): Enter the patient's date of birth in MM/DD/YYYY format (for example, April 27, 1976 would be 04/27/1976).
5. **Was condition related to patient's employment? An accident or injury?** (fields 3a and 3b): Leave blank.
6. **Recipient (Member) Identification Number** (field 4): **(Required)** Enter the patient's 10-digit Alaska Medical Assistance identification number.
7. **Patient's Sex** (field 5): Select the appropriate box to indicate the patient's gender.
8. **Address** (field 6): Enter the patient's address and telephone number.
9. **EPSDT Referral** (field 7): If the transportation or accommodation arrangements are being made because of an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening, select Yes.
10. **Service Auth. Number** (field 8): Enter the service authorization number that the Conduent representative gives you.
11. **To the best of my knowledge....** (field 9): Sign and date the form (if you are not the person calling Conduent for authorization, have the person who is calling sign and date the form). Also, enter the phone number of the person calling to get authorization.
12. **Authorized by:** (field 10): Enter the name of the Conduent representative who gives you the service authorization number (field 8).
13. **Transportation (Origin/Destination)** (field 11): Enter the village or city from which the patient will begin travel in the Origin field and then enter the city to which the patient will be travelling in the Destination field.
14. **Round Trip (Departure Date/Return Date)** (field 12): If the trip is a round trip, enter the date the patient will be leaving in the Departure Date field and then enter the date the patient will be returning in the Return Date field. If it is a one-way trip, complete field 13 instead.

15. **One Way (Departure Date)** (field 13): If the trip is a one-way trip, enter the date the patient will be leaving in the Departure Date field. If it is a round trip, complete field 12 instead.
16. **Transportation (Escort Name)** (field 14): Enter the first and last name of the escort accompanying the patient. If there is no escort, cross out the escort section of the form (fields 14 to 16 and field 21 to 25).
17. **Round Trip (Departure Date/Return Date)** (field 15): If the trip is a round trip and there will be an escort, enter the date the escort will be leaving in the Departure Date field and then enter the date the escort will be returning in the Return Date field. If it is a one-way trip, complete field 16 instead.
18. **One Way (Departure Date)** (field 16): If the trip is a one-way trip and there will be an escort, enter the date the escort will be leaving in the Departure Date field. If it is a round trip, complete field 15 instead.
19. **Procedure Code** (field 17) and **Description** (field 18) for patient: These fields are preprinted on the form. If the authorized service is for a wheel chair van, enter the code A0130 on a blank line in Column 17 (Procedure Code) and the description on the same line in Column 18 (Description).
20. **Units** (field 19) for patient: Enter the number of units authorized by Conduent for each code. Lodging and Meal vouchers must show the total number of units for the stay. Taxi vouchers may contain only 1 unit per voucher; multiple units require multiple vouchers. For example, a round-trip (home to clinic to home) requires 2 vouchers.
21. **Charges** (field 20) for patient: Leave this field blank.
22. **Procedure Code, Modifier, and Description** (fields 21 to 23) for escort: The allowed codes are pre-printed on the form; you do not need to enter anything in these fields.
23. **Units** (field 24) for escort: Enter the number of units authorized by Conduent for each code. Lodging and Meal vouchers will need to show the total number of units for the stay. Taxi vouchers will need 1 unit per trip on separate voucher pages.
24. **Charges** (field 25) for escort: Leave this field blank.
25. **Actual Patient Service Dates** (field 26) to **Provider Medicaid I.D. #:** Leave these fields blank.

Transportation Authorization & Invoice Form Guide and Tips

Providers may refer to the guides on the following pages when completing a Travel Authorization and Invoice form.

- **Transportation Authorization & Invoice Form Guide:** An illustrated guide for providers completing the Transportation Authorization & Invoice Form. Variations include member travel with no escort, with an escort, and with an escort with children.
- **Examples of Some Common Travel Situations:** Healthcare providers can reference these scenarios when they need to request authorization for a patient's travel, or for escorts for traveling patients.

Non-Emergency Medical Transportation Authorization & Invoice Form Guide

Provider Instructions for Completing the Travel Authorization and Invoice Form

Transportation Authorization & Invoice Form

- Healthcare providers can request travel authorizations from the Conduent Service Authorization (SA) unit at **800.770.5650** or **907.644.6800**.
- The member or designee must contact the Medicaid Travel Office (MTO) at **800.514.7123** to book airline or ferry travel.
- Use one Travel Authorization and Invoice Form (voucher) per hotel stay and per taxi ride. Taxis must bill for each trip, and may not use the Round Trip Field.
- Create the Lodging and Meals vouchers first. Then, create voucher pages as necessary for each taxi ride required.
- Each form has four pages. Three of the pages are imprint copies. The imprint copies are as valid as the original first page. Vouchers cannot be photocopied.

Patient (Member) Information Section

- **Write legibly and press hard** to imprint all four pages.
- **Double check numbers.** Enter the member's ID and SA numbers, names, birthday, travel dates, and other patient information. All entries must be legible and correctly coded to pay invoices promptly.
- Any corrections must be legible and initialed by the provider.
- The member's name must match their Medicaid ID card.
- The healthcare provider requesting the authorization should sign and date the Member Information Section in field 9.

Patient Section

- Healthcare providers and health aides shall enter the member's Transportation Origin and Destination information into fields 11 (Transportation) through 19 (Units), as well as the member's dates of travel.
- Members shall book air and ferry travel through the Medicaid Travel Office (MTO). If overnight travel is authorized, the member must to make lodging arrangements with an enrolled Medicaid hotel provider.
- The transportation provider that is billing for taxi or hotel services must complete field 20 (Charges) with their billing amount.
- Transportation and hotel charges will be reimbursed for services within the listed Destination City only.

Escort Section

- Complete this section only if the member is using an escort authorized by Service Authorization.
- Include the Escort Name, Dates of Travel, and applicable Units of travel; fields 14 (Transportation) through 24 (Units).
- The transportation provider that is billing for taxi or hotel services must complete the field 25 (Charges) with their billing amount.

No Escorts used

- If there is no Escort, the healthcare provider or health aid shall mark a large 'X' through the entire Escort box.
- Press hard to imprint all four voucher pages.

Escort with Several Children; First Voucher

- Determine from Service Authorization which child's SA will include the Escort.
- Enter the Escort's name on the indicated child's voucher form.
- Enter the dates of travel and applicable Units of travel into fields 14 (Transportation) through 24 (Units).
- Reference this SA number (circled) in the additional vouchers, as described in the next step 'Escort with Several Children; Additional Vouchers.'
- The transportation provider that is billing for taxi or hotel services for *all* the children must complete field 25 (Charges) with their billing amount.

Escort with Several Children; Additional Vouchers

- Use a new voucher form for each additional child. Enter that child's patient information as usual.
- In the Escort box, write "Escort is covered under SA Number xxxxxxx." Use the SA number assigned in the first voucher (circled in the previous image).
- Put a large 'X' through the remainder of the Escort box.
- The transportation provider that is billing for taxi or hotel services for these additional children must enter their charges in the first voucher only.

Totals and Signature Section

- Healthcare providers and health aides need not make entries in this section.
- The transportation or hotel provider enters the dates the services were actually rendered in fields 26 (Actual Patient Service Dates) and 27 (Actual Escort Service Dates), as well as fields 28 (Total Document Charges) to 31 (Ticket Number/Account Number), if they apply.
- The transportation or hotel provider must enter their name and NPI and sign and date the invoice after providing the service.
- The Transportation or Hotel Provider must submit the invoice for payment.

Questions? If you have further questions, please contact the Conduent office at 907.644.6800 or 800.770.5650 (toll-free in Alaska).

Examples of Common Travel Situations

Healthcare providers often encounter situations in which the healthcare needs of an Alaska Medical Assistance patient cannot be met in the patient's home community. These patients must often travel to other communities or states to obtain appropriate health care. The following examples are standard situations in which healthcare providers might authorize travel for these patients, and might authorize escorts for traveling patients.



One Parent as Escort for One Child:

In the Patient section of the form, enter the child's Origin and Destination cities and the timeframe in which this trip will occur. Enter the parent's name and their Service Authorization Number in the Escort box.



One Parent as Escort for Several Children:

Enter each of the children's names in their own Transportation Authorization form. Enter their Origin and Destination cities and the timeframe in which this trip will occur in the Patient sections of each form.

Enter the parent's name and their Service Authorization Number in the Escort box for the first child. In the subsequent children's forms, strike through the Escort box, and write "Escort is covered under SA# ____". Fill in the blank with the appropriate Service Authorization Number.



Pregnant Mother as Escort for One or More Children:

This arrangement would be the same as when one parent escorts one or several children; the mother acts as the escort. Neither pregnancy nor breastfeeding qualifies a mother for an additional escort. If the mother cannot adequately supervise the children, the children must have a different escort.



OCS or Foster Caregiver as Escort for One or More Children:

Enter each of the children's names in their own Transportation Authorization form. Enter their Origin and Destination cities and the timeframe in which this trip will occur in the Patient sections of each form.

Enter the OCS or foster caregiver's name and their Service Authorization Number in the Escort box for the first child; in the subsequent children's forms, strike through the Escort box, and write "Escort is covered under SA# ____". Fill in the blank with the appropriate Service Authorization Number.



Escort or Travel for Patients in RPTCs

One parent, caseworker or foster caregiver can travel to a Residential Psychiatric Treatment Center (RPTC) for a patient's treatment or discharge. Siblings are not covered for this travel.

A clinician or discharge planner must provide a discharge plan that:

1. Clearly documents what the discharge placement will be, and
2. Contains clinical information regarding what services will be performed while the parent, caregiver, or caseworker is at the facility.

Travel frequency will be based on the discharge/treatment plan, but should generally be no more than four times a year.



Foreign Language Translator or Interpreter for the Deaf as Escort

Alaska Medical Assistance will not authorize travel requests for escorts for the purpose of translating foreign languages or interpreting for the deaf. Illiteracy alone does not qualify a recipient for an escort.