
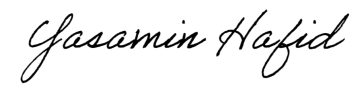



Policy Title: Non-Emergency Medical Transportation Services		POLICY #: 10.2.44	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 11/15	Effective Date 12/18	Revision Date 12/18, 3/20
Department Head: Mirela Albertsen, UM Senior Director 			Date: 3/30/20
Chief Compliance Officer: Chief Compliance Officer, BSC Promise Health Plan 			Date: 5/26/2020
Medical Services/P&T Committee: (If Applicable)  Susan Fleischman Promise CMO			Date: 04/20/2020

PURPOSE

To outline the medical requirements for requesting non-emergency medical transportation services and to delineate the utilization management procedural processes for authorizing non-emergency medical transportation service requests.

POLICY

Blue Shield of California Promise Health Plan (Blue Shield Promise) will comply with the provisions of 22 CCR § 51323 for non-emergent medical transportation services for Medi-Cal eligible enrollees. Ambulance, litter van, wheelchair van, and NEMT by air, medical transportation services are covered when the beneficiary's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care.

For non-emergent non-medical transportation see Customer Care Policy 10.3.21: (Non-Emergency Transportation Medi-Cal)

Authorization shall be granted or Medi-Cal reimbursement shall be approved only:

- For the lowest cost type of medical transportation that is adequate for the patient's medical needs and is available at the time transportation is required.
- In most cases transportation shall be authorized only to the nearest facility capable of meeting the patient's medical needs.

Types of non-emergency medical ground transportation

Non-emergency ground transportation is provided by the following types of vehicles:

- Ground vehicles
 - a. Ambulance
 - b. Litter van

- c. Wheelchair van
- Air transportation vehicles

Physician Certification Statement (PCS)

- The PCS form must be completed and submitted before NEMT services can be prescribed and provided to the member.
- The Non-Emergency Medical Transportation Authorization Request Form shall include, at a minimum, the outlined requirements in the most recent DHCS All Plan Letter 17-010: Non-Emergency Medical and Non-Medical Transportation Services for the Physician Certification Statement Form.
- Blue Shield Promise shall not modify an NEMT authorization once the treating physician prescribe the form of transportation requested.

Exemptions

1. Emergency medical transportation is covered, without prior authorization, to the nearest facility capable of meeting the medical needs of the patient such as:
 - ✓ Higher level of care Specialty care - Pediatrics
 - ✓ Behavioral Health to include those on an involuntary hold
2. Non-emergency medical transportation services are exempt from prior authorization when provided to a patient being transferred from an acute care hospital immediately following a stay as an inpatient at the acute level of care to a skilled nursing facility or an intermediate care facility licensed pursuant to Section 1250 of the Health and Safety Code

PROCEDURE

The prescription (or order sheet signed by the physician for institutional recipients) shall be submitted with a treatment authorization request to include the following:

- Purpose of the trip
- Frequency of necessary medical visits/trips or the inclusive dates of the requested medical transportation
- Medical or physical condition that makes normal public or private transportation inadvisable
- Function Limitations Justification: Physician is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles
- Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for maximum of 12 months
- Mode of Transportation Needed: List the mode of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van)
- Certification Statement (PCS): Prescribing physician's statement certifying that medical necessity was used to determine the type of transportation being requested.

When transportation is requested on an ongoing basis, the chronic nature of a recipient's medical or physical condition must be indicated and a treatment plan from the physician or therapist must be included. A diagnosis alone, such as "multiple sclerosis" or "stroke," will not satisfy this requirement. Adequate information is necessary in order to determine the medical necessity of a specialized medical transport vehicle and the purpose of the trip.

Qualifications and guidelines for a specific non-emergent medical vehicle types shall meet the following:

1. **Ambulance:** Ambulances are generally used for emergencies but may provide Qualified Recipients non-emergency transport for certain types of recipients. Non-emergency transport by ambulance can include:
 - Transfers between facilities for recipients who require continuous intravenous medication, medical monitoring or observation.
 - Transfers from an acute care facility to another acute care facility.
 - Transport for recipients who have recently been placed on oxygen (does not apply to recipients with chronic emphysema who carry their own oxygen for continuous use).
 - Transport for recipients with chronic conditions who require oxygen if monitoring is required Ambulance.

Non-emergency transport by ambulance does not include:

Individuals with chronic conditions who require oxygen but do not require monitoring. Such individuals should be transported in a litter van or wheelchair van when all of the following criteria are met:

- Cannot use public or private means of transportation
 - Clinically stable
 - Can transport upright in a litter van or wheelchair van
 - Able to self-monitor oxygen delivery system
 - No other excluding conditions
2. **Litter Van:** Transport by litter van is appropriate when a recipient's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
 - Requires that the recipient be transported in a prone or supine position, because the recipient is incapable of sitting for the period of time needed to transport.
 - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
 3. **Wheelchair Van:** Transport by wheelchair van is appropriate when a recipient's medical and physical condition does not meet the need for litter van services, but meets any of the following:
 - Renders the recipient incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport.
 - Requires that the recipient be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation.
 - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.

Member with the following conditions may qualify for wheelchair van transport when their providers submit a signed PCS form:

- Recipients who suffer from severe mental confusion
- Recipients with paraplegia
- Dialysis recipients
- Individuals with chronic conditions who require oxygen, but do not require monitoring

4. **NEMT by air** only under the following conditions:

- When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.

Non-Emergency Medical Transportation (NEMT) Referral Process:

- Transportation referral request are received by the Customer Care Department either from the requesting provider or the member. The referrals are managed per Customer Care P&P 10.3.21 Non-Emergency Transportation.
- Customer Service management of NEMT services request:
 - Customer Service screens transportation requests to determine the type of transportation needed.
 - i. For services that require Non-Medical Transportation (NMT), referrals are routed to the Customer Care Team per P&P 10.3.21 Non-Emergency Transportation.
 - ii. For services that require Non-Emergency Medical Transportation (NEMT):
 1. If Customer Care has received both the Referral form and the PCS form, the documents are faxed to the UM department and a notification is entered into the Facet system
 2. If Customer Care has not received both the Referral form and the PCS form, the document they received is faxed to the UM department. Customer Service will outreach to the provider office for the missing document and a notification is entered into Facet system.
- UM department manages NEMT request per UM 70.2.50 Prior Authorization Review:
 - Complete referral documents received:
 - i. The Intake staff creates a referral authorization in the referral system AuthAccel
 - ii. AuthAccel attaches the referral form and the PCS form to the referral record
 - Request reviewed for Medical Necessity
 - i. Medical Necessity met – request approved, and approval sent to transportation vendor, member and requesting provider
 1. For members with chronic conditions that meet medical necessity as defined by Title 22 51323, for non-emergent transportation, authorizations will be granted in 6 month increments with the provision that the member is eligible at the time of each transportation trip, i.e. hemodialysis patients.
 - ii. Medical Necessity not met
 1. Denied – managed per UM 70.2.50 Prior Authorization Review
 2. Modification – UM notifies the requesting provider and manages per P&P UM 70.2.50
- Monitoring and Oversight:
 - NEMT referral data is reviewed as part of the prior authorization scheduled reporting process
 - Blue Shield Promise will on a quarterly basis generate a report for all NEMT requests and ensure the PCS data elements are retrievable.
 - NEMT referral reports will be reported to the UM Committee per UM Program
- Compliance:
 - NEMT data is submitted to DHCS as required

REFERENCES

Blue Shield of California Promise Member Services Policy 10.3.20 – Non-Emergency Transportation – Medi-Cal

22 CCR § 51323

Medi-Cal Provider Billing Manual- Medical Transportation – Ground

[Manual of Criteria for Medi-Cal Authorization, Chapter 12.1 Criteria for Medical Transportation and Related Services](#)

APL-17-010 Dated July 17, 2017

WIC 14132