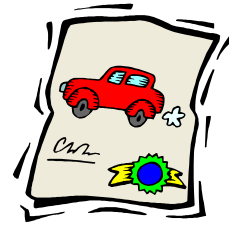


**Administrative Transportation Billing Module**

*How to Complete the Transportation Log* .....2  
*Wyoming Medical Service Area (WMSA) Codes* .....6  
*Wyoming Medical Service Area Out-Of-State Codes* .....7

**How to Complete the Administrative Transportation Log**

An illustration of the log is displayed on the following page. Line item instructions for completing the log follow the log illustration. All fields are required with the exception of Prior Authorization (P.A.), which is reserved for future use. The field for the DFS worker's initials is for use by the local DFS office.



**EXHIBIT 1  
WYOMING MEDICAID ADMINISTRATIVE TRANSPORTATION LOG**

<b>DFS OFFICE:</b>					<b>PROVIDER NUMBER:</b>				
RECIPIENT NUMBER	RECIPIENT NAME	DESTINATION*	FACILITY	PRIOR AUTHORIZATION NUMBER	SERVICE DATE	CARRIER	MILES / DAYS	COST	DFS
<b>DATE BILLED:</b>								<b>TOTAL COSTS</b>	

CARRIER OR SERVICE	CODE	CARRIER OR SERVICE	CODE
PUBLIC TRANSIT	X5960	AIR TRAVEL	X5965
RECIPIENT VEHICLE 21 &>	X5961	PER DIEM	X5966
OTHER PRIVATE VEHICLE 21 &>	X5962	RECIPIENT VEHICLE 21 &<	X5967
TAXI	X5963	OTHER PRIVATE VEHICLE 21 &<	X5968
BUS	X5964		

FACILITY	CODE
DOCTOR	1
HOSPITAL	2
OTHER	3

## How to Complete the Administrative Transportation Log

Item	Description	Action								
1	DFS Office	Enter the DFS office name.								
2	Provider Number	Enter the nine-digit provider number issued to your office by ACS.								
3	Recipient Number	Enter the ten-digit Medicaid Recipient ID number. Do not enter the EPICS case number.								
4	Recipient Name	Enter the recipient's last name, first name and middle initial.								
5	Destination	<p>Enter the code that best describes the destination. Refer to Appendices A and B for the codes. Destination codes are listed in three categories:</p> <ul style="list-style-type: none"> <li>• <b>Instate</b> - county specific codes</li> <li>• <b>Border cities</b> - codes which denote cities in neighboring states that are in the WMSA due to their close proximity to rural areas of Wyoming.</li> <li>• <b>Out-of-State</b> - codes for any service that is not in the WMSA. There are three codes that are specific to Denver, Fort Collins, and Greeley, Colorado. The other codes are listed by the state in which the service was provided.</li> </ul>								
6	Facility	<p>This field identifies the nature of the recipient's appointment. Enter the appropriate code from the following list:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>Facility</u></th> <th style="text-align: left;"><u>Code</u></th> </tr> </thead> <tbody> <tr> <td><b>Doctor</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Hospital</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Other</b></td> <td><b>3</b></td> </tr> </tbody> </table>	<u>Facility</u>	<u>Code</u>	<b>Doctor</b>	<b>1</b>	<b>Hospital</b>	<b>2</b>	<b>Other</b>	<b>3</b>
<u>Facility</u>	<u>Code</u>									
<b>Doctor</b>	<b>1</b>									
<b>Hospital</b>	<b>2</b>									
<b>Other</b>	<b>3</b>									
7	Prior Authorization Number	This field is <b>not required at this time</b> . Reserved for future use.								
8	Service Date	Enter the date of travel by the recipient.								

9	Carrier	<p>Enter the code that describes the type of carrier or service used:</p> <table border="0"> <thead> <tr> <th><u>Carrier or Service</u></th> <th><u>Code</u></th> </tr> </thead> <tbody> <tr> <td>Public Transportation</td> <td>X5960</td> </tr> <tr> <td>Recipient Vehicle 21 &amp; &gt;</td> <td>X5961</td> </tr> <tr> <td>Other Private Vehicle 21 &amp; &gt;</td> <td>X5962</td> </tr> <tr> <td>Taxi</td> <td>X5963</td> </tr> <tr> <td>Bus</td> <td>X5964</td> </tr> <tr> <td>Air Travel</td> <td>X5965</td> </tr> <tr> <td>Per Diem</td> <td>X5966</td> </tr> <tr> <td>Recipient Vehicle &lt; 21</td> <td>X5967</td> </tr> <tr> <td>Other Vehicle &lt; 21</td> <td>X5968</td> </tr> </tbody> </table> <p><b>NOTE:</b> If per diem is to be reimbursed along with transportation funds, the per diem code must be listed on one line and the transportation carrier code on another line.</p>	<u>Carrier or Service</u>	<u>Code</u>	Public Transportation	X5960	Recipient Vehicle 21 & >	X5961	Other Private Vehicle 21 & >	X5962	Taxi	X5963	Bus	X5964	Air Travel	X5965	Per Diem	X5966	Recipient Vehicle < 21	X5967	Other Vehicle < 21	X5968
<u>Carrier or Service</u>	<u>Code</u>																					
Public Transportation	X5960																					
Recipient Vehicle 21 & >	X5961																					
Other Private Vehicle 21 & >	X5962																					
Taxi	X5963																					
Bus	X5964																					
Air Travel	X5965																					
Per Diem	X5966																					
Recipient Vehicle < 21	X5967																					
Other Vehicle < 21	X5968																					
10	Miles	Enter the total miles of travel or days of per diem authorized for the recipient by the DFS office.																				
11	Cost	Enter the actual cost for the transportation. The rate for vehicle mileage is \$0.10 per mile for adults 21 years of age and older and \$0.15 per mile for all children under the age of 21.																				
12	DFS	Enter your initials. (DFS local office worker)																				
13	Date Billed	<p>Enter the date the log is being billed. The log should be billed to Health Care Financing once a month to ensure availability of funding to your cash account.</p> <p><b>NOTE:</b> All logs must be submitted within twelve months of the last day of the month being billed. Example: A log for the month of March 2003 should be submitted not later than March 31, 2004, to receive payment.</p>																				
14	Total Costs	Enter the total dollar amount of all authorized transportation for the month being billed.																				

Appendix A

Wyoming Medical Service Area (WMSA) Codes

IN-STATE		BORDER CITIES		
County	Code	City	State	Code
Natrona	01	Kimball	Nebraska	24
Laramie	02	Scottsbluff	Nebraska	25
Sheridan	03	Craig	Colorado	26
Sweetwater	04	Salt Lake City	Utah	28
Albany	05	Ogden	Utah	27
Carbon	06	Montpelier	Idaho	30
Goshen	07	Pocatello	Idaho	31
Platte	08	Idaho Falls	Idaho	29
Big Horn	09	Billings	Montana	32
Fremont	10	Bozeman	Montana	33
Park	11	Deadwood	South Dakota	34
Lincoln	12	Custer	South Dakota	35
Converse	13	Rapid City	South Dakota	36
Niobrara	14	Spearfish	South Dakota	37
Hot Springs	15	Belle Fourche	South Dakota	38
Johnson	16			
Campbell	17			
Crook	18			
Uinta	19			
Washakie	20			
Weston	21			
Teton	22			
Sublette	23			



## Appendix B

## Wyoming Medical Service Area Out-of-State Codes

STATE	CODE	STATE	CODE
Greeley, Colorado	40	Mississippi	73
Denver, Colorado	42	Missouri	74
Fort Collins, Colorado	41	Nevada	77
Alabama	50	New Hampshire	78
Alaska	51	New Jersey	79
Arizona	52	New Mexico	80
Arkansas	53	New York	81
California	54	North Carolina	82
Colorado	55	North Dakota	83
Connecticut	56	Ohio	84
Delaware	57	Oklahoma	85
Florida	58	Oregon	86
Georgia	59	Pennsylvania	87
Hawaii	60	Rhode Island	88
Idaho	61	South Carolina	89
Illinois	62	South Dakota	90
Indiana	63	Tennessee	91
Iowa	64	Texas	92
Kansas	65	Utah	93
Kentucky	66	Vermont	94
Louisiana	67	Virginia	95
Maine	68	Washington	96
Maryland	69	West Virginia	97
Massachusetts	70	Wisconsin	98
Michigan	71	District of Columbia	99
Minnesota	72		