

**MISSOURI FIRST STEPS
FAMILY MEMBER TRANSPORTATION
BILLING INSTRUCTIONS**



When a First Steps service cannot be provided in the child's natural environment (e.g., the child's home or child care center), First Steps offers mileage reimbursement to families to cover the cost of transporting their child for services. Transportation must be authorized by the child's Individualized Family Service Plan (IFSP) team. A parent, or another person designated by the parent, must enroll as a transportation provider with the First Steps Central Finance Office (CFO) in order to be paid for transporting the child.

Below is an explanation on how to complete the Family Member Transportation Billing form. Items designated with an asterisk (*) may be obtained from the child's First Steps Service Coordinator.

- **Child ID Number** – This is the child's First Steps identification number.*
- **Child Name** – Name of the child being transported.
- **Child Date of Birth** – Birthdate of the child.
- **Parent Name** – Name of the child's parent.
- **Parent Phone Number** – Parent contact number.
- **Service Coordinator** – Name of the First Steps Service Coordinator.*
- **Authorized Transportation Provider** – Person enrolled with the CFO to provide transportation for the child.
- **Payee Tax ID Number** – Identification number of person receiving transportation reimbursement (typically the social security number).
- **Authorization Number** – Authorization number authorizing transportation services.*
- **Frequency** – How often transportation services are authorized.*
- **Miles Authorized (Round Trip)** – Number of miles authorized to transport the child.*
- **Description** – The service is Transportation and pre-filled on the billing form.
- **EI Procedure Code** – The EI code is 8555 and pre-filled on the billing form.
- **CPT Code** – The CPT code is T2003 and pre-filled on the billing form.
- **Date of Travel** – Date the child was transported to and from the service.
- **Service Provider Visited** – Name of the service provider or agency visited.*
- **Mileage (Round Trip)** – Miles traveled (round trip) to transport the child.*
- **Reimbursement Rate** - The rate paid per mile traveled (currently \$0.47 per mile).
- **Line Charges** – The number of miles for a round trip multiplied by the mileage rate.
- **Total Charges** – A total of all the above line charges.
- **Is this a resubmission of a previous claim?** –When submitting transportation billing for dates of service for the first time, mark "no". However, if submitting a correction to dates previously billed, mark "yes".
- **Transportation Provider's Signature and Date** – Signature of the authorized transportation provider and the date the form is signed.

Transportation forms must be submitted to the CFO within 60 days from the dates of travel. Once complete, mail the form to: **Central Finance Office, Missouri First Steps, PO Box 29134, Shawnee Mission, KS 66201-9134.**

For questions about the transportation billing form, please call the CFO at 866-711-2573 (extension 1).

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FAMILY MEMBER TRANSPORTATION
EXAMPLE**



Child ID Number	Child Name	Child Date of Birth
380000000	Child Sample	1/1/14
Parent Name	Parent Phone Number	Service Coordinator
Parent Sample	573-555-1234	Sally Coordinator

Payment will be made to:

Authorized Transportation Provider: Parent Sample

Payee Tax ID Number: 000-00-0000

Subject to conditions of the Individualized Family Service Plan (IFSP), you are authorized to provide and bill for the following service:

Authorization Number: A380000000-15

Frequency: 2x per week

Miles Authorized (Round Trip): 20

Description: Transportation

EI Procedure Code: 8555

CPT Code: T2003

Date of Travel	Service Provider Visited	Mileage (Round Trip)	Reimbursement Rate	Line Charges
3/4/15	Polly Provider	20	\$0.47 per mile	\$ 9.40
3/11/15	Polly Provider	20	\$0.47 per mile	\$ 9.40
3/18/15	Polly Provider	20	\$0.47 per mile	\$ 9.40
3/25/15	Polly Provider	20	\$0.47 per mile	\$ 9.40
			\$0.47 per mile	\$
			\$0.47 per mile	\$
			\$0.47 per mile	\$
			\$0.47 per mile	\$
			\$0.47 per mile	\$
			\$0.47 per mile	\$
Total Charges:				\$ 37.60

Is this a resubmission of a previous claim? No Yes

Submit bills within 60 days of travel to:

Central Finance Office
Missouri First Steps
PO Box 29134
Shawnee Mission, KS 66201-9134

I certify the above billed services were provided in accordance with the child's IFSP.

Parent Sample

4/1/15

Transportation Provider's Signature

Date

For questions about transportation billing, call 866-711-2573 (extension 1).