

**DEPARTMENT OF SOCIAL SERVICES  
AUDIT PROTOCOL - TRANSPORTATION SERVICES  
UPDATED APRIL 2017**

Listed are the most common audit findings noted for transportation services provided under the State Medicaid program, and clarification of the criteria the Connecticut Department of Social Services (the “Department”) uses when it makes those findings. The transportation services provided under the Medicaid program are governed mainly by the policies included in the Contract for the Provision of Statewide Administration of the Non-Emergency Medical Transportation Program (Contract), Connecticut Medical Assistance Program Provider Manual (PM), the Medicaid Provider Enrollment Agreement (PA), Provider Bulletins (PB), the Medical Services Policy, the Regulations of Connecticut State Agencies (Conn. Agencies Regs.), the Connecticut General Statutes (Conn. Gen. Stat.), the Code of Federal Regulations (C.F.R), and the United States Code (U.S.C).

<b>Audit Finding</b>	<b>Department Criteria</b>	<b>Regulatory References</b>
Billing - Incorrect Amount Billed/Paid	If the Department pays for a transportation service in excess of the lowest required payment, the Department will disallow the amount paid in excess of the lowest required payment, as set forth in regulations.	PM Section 175I.
Limitation – Unavailable Transportation	If the most appropriate transportation is not available, and prior authorization was not received for the alternative method of transportation utilized, the transportation company providing the service must document in records and on the billing form why the appropriate transportation was not available. The Department in its sole discretion shall determine which level of payment is appropriate.	PM Section 175G.VI.
Billing - Failure to Utilize Third Party Liability.	The Department will disallow payment for service if there is a private insurance/third-party payor, including Medicare, that the provider failed to first attempt payment from the third-party payor.	Conn. Agencies Regs. §§ 17b-262-526(2) and (3); 17b-262-529(3); 17b-262-531(c)

Billing - Incorrect Procedure Code	The Department will disallow the difference between the paid code and the correct code if the paid service was billed with the incorrect procedure code/modifier.	PM Section 175I.VIII
Limitations - Prior Authorization	The Department will disallow payment for service if the paid service is not in conformance with prior authorization requirements.	PM Section 175F.II.
Documentation - No Documentation of Service	The Department will disallow payment for service if the required documentation is not made available for audit.	PM Section 175G.IV., 175G.XIII.
Documentation – Inadequate	The Department will disallow payment if the documentation does not include daily drivers logs and other documents which record at least for each trip: patient’s name, license number of vehicle used, the vehicle’s pickup and drop-off time and place, the name of an attendant, if one is used, and the vehicle’s pickup and drop-off odometer reading for all out-of-state trips.	PM Sections 175G.IV., 175G.V.
Medical Record – Mileage	The Department will disallow payment between the mileage paid and the correct mileage payment per policy.	PM Section 175IX.f.
Limitations –No Medical Services Provided	The Department will disallow payment for transportation service that was not made for trips to or from a medical provider for the purpose of obtaining medical services covered by Medicaid. If the medical service is paid for by a source other than the Department, the Department may pay for the transportation as long as the medical service is necessary and is covered by Medicaid.	PM Section 175E.I.c.

Limitation – Carrier does not meet permit and licensure requirements	The Department will disallow payment for transportation service to commercial providers if the provider did not meet and maintain all applicable state and federal permit and licensure requirements, and vehicle registration requirements.	PM Section 175C.
Limitations -	The Department will disallow or limit payment for service if the paid service exceeds the Medicaid program limitations.	PM Section 175E.II.a to 175E.II.b

**Below is only applicable to Non Emergency Medical Transportation:**

Limitations - Prior Authorization	The Department will disallow payment for service if the paid service is not in conformance with prior authorization requirements.	Contract
Documentation - No Documentation of Service	The Department will disallow payment for service if the required documentation is not made available for audit.	Conn. Agencies Regs. 17-262-526
Limitation – Carrier does not meet permit and licensure requirements	The Department will disallow payment for transportation service to commercial providers if the provider did not meet and maintain all applicable state and federal permit and licensure	Contract