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 below sources.

1-1 Personal Transportation

The member has access to a working, licensed personal 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.

1-2 Utah Transit Authority (UTA)

Utah Transit Authority (UTA) services, including fixed bus routes, rapid transit, streetcar routes, TRAX, and Paratransit, may be available for members living in UTA service areas.

1-2.1 UTA Transit Card

Members qualify for a UTA Transit Card, allowing them to utilize UTA fixed bus routes, rapid transit, streetcar routes, and TRAX for NEMT if they

- Do not have regular access to a working, personal vehicle;
- Are not currently residing in a long-term care facility; and
- Live within UTA service areas.

Children (under the age of 19) also qualify for a UTA Transit Card when they are enrolled in Medicaid. Parents/guardians that assist eligible children 17 years old and younger will also be eligible for a card. Members who require assistance during transportation for medical reasons are eligible for an attendant to travel with them. They will have this designated on their UTA Transit card with the words "Attendant: Yes."

NOTE: Children five years old and younger do not need a Medicaid Transit Card to utilize UTA services. The exception is those who are disabled and require an attendant. Those children will need a UTA Transit Card to identify attendants that may not be parents/guardians.

To request a UTA Transit Card, members can go to their MyBenefits account (https://mybenefits.utah.gov/) and follow the UTA Transit Card request instructions. If members do not have a MyBenefits account, they will need to contact a Health Program Representative (HPR) at 1-844-238-3091 and request a card. UTA Transit Cards will be mailed out Monday-Friday, excluding holidays. Cards requested on weekends will not be processed until the next business day.

1-2.2 Paratransit

Paratransit bus services are available for members who have a functional inability to use the regular UTA bus service, need curb-to-curb service, and live in Box Elder, Salt Lake, Weber, Davies, Tooele, or Utah counties. A member must complete a UTA evaluation to be deemed eligible to use their Paratransit service. To schedule an appointment at the UTA Mobility Center to determine functional inability to use buses and TRAX, members should call 801-287-7433 in Salt Lake and Davis Counties; Box Elder, Weber, Davis, and Toole counties call 877-882-7272.

Once a member has qualified for Paratransit services, they will need to call the Medicaid Operations Office at 801-538-6155 or 1-800-662-9651 to request monthly stickers.

1-3 Cedar Area Transportation Services (CATS)

Cedar Area Transportation Services (CATS) are available to members within that service area. These services include fixed bus routes and Dial-A-Ride. Members will need to provide their current Medicaid member ID to gain access to both of these services. Dial-A-Ride is available for those members who cannot use the CATS fixed bus routes, and these members must fill out an application found on the CATS website. To schedule a ride with Dial-A-Ride, members should call:

- Weekdays, 7am-6pm (M-F): 435-865-4510
- Saturday, 10am-5:15pm: 435-592-9117

1-4 Modivcare

Modivcare is the statewide NEMT broker meaning Modivcare contracts with local transportation entities to provide NEMT services.

Medicaid covers NEMT services through Modivcare for members who, through a primary care provider's statement, do not have regular access to a private vehicle or live outside of UTA/CATS service areas. Members may receive Modivcare services for up to four weeks while awaiting a primary care provider's statement. 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 according to state and federal laws.

General Modivcare services are available from 7:30 am to 5:30 pm, Monday-Friday. Transportation for urgent care needs is available to free-standing urgent care facilities, doctor's offices, or after-hours clinics from 7:00 am to 11:00 pm every day of the week. Limited services are available on Saturdays and holidays for members requiring dialysis services.

Requests for Modivcare must be made three business days before the transportation is needed, however Modivcare cannot schedule appointments for members before approval from a DWS eligibility worker. Members should not schedule the transportation several days in advance if they are unsure they will be going to the appointment. Urgent scheduling can be done in less than three business days, but a primary care provider's note may be required.

Day of medical appointment:	Schedule with Modivcare no later than the prior:
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday
Saturday*	Wednesday
**Saturday and holiday scheduled appointments are limited to accommodate members needing dialysis or have a condition that requires routine care.*	

Members can schedule rides with Modivcare by phone at 1-855-563-4403 or through their website at https://www.mymodivcare.com/.

When requesting a ride, a member must provide the following:

- Member's name, birth date, and Medicaid ID
- Address and phone number of the place where a pickup will occur
- Name, address, and phone number of the Medicaid provider being seen
- Date and time of the appointment General reason for the appointment

If a member is not prepared with the required information, Modivcare may not schedule the ride. The member may be asked to call back to Modivcare with the required missing information. At the end of the call, Modivcare will give a confirmation number for the ride and tell the member when the ride will pick them up.

In certain circumstances, Modivcare may deny a member service. In this instance, Modivcare will tell a member they have been denied during the phone call for a request for a ride. If services are denied, Modivcare sends a notice within five business days. The denial states the reason for the denial of services and will include a form explaining how to file a grievance or appeal. The member has 30 days from the postmark to file a written appeal.

Grievances may be filed directly with Modivcare at 1-855-563-4404 or on their website at https://wecare.logisticare.com/.

Please note that members may travel with a service animal or authorized attendant with advanced notice. No family member, other than a parent or guardian, may accompany a minor child.

1-5 American Indians

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.

1-6 General Pathway for Securing Non-Emergency Transportation Services

The available options for NEMT services are based on the member's needs 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 on where the member lives and what services are available.

Note: A Medicaid member needs 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 UTA or Cedar Area Transportation Services (CATS) boundaries 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 pickup 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 or drop off location
            - Be aware that UTA may determine that this type of service may not always be feasible or safe to provide
            - Requests should be made ahead of time to allow UTA to assess any safety risks that would prevent its drivers from providing beyond-the-curb service
            - The driver may grant requests 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
        - 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 the 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 on the information provided.

6 Resident of Nursing Facility

Medicaid covers emergency transportation for a nursing facility resident (nursing home). However, the facility must provide non-emergency or routine transportation.

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-letter modifier. The modifier may be any combination of the single letter codes listed below, with the first indicating the origin of transportation and the second letter indicating transportation destination.

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 the physician's office on the way to the hospital

11 Ambulance Transportation

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

- The 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 single letter codes listed below, with the first indicating the origin of transportation and the second letter indicating transportation destination.

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 the 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 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. Medicaid only covers out-of-state transportation when the transportation cannot be provided through the contracted NEMT broker, Modivcare, and must be for a medically necessary service following Utah Administrative Code R414-1-2(18). Modivcare provides NEMT services statewide, including up to 120 miles of one-way travel into out-of-state border communities. Providers must first verify that Modivcare cannot provide out-of-state transportation services.

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 is 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 before 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 out-of-state emergency 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 out-of-state transportation criteria 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:

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