# TRANSPORTATION and TRAVEL TIME GUIDELINES

# **Definitions**

**Travel**: time staff spent traveling as part of a direct DMC-ODS service.

<u>Transportation</u>: provision of, or arrangement for, transportation to and from medically necessary treatment.

PROGRAM TYPE	TRANSPORTATION SERVICE	CONDITIONS & SERVICE CODE		
Residential	YES	<ul> <li>Medically necessary transportation: to accomplish treatment plan goals (must be identified on the treatment plan)</li> <li>Service code: TR (part of structured activity for bed day)</li> </ul>		
Perinatal Outpatient YES		<ul> <li>Client must be identified as a Perinatal client and meet Perinatal criteria as defined in SUDPOH</li> <li>No service code as transportation to medically necessary appointments is not billable as a separate service, but it is a service for Perinatal clients at a Perinatal program as needed</li> <li>Cost is accounted for by the higher Perinatal service rate</li> </ul>		
Outpatient	NO	<ul> <li>Outpatient providers may not bill transportation services and are not expected to provide this service</li> </ul>		

CASE MANAGEMENT GUIDELINES FOR TRAVEL				
Service time	Time staff spent providing the service			
Travel time	Time staff spent traveling for the service (Regardless, if client is with the staff or not)			
<b>Documentation Time</b>	Documentation Time Time staff spent documenting the service after the service has been provided			
Note: for Residential programs, CM is a separate service and may include service time, travel time and documentation time.				
It does not count towards structured activity for the residential bed day.				

## TRANSPORTATION and TRAVEL TIME EXAMPLES

**Case Management** service with travel time for a client in any **Residential or Outpatient** program where staff transported client to a medical appointment. Staff provided assistance to the client at the medical appointment, and staff returned to the program without the client:

## **SUD Treatment Progress Note**

	Start service time: 1:10 PM		End service time: 1:25 PM		Total service time:	
					15 minutes	
	Travel to location	Travel to location	Travel from location	Travel from location	Total travel	Doc. Time:
	start time:	end time:	start time:	end time:	time:	3 minutes
	12:45 PM	1:05 PM	1:30 PM	1:50 PM	40 minutes	
	Contact type: COM		Service type: <b>CM</b>		Total Time: 58 minutes	

<sup>\*\*</sup>Document how staff assisted at the medical appointment in the narrative of the progress note to substantiate a **CM** service.

**Transportation** service for a client in any **Residential** program where staff transported the client to a medical appointment. Staff waited for the client while the client saw the doctor, and then staff drove the client back to program:

### Weekly Residential Progress Note - Services

Start time:	End time:	Total duration:	Contact type:	Service type:
12:45 PM	1:05 PM	20 minutes	COM	TR
Start time:	End time:	Total duration:	Contact type:	Service type:
2:00 PM	2:20PM	20 minutes	СОМ	TR

<sup>\*\*</sup>Document in narrative of progress note that the service is medically necessary and tied to the treatment plan.

Note: Do not bill for Case Management, as a case management service was not provided.

**Transportation** service for a client in any **Residential** program where staff dropped the client off at the medical appointment:

### Weekly Residential Progress Note - Services

Start time:	End time:	Total duration:	Contact type:	Service type:
12:45 PM	1:05 PM	20 minutes	COM	TR

<sup>\*\*</sup>Document in narrative of progress note that the service is medically necessary and tied to treatment plan

Note: Do not bill for Case Management, as a case management service was not provided.

**Transportation** service for a **Perinatal** client at a **Perinatal Outpatient** program where staff dropped off client to a medically necessary appointment. This should be documented in a progress note with at least the purpose, location and date of the visit documented. **Note**: Do not bill for this service as this is not a billable service.