

CARRY-DOWNS

The Medicaid program **does not compensate** for additional transportation vendor staff needed to carry individuals down stairs. Published Medicaid policy is below.

Medicaid will pay an additional fee, equivalent to the standard base fee, for additional staff when the patient weighs more than 250 pounds. The number of stairs is not a consideration.

When you believe a trip meets the approvable criteria, after the trip is complete, enter a trip correction and the details about the trip that you believe necessitate this additional compensation. Medical Answering Services will review this documentation and propose it to the Department of Health.

- If approved, the trip correction will be approved.
- If disapproved, the requested trip correction will be declined and the trip as originally assigned will be available for attestation.

Personal Assistance, Escorts and Carry-Downs

Personal assistance by the staff of the transportation company is required by the Medicaid Program and consists of the rendering of physical assistance to the ambulatory and non-ambulatory (wheelchair-bound) Medicaid enrollees in:

- Walking, climbing or descending stairs, ramps, curbs, or other obstacles;
- Opening and closing doors;
- Accessing an ambulette vehicle; and
- The moving of obstacles as necessary to assure the safe movement of the Medicaid enrollee.

There is no separate reimbursement for the escort of a Medicaid enrollee. Necessary escorts are to be provided by the ambulette service at no additional or enhanced charge.

The Medicaid Program does not limit the number of stairs or floors in a building that a provider must climb in order to deliver personal assistance to a Medicaid enrollee. The ambulette provider is required to provide personal assistance and door-to-door service at no additional or enhanced charge. This means the staff must transport the enrollee from his/her front door (including apartment door, nursing home room, etc.) no matter where it is located; to the door of the medical practitioner from whom the enrollee is to receive Medicaid-covered medical services.

Please note that the Office of the Medicaid Inspector General (OMIG) has conducted preliminary on-site field reviews of various ambulette services, and found that many service providers did not provide personal assistance as required. If, upon audit, the OMIG finds personal assistance was not provided by the ambulette service provider, the provider who billed for ambulette service may be subject to financial or other provider-specific sanctions, as designated by the OMIG.

Source: September 2002 [Medicaid Update](#), August 2011 [Medicaid Update](#)