SECTION 2

MEDICAL TRANSPORTATION SERVICES

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1 Non-Emergency Medical Transportation Services

Non-emergency medical transportation (NEMT) is only available to traditional Medicaid members for medically necessary appointments. NEMT is provided through the following sources:

- Personal Transportation: member or dependent has ownership of a working, licensed personal car, truck, or vehicle that can be used for transportation to and from covered medical services. The member must contact their DWS eligibility worker for authorization and reimbursement of covered Medicaid services.
- Mass Transit: Utah Transit Authority (UTA) and Cedar Area Transportation Services (CATS) (bus, Trax, and Paratransit services) available for members living in the UTA or CATS service area. The member must contact their DWS eligibility worker to receive a bus pass.
- Statewide NEMT through the contracted NEMT broker, ModivCare. The contractor may use the most reasonable and economic mode of transportation available and appropriate to the member's medical condition that is safe and in accordance to state and federal laws. ModivCare may be contacted at 1-855-563-4403.
- American Indians residing in their tribal service area are provided NEMT through their respective Tribal NEMT Grants for the Navajo, Confederated Tribes of Goshutes and Paiute Indian Tribe of Central Utah.

1.1 General Pathway for Securing Non-Emergency Transportation Services

The available options for NEMT services are based on the needs of the member and include UTA, Paratransit, ModivCare, ambulance, and payment for personal car mileage. To maintain cost effectiveness while providing necessary services to Traditional Medicaid members, utilization is based upon where the member lives and what services are available to them.

Note: It is important for a Medicaid member to discuss their medical transportation needs with a DWS eligibility worker as they can assist the member in finding the most effective way to get to/from appointments.

Hierarchy of NEMT:

- Members who live within the boundaries of UTA or Cedar Area Transportation Services (CATS) should utilize "fixed bus route" services or UTA's TRAX light rail for NEMT. "Fixed bus route" refers to buses that operate on a predetermined route according to a predetermined schedule.
    - UTA and CATS buses can only support members with an aggregate weight (member and wheelchair combined) of 800 lbs.

- If a member cannot use the UTA/CATS fixed bus services or TRAX and they live within the established boundaries, they can apply for UTA Paratransit transportation or the CATS Dial-A-Ride service
    - UTA Paratransit Services
        - Members must complete the application process and be certified as eligible before scheduling any Paratransit rides
        - UTA's base level of Paratransit service is Curb-to-Curb service
            - For Curb-to-Curb service, members are responsible for getting to and from the curb at the pick-up and drop-off locations by themselves
        - Beyond-the-Curb service is available as a reasonable modification for customers who, without such assistance, are unable to access Paratransit service
            - Assistance is available from the vehicle to the first exterior door at the rider's pick up and/or drop off location
            - Be aware, this type of service may not always be feasible or safe to provide
            - Requests should be made ahead of time to allow UTA to asses any safety risks that would prevent its drivers from providing beyond-the-curb service
            - Requests may be granted by the driver on a case-by-case basis
        - Paratransit service vehicles can only support members with an aggregate weight (member and wheelchair combined) of 800 lbs.
    - CATS Dial-A-Ride
        - Services are available by appointment only and require a 24-hour minimum notice
        - Curb-to-Curb service is available
        - Service vehicles can only support members with an aggregate weight (member and wheelchair combined) of 800 lbs.

- Members who live outside the boundaries of the UTA/CATS service areas or who are unable to use the previously mentioned services for medical reasons can utilize the contracted NEMT broker, ModivCare, for transportation services
    - ModivCare
        - Members who live in areas served by the UTA/CATS and are capable of riding the bus or Paratransit as determined by the mobility evaluation completed by a physician chosen by the Member are exempt from using ModivCare
            - Members utilize ModivCare services for up to four weeks or until the evaluation is returned and a decision of eligibility for NEMT is made, whichever occurs first
        - Requests for ModivCare services must be made 3 business days before transportation is needed with the exception of urgent scheduling which may require a medical provider's note
        - Vehicles can only support members with an aggregate weight (member and wheelchair combined) of 600lbs.

- If the member exceeds the weight limits and cannot obtain or use a manual wheelchair then NEMT ambulance services are available for their use
    - Members may obtain a manual wheelchair for transportation purposes. Please refer to Section II: Medical Supplies and Durable Medical Equipment, *Chapter 8-14, Wheelchairs* for more information

- Members may receive round-trip mileage reimbursement when using personal transportation for medical appointments. Please refer to the Medicaid Eligibility Policy Manual for more information

2 Provider Participation and Requirements

Refer to Section I: General Information, *Chapter 3, Provider Participation and Requirements*.

3 Member Eligibility

Refer to Section I: General Information, *Chapter 6, Member Eligibility,* for information about how to verify a member's eligibility, third party liability, ancillary providers, and member identity protection requirements.

4 Transportation to Nearest Provider

All NEMT must be to the nearest appropriate Medicaid provider or facility that can provide the service.

5 Cost-Effective Transportation

Medicaid will authorize the most cost-effective transportation. Medicaid retains the right to determine the most appropriate means of transportation based upon the information provided.

6 Resident of Nursing Facility

Medicaid covers emergency transportation for a resident of nursing facility (nursing home). Non-emergency or routine transportation must be provided by the facility.

7 Hospital-to-Hospital Transfers

Transfers between hospitals for Medicaid-eligible members must be medically necessary.

8 Coverage and Reimbursement

For coverage and reimbursement information for specific procedure codes see the Coverage and Reimbursement Code Lookup.

9 Billing Medicaid

Refer to Section I: General Information, *Chapter 11, Billing Medicaid*, for more information about billing instructions.

10 Non-Emergency Transportation Procedure Code Modifiers

All claims billed to Medicaid for NEMT must have a two-digit modifier. The modifier may be any combination of the single number codes listed below. The first number indicates origin of transportation. The second number indicates destination of transportation.

Location	Code
Member's home	1
Hospital	2
Practitioner's office	3
Pharmacy	4
Lab or X-ray	5
Nursing Home	6
Medical Supplies	7
Other	8

11 Ambulance Transportation

Ambulance services (ground, air or water) are covered in the following circumstances:

- Life of the member is in immediate danger
- Life support equipment or medical care is required during travel
- Other means of transportation would endanger the member's health or be medically contraindicated

Medicaid will reimburse for first aid calls when the member is not transported.

All claims billed to Medicaid for emergency transportation by ambulance must have a two-letter modifier. The modifier may be any combination of the one-letter codes listed below. The first letter indicates origin of transportation. The second letter indicates destination of transportation.

Code	Location
D	Diagnostic or therapeutic site other than "P" or "H" when these are used as origin codes
E	Residential, domiciliary, custodial facility
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport

J	Non-hospital-based dialysis facility
N	Skilled nursing facility
P	Physician's office
R	Residence
S	Scene of an accident or acute event
X	(Destination code only) intermediate stop at physician's office on the way to the hospital

11.1 Reimbursement for Ground Ambulance

Coverage is limited to base rate billed with the appropriate modifiers, mileage for the loaded ambulance only, oxygen and airway management, and when necessary, waiting time. Charges for unloaded mileage are not reimbursable.

11.1-1 Non-covered Ambulance Transportation

Round-trip ambulance transportation from one hospital to another hospital or clinic to obtain necessary diagnostic and/or therapeutic services when the member remains registered as an inpatient at the originating facility is non-covered. It is the responsibility of the originating hospital to cover the transportation.

Rural hospitals and Long-Term Acute Care facilities (LTACs) are excluded from this policy. In this instance, Medicaid will reimburse an ambulance service provider for round-trip facility transportation from a rural hospital or LTAC facility.

11.2 Air Ambulance

Air ambulance, whether fixed wing or helicopter, is covered in any of the following circumstances:

- Member's condition warrants rapid transportation, and the location of the member is inaccessible by land vehicle
- Member must be transported a great distance and time is a factor
- Member's condition, combined with other obstacles, justifies air (versus ground) ambulance
- Cost combined with other factors makes air transport more cost effective

11.3 Water Ambulance

Water ambulance is covered in two circumstances:

- Member's location is inaccessible by ground or air ambulance, or
- Ground or air ambulance is unavailable

12 Out-of-State Transportation

Out-of-state transportation includes transportation (ground, air, or water) from Utah to another state or from another state to Utah. Out-of-state transportation is only covered by Medicaid when the transportation cannot be provided through the contracted NEMT broker, ModivCare, and must be for a medically necessary service in accordance with Utah Administrative Code R414-1-2(18). ModivCare provides NEMT services statewide, including up to 120 miles one-way travel into out-of-state border communities. Providers must first verify that the out-of-state transportation services cannot be provided by ModivCare.

Coverage of out-of-state transportation requires meeting all criteria found throughout this manual including prior authorization. The Out-of-State Transportation Prior Authorization Request Form must include:

- A letter of medical necessity stating:
    - The service requiring transportation is a Medicaid covered service, and
    - The service is medically necessary, and
    - The out-of-state provider and/or facility is/are the nearest that can perform the service, or
    - It is the general practice for Medicaid members in a particular locality to use the medical resources in another State
- A letter from the out-of-state provider and/or facility accepting the Medicaid member for treatment and confirming the provider and/or facility is/are Utah Medicaid enrolled or willing to become enrolled.

Medicaid will not cover out-of-state transportation strictly for convenience.

When a member who is already out-of-state acutely requires medical services, transportation for returning the member to Utah are covered only when all out-of-state transportation criteria are met. For example, a member that is injured out-of-state would not qualify for transportation to Utah unless medically necessary services could not be furnished in the out-of-state treating facility or if it was determined to be more cost-effective to return the member to an in-state facility.

Upon approval of out-of-state transportation requests, the out-of-state provider and/or facility must contact the Utah Medicaid reimbursement staff prior to rendering services in order to determine reimbursement. The Bureau of Coverage and Reimbursement may be contacted at 801-538-6094.

Out-of-state transportation travel expenses, upon prior approval, include the cost of transportation for the member to and from appointments. See Chapter *1 Non-Emergency Medical Transportation Services.*

Subsidized out-of-state transportation travel expenses, upon prior approval, may include:

- Cost of meals during the transportation period
- Cost of lodging during the transportation period

- Cost of an attendant to accompany the member when medically necessary
  - Travel
  - Meals
  - Lodging
  - Salary when the attendant is not related to the member

See chapter 651-6 *Rate and Method of Reimbursement* of the Medicaid Eligibility Policy Manual for further details regarding coverage of out-of-state travel expenses.

For emergency out-of-state transportation see Chapter 11 *Ambulance Transportation.*

12.1 Managed Care Entities

When a Managed Care Entity (MCE) elects or arranges to have a member receive services from an out-of-state provider or facility, the MCE is responsible for the applicable out-of-state and return-to-state transportation and related costs for the member and, if necessary, for a parent, guardian, and/or attendant.

The MCE shall follow the criteria for out-of-state transportation and related costs including food, and lodging, as outlined in this manual.

The MCE is not responsible for transportation expenses for a member who has a medical condition that occurs while out-of-state and must return to the state for treatment or services. These services are considered carved-out. See chapter *2-6 MCE Carve-Out Services* of the Section I: General Information provider manual for additional information regarding requests for carve-out services.

13 Non-Covered Services

NEMT is non-covered when transportation is requested to obtain non-covered medical services including:

- Day care
- School or educational service
- Non-Medicaid providers
- Transportation for transplant or triage teams is not covered