

SECTION 2

MEDICAL TRANSPORTATION

Table of Contents

1	Non-Emergency Medical Transportation Services.....	2
2	Provider Participation and Requirements	2
3	Member Eligibility	2
4	Transportation to Nearest Provider	2
5	Cost-Effective Transportation	2
6	Resident of Nursing Facility.....	2
7	Hospital-to-Hospital Transfers	3
8	Coverage and Reimbursement.....	3
9	Billing Medicaid.....	3
10	Non-Emergency Transportation Procedure Code Modifiers	3
11	Ambulance Transportation.....	3
11.1	Reimbursement for Ground Ambulance	4
11.2	Air Ambulance	4
11.3	Water Ambulance.....	4
12	Lodging and Meal Per Diem Associated with Out-of-State Transportation	5
13	Non-Covered Services.....	5

1 Non-Emergency Medical Transportation Services

Non-emergency medical transportation (NEMT) is only available to traditional Medicaid members. 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 para-transit services) available for traditional 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, LogistiCare. The contractor may use the most reasonable and economical mode of transportation available and appropriate to the member's medical condition that is safe and in accordance to state and federal laws.
- Native Americans 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.

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 medical transportations non-emergency situations, must be to the nearest appropriate Medicaid provider or appropriate facility that can provide the needed services.

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 non-emergency transportation 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 for transportation 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

Program 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.

Non-covered Ambulance Transportation

Round-trip ambulance services 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

11.2 Air Ambulance

Air ambulance, whether fixed wing or helicopter, is covered in one of four 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 Lodging and Meal Per Diem Associated with Out-of-State Transportation

Out-of-state transportation requires prior authorization. If out-of-state transportation is approved and an overnight stay is required outside of a medical facility while receiving Medicaid covered medical services, a per diem applied toward the cost of meals and lodging may also be authorized.

The following forms are required when submitting a request for out of state travel or a per diem: [Out of State Travel Cover Sheet](#) and [Food and Lodging Reimbursement](#).

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