OAC 5123:2-9-24 E(2)

(2) Service documentation for transportation shall include each of the following to validate payment for Medicaid services:

(a) Type of service.

(b) Date of service.

(c) Name of individual receiving service.

(d) Medicaid identification number of individual receiving service.

(e) Name of provider.

(f) Provider identifier/contract number.

(g) Origination and destination points of transportation provided.

(h) Total number of miles of transportation provided.

(i) Group size in which transportation is provided.

(j) Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider.

(k) Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.

Sample documentation

OAC 5123:2-9-24 E(2)

[a]**Type of service:**	HPC Transportation
[b]**Date(s) of service:**	Dec 31, 2012-Jan 06, 2013
[c]**Name of individual receiving service:**	Justin Case
[d]**Medicaid number of individual:**	999999999999
[e]**Name of provider:**	Brenda Case
[f]**Contract number:**	2500000
[j]**Signature:**	*Brenda Case BC*

[b]Date	[g]Origin	[g]Destination	[h]# of miles	[i]Group size	[k]Details of service
01/02/13	30 E Broad St, Columbus OH 43215	535 Office Center Pl Gahanna OH 43230	22	1	Appt. w/Dr. Pierce
01/03/13	30 E Broad St, Columbus OH 43215	2879 Johnstown Rd Gahanna OH 43219	16	1	ISP meeting w/SSA
01/04/13	30 E Broad St, Columbus OH 43215	215 W Johnstown Rd Gahanna OH 43230	16	1	Bowling outing

Notes:_all round trips

Sample documentation