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# **OMIG AUDIT PROTOCOL – TRANSPORTATION TAXI/LIVERY**

## **For Dates of Service Prior to January 1, 2013**

**Effective 08/23/2013**

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Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law. Audit protocols are intended solely as guidance in this effort. This guidance does not constitute rulemaking by the New York State Office of the Medicaid Inspector General (OMIG) and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the audit protocols alters any statutory or regulatory requirement and the absence of any statutory or regulatory requirement from a protocol does not preclude OMIG from enforcing the requirement. In the event of a conflict between statements in the protocols and either statutory or regulatory requirements, the requirements of the statutes and regulations govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and, therefore, are not a substitute for a review of the statutory and regulatory law. OMIG cannot provide individual advice or counseling, whether medical, legal, or otherwise. If you are seeking specific advice or counseling, you should contact an attorney, a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

Audit protocols are applied to a specific provider type or category of service in the course of an audit and involve OMIG's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, OMIG will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

OMIG, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program. Furthermore, audit protocols do not limit or diminish OMIG's authority to recover improperly expended Medicaid funds and OMIG may amend audit protocols as necessary to address identified issues of non-compliance. Additional reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

# OMIG AUDIT PROTOCOL – TRANSPORTATION TAXI/LIVERY

**Effective 08/23/2013**

<b>1.</b>	<b>Missing/Incomplete Documentation</b>
<b>OMIG Audit Criteria</b>	<p>If the provider has no contemporaneous documentation to substantiate the claim, the amount paid for the claim will be disallowed.</p> <p>Effective <b>October 20, 2006</b>, (or as otherwise noted in the appropriate guidelines for the period being audited) the following information is required:</p> <ol style="list-style-type: none"> <li>1. Recipient name</li> <li>2. Name of Driver - Printed Full Name of Driver (Effective 11/01/2010)</li> <li>3. Origination of Trip</li> <li>4. Destination of Trip</li> <li>5. Date of Service</li> <li>6. Time of Service Time of Pickup (Effective 11/01/2010) Time of Drop Off (Effective 11/01/2010)</li> <li>7. Vehicle License Plate Number for Both Legs of Trip (Effective <b>05/01/2010</b>)</li> </ol> <p>If any of this information is not present in the contemporaneous documentation, the amount paid for the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>18 NYCRR Section 504.3(a)  NYS Medicaid Program Provider Manual for Transportation,  Policy Guidelines  Version 2006-1 Section II,  Version 2006-2 Section II,  Version 2007-1 Section II,  Version 2008-1 Section II,  Version 2008-2 Section II,  Version 2008-3 Section II,  Version 2009-1 Section II,  Version 2009-2 Section II,  Version 2009-3 Section II,  Version 2009-4 Section II,  Version 2010-1 Section II,  Version 2011-1 Section II,  Version 2011-2 Section II,  Version 2012-1 Section II  Version 2012-2 Section II  Version 2012-3 Section II  Version 2012-4 Section II</p>

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	DOH Medicaid Update May 2010, Vol. 26, No. 7 DOH Medicaid Update August 2010, Vol. 26, No. 10
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<b>2.</b>	<b>Missing/Inaccurate Ordering Provider Information on Claim</b>
<b>OMIG Audit Criteria</b>	<p>If the ordering provider information on the claim is missing or inaccurate, the claim will be disallowed.</p> <p>1. Livery</p> <p><b><u>Prior to 10/01/2009</u></b> The Medicaid provider ID number of the ordering practitioner must be entered as the ordering provider on the claim. If the ordering provider is not enrolled in Medicaid, his/her license number should be on the claim.</p> <p>When the Medicaid enrollee is restricted to a primary physician or clinic, the Medicaid provider ID number of the enrollee’s primary physician or clinic must be entered as the ordering provider on the claim. <b>The license number of the primary physician is not acceptable.</b></p> <p><b><u>Effective 10/01/2009</u></b></p> <p>The ordering practitioner’s National Provider Identifier (NPI) must be entered as the ordering provider on the claim.</p> <p>When the Medicaid enrollee is restricted to a primary physician or facility, the NPI of the enrollee’s primary physician must be entered as the ordering provider on the claim. <b>The license number of the primary physician is not acceptable. If the enrollee is restricted to a facility, the NPI of the practitioner in the facility the enrollee is restricted to must be entered as the ordering provider on the claim. The NPI of the facility cannot be used.</b></p> <p>2. Taxi</p> <p><b><u>Prior to 10/01/2009</u></b></p> <p>No ordering provider information is required to be entered on the claim unless the Medicaid enrollee is restricted to a primary physician or clinic. If the enrollee is restricted, the Medicaid provider ID number of the enrollee’s primary physician or</p>

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	<p>clinic must be entered as the ordering provider on the claim. <b>The license number of the primary physician is not acceptable.</b></p> <p><b><u>Effective 10/01/2009</u></b></p> <p>No ordering provider information is required to be entered on the claim unless the Medicaid enrollee is restricted to a primary physician or clinic. If the enrollee is restricted, the NPI of the enrollee’s primary physician must be entered as the ordering provider on the claim. <b>The license number of the primary physician is not acceptable. If the enrollee is restricted to a facility, the NPI of the practitioner in the facility the enrollee is restricted to must be entered as the ordering provider on the claim. The NPI of the facility cannot be used.</b></p>
<b>Regulatory References</b>	<p>NYS Medicaid Program Provider Manual for Transportation Billing Guidelines                  Version 2005-1, Section II                  Version 2006-1, Section II                  Version 2007-1, Section II                  Version 2008-1, Section II                  Version 2008-2, Section II                  Version 2008-3, Section II                  Version 2009-1, Section II                  Version 2009-2, Section II</p> <p>eMedNY New York State Transportation, Billing Guidelines                  Version 2011-1, Section 2</p>

<b>3.</b>	<b>Inaccurate Procedure Code on Claim</b>
	If the procedure code on a claim is inaccurate, the difference between the amount of the billed procedure code and the correct procedure code will be disallowed.
<b>Regulatory References</b>	<p>NYS Medicaid Program Provider Manual for transportation, Billing Guidelines                  Version 2005-1, Section II                  Version 2006-1, Section II                  Version 2007-1, Section II                  Version 2008-1, Section II                  Version 2008-2, Section II                  Version 2008-3, Section II                  Version 2009-1, Section II</p>

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	<p>Version 2009-2, Section II</p> <p>eMedNY New York State Transportation, Billing Guidelines Version 2011-1, Section 2</p>
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<b>4.</b>	<b>Non-Reimbursable Tolls</b>
<b>OMIG Audit Criteria</b>	<p>Effective, May 2008 for New York City livery providers, if a vehicle is transporting more than one rider on the same trip, the provider may bill one unit per round trip crossing, not one unit per passenger, for the appropriate E-Z pass toll amount, for NYC MTA charged tolls to cross the bridges and tunnels that connect New York City. Only the E-Z Pass toll charged should be claimed. Amounts in excess of the appropriate toll charged will be disallowed. Audit staff will disallow claims for dates of service beginning June 1, 2008.</p> <p>Effective, May 5, 2009, within New York State, when tolls are incurred, the toll is assessed per vehicle, not per rider, and should be billed according to the actual toll charged. E-Z Pass customers should bill Medicaid for the actual amount charged to their E-Z Pass account while transporting a Medicaid beneficiary or beneficiaries. Amounts in excess of the appropriate toll charged will be disallowed.</p>
<b>Regulatory References</b>	<p>18 NYCRR Section 504.3(h) NYS Medicaid Program Provider Manual for Transportation, Policy Guidelines, Version 2009-3 Section III, Version 2009-4 Section III, Version 2010-1 Section III, Version 2011-1 Section III, Version 2011-2 Section III, Version 2012-1 Section III, Version 2012-2 Section III, Version 2012-3 Section III, Version 2012-4 Section III</p> <p>DOH Medicaid Update May 2008 Vol.24, No. 6</p>

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<b>5.</b>	<b>Excessive Mileage Claimed</b>
<b>OMIG Audit Criteria</b>	<b><i>OMIG Audit Criteria:</i></b> Mileage shall be measured from the pick-up to the drop-off of the recipient. The amount paid in excess of the amount of the correct mileage will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 504.3(e) and (h)

<b>6.</b>	<b>A Medical Service Could Not Be Corroborated for the Transportation Service Provided</b>
<b>OMIG Audit Criteria</b>	Transportation services are limited to the provision of passenger-occupied transportation to or from Medicaid covered services. Claims paid for transportation to non-Medicaid covered services will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.10(a) NYS Medicaid Program Provider Manual for Transportation, Policy Guidelines, Version 2004-1 Section II, Version 2006-1 Section II, Version 2006-2 Section II, Version 2007-1 Section II, Version 2008-1 Section II, Version 2008-2 Section II, Version 2008-3 Section II, Version 2009-1 Section II, Version 2009-2 Section II, Version 2009-3 Section II, Version 2009-4 Section II, Version 2010-1 Section II, Version 2011-1 Section II, Version 2011-2 Section II, Version 2012-1 Section II Version 2012-2 Section II Version 2012-3 Section II Version 2012-4 Section II

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<b>7.</b>	<b>Provider is Not Taxi and Limousine Commission Licensed</b>
<b>OMIG Audit Criteria</b>	Providers of taxi/livery services in New York City (NYC), Nassau County and Westchester County must be licensed by the Taxi and Limousine Commission (TLC). Claims will be disallowed if the provider is not TLC licensed on the date of service.
<b>Regulatory References</b>	<p>18 NYCRR Section 505.10(e)(6)(iii) NYS Medicaid Program Provider Manual for Transportation, Policy Guidelines, Version 2004-1 Section I, Version 2006-1 Section I, Version 2006-2 Section I, Version 2007-1 Section I, Version 2008-1 Section I, Version 2008-2 Section I, Version 2008-3 Section I, Version 2009-1 Section I, Version 2009-2 Section I, Version 2009-3 Section I, Version 2009-4 Section I, Version 2010-1 Sections I &amp; II, Version 2011-1 Sections I &amp; II, Version 2011-2 Sections I &amp; II, Version 2012-1 Sections I &amp; II, Version 2012-2 Sections I &amp; II, Version 2012-3 Sections I &amp; II, Version 2012-4 Sections I &amp; II</p> <p>DOH Medicaid Update November 2009 Vol.25, No. 14</p> <p>NYC TLC Regulations for For-Hire: 35 Rules of the City of New York (RCNY) Sub-Chapters 59A, 59B (eff. April. 1, 2011) 35 RCNY Chapter 6</p> <p>NYC TLC Regulations for Medallion Taxi: 35 RCNY Chapter 58 (eff. April. 1, 2011) 35 RCNY Chapter 1</p>

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<b>8.</b>	<b>Driver is Not Taxi and Limousine Commission Licensed</b>
<b>OMIG Audit Criteria</b>	Drivers providing taxi/livery services in NYC, Nassau County and Westchester County must be licensed by the Taxi and Limousine Commission. Claims will be disallowed if the driver is not TLC licensed on the date of service.
<b>Regulatory References</b>	<p>18 NYCRR Section 505.10(e)(6)(iii) NYS Medicaid Program Provider Manual for Transportation, Policy Guidelines, Version 2004-1 Section I, Version 2006-1 Section I, Version 2006-2 Section I, Version 2007-1 Section I, Version 2008-1 Section I, Version 2008-2 Section I, Version 2008-3 Section I, Version 2009-1 Section I, Version 2009-2 Section I, Version 2009-3 Section I, Version 2009-4 Section I, Version 2010-1 Sections I &amp; II, Version 2011-1 Sections I &amp; II, Version 2011-2 Sections I &amp; II, Version 2012-1 Sections I &amp; II</p> <p>DOH Medicaid Update November 2009 Vol.25, No. 14</p> <p>NYC TLC Regulations for For-Hire: 35 Rules of the City of New York (RCNY), Sub-Chapters 59A, 59B (effective. April 1, 2011) 35 RCNY Chapter 6</p> <p>NYC TLC Regulations for Medallion Taxi: 35 RCNY Chapters 54, 58 (effective April 1, 2011) 35 RCNY Chapters 1, 2</p>

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