



Promise Health Plan

POLICY & PROCEDURE Medical Services

Policy Title: Non-Emergent Transportation Services			
Policy No: 10.2.44		Original Date: 11/15	
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Department Head:	Date:	Medical Services/P&T Committee:	Date:
P&P Committee:	Date:	Department(s): UM	

PURPOSE:

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

POLICY:

Blue Shield Promise Health Plan 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 Member Services Policy 10.3.20: (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 three types of vehicles:

- Ambulance

- Litter van
- Wheelchair van and
- Air

PROCEDURE:

Prescription Requirements

The prescription (or order sheet signed by the physician for institutional recipients) shall be submitted with a treatment authorization request (TAR) 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: 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 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 Physician Certification Statement (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 Emergent-transportation Referral Processing

1. Upon receipt of request for non-emergent ground transportation, UM staff will enter the request in the Managed Health Care (MHC) system.
2. The Case Manager will review the medical information on the request form. The information will then be assessed according to:
 - a. The individual needs of the member and;
 - b. Above described Medi-Cal guidelines
3. If criteria is not satisfied due to insufficient information provided on the request form the Case Manager (CM) or designee may contact the PCP/specialist for additional information.
 - a. If the additional information does not satisfy criteria, the request will be forwarded to the Blue Shield Promise physician reviewer for evaluation.
 - b. If after physician review the criteria is not satisfied the physician reviewer will indicate denial on the consultation form.
4. If criteria are satisfied the CM will process the authorization in accordance with standard procedure for approvals.
5. If criteria not satisfied the CM will process the authorization in accordance with standard procedure for denials.
 - a. A denial notification and a copy of the specific utilization review criteria/guideline or benefit provision used as a basis for the denial and all appeal rights information will be sent to the member and the provider.
6. Non-emergency Medical Transportation requests shall be processed in accordance with Medi-Cal turn-around-times.

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 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.

Coordinating Non-emergency Transportation Services

Members that meet criteria for non-emergent ground transportation services will be referred to an ambulatory case manager to document the following:

- Purpose of the trip
- Type of transportation
- Frequency of necessary medical visits/trips
- The inclusive dates of the requested medical transportation
- The inclusive times of the dates the transportation is being arranged
- Verification of the member/caregiver contact information
- Special equipment or personal needs of the member that will be required during transport

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.

1. The case manager will forward the information to the Member Services Transportation Unit.
2. The Transportation Unit will contact the member/caregiver to confirm appointment and transportation arrangements to include:
 - Schedule changes
 - Missed transportation appointments
 - New appointments
 - Complaints and grievances related to the non-emergent transportation vendor.

REFERENCES/AUTHORITIES:

- Blue Shield 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