LEA Medicaid Billing - Service Documentation – Medical Transportation

Print Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ birthdate: \_\_\_\_\_\_\_\_\_\_ ICD – 10 code(s): \_\_\_\_\_\_

School district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ES MS HS

Address: home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of pickup: HOME / SCHOOL BUILDING/ OTHER ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of drop off: HOME / SCHOOL BUILDING/ OTHER ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May bill for one round-trip per day when the student is in the vehicle, i.e. home to school and school to home. Number of miles must be the direct route. If the vehicle type is the same for each trip on one day, may record roundtrip miles, and check the vehicle type. If a different type of vehicle is used for each trip on one day, record the miles for each one-way trip, and check the vehicle type.

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| Date of Service | Miles | Vehicle type #1 | Vehicle type #2 | Vehicle type #3 | Vehicle type #4 | Driver initials |  | Date of Service | Escort time in | Escort time out | Total time | Escort  initials |
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Total escort time (paraprofessional) \_\_\_\_\_\_\_ (T2001 U9)

Total escort time (RN) \_\_\_\_\_\_\_\_\_\_ (T2001)

**Vehicle types: Code Total miles (each vehicle type):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# 1** | **Standard school bus** | **A0110** |  | **Student attendance verified for these dates of service \_\_\_** (initials). **Round total to the nearest mile.** |
| **# 2** | **Lift accessible vehicle** | **A0130** |  |
| **# 3** | **Specialized transportation - other** | **A0120** |  |
| **# 4** | **Specialized transportation – volunteer, individual or family** | **A0090** |  |  |

**Service providers:**

**Printed Name Signature Signature Date Initials**

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| Driver: |
| Escort: |
| Driver: |
| Escort: |