

Transportation Services

Medi-Cal transportation services are provided when medically necessary at no cost to the patient. Transportation benefits are managed by the Medi-Cal health plans, Alameda Alliance for Health (AAH) and Anthem Blue Cross (ABC).

Medical transportation is allowed to transport members to medically necessary services, including to pick-up prescription drugs that cannot be mailed and other medical supplies, prosthetics, orthotics and equipment. There are two types of transportation services: non-medical transportation (NMT) and non-emergency medical transportation (NEMT). Both are described below.

Effective October 1, 2017, transportation is also allowed for any medically necessary Medi-Cal benefits, including services not covered directly by the managed care plan, such as specialty mental health and dental services.

Additional information can be found in the [All Plan Letter from Department of Health Care Services](http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx) at <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

Non-Medical Transportation (NMT)

Modalities:

- Taxi, public transit, East Bay Paratransit, private vehicle mileage reimbursement
- The least costly method of transportation that meets the member's needs will be provided
- NMT is available to members using a wheelchair so long as the member can ambulate without assistance from the driver

NMT does not require provider certification. Members may request NMT by contacting LogistiCare directly. If a provider wishes to request NMT on behalf of the member, they may do so using the Physician Certification Statement (PCS) Form, attached.

AAH LogistiCare 866-791-4158

ABC LogistiCare 877-931-4755

Non-Emergency Medical Transportation (NEMT)

NEMT is covered only when a recipient's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab, or another form of public or private conveyance. Criteria follows:

- NEMT is provided to members who cannot reasonably ambulate, stand, or walk without assistance, including those using a walker or crutches for medically necessary covered services
- NEMT is required when the member cannot take ordinary public or private means due to medical and physical condition and when transportation is required for obtaining medically necessary services
- Plans must ensure door-to-door assistance for members receiving NEMT services, and plans must provide transportation for a parent or guardian if the member is a minor

Modalities:

1. **Ambulance Services**

- Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation
- Transfers from an acute care facility to another acute care facility except when member is transferred immediately following an inpatient stay to a skilled nursing facility or intermediate care facility
- Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).
- Transport for members with chronic conditions who require oxygen if monitoring is required

2. Litter Van Services

- Requires that the member be transported in a prone or supine position, because the member 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 Services

- Renders the member 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 member 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

Members with the following conditions may qualify with a Physician Certification Statement:

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

4. Air – only when ground transport is not feasible

How to Request NEMT

Effective July 1, 2017, both health plans require a Physician Certification Statement (PCS) Form to request NEMT services.

- A physician, advanced practice professional, dentist, or mental health provider may request NEMT services using the health plan's Physician Certification Statement (PCS)
- For AAH and ABC members, submit the PCS request form directly to LogistiCare

Attachments

AAH PCS Form

ABC PCS Form

Physician Certification Form - Request for Transportation

Please print clearly. For NEMT only, the physician must sign this form where indicated below.

***Required fields must be completed.**

Please return form by fax to LogistiCare - Attn: Utilization Review (877) 457-3352

PATIENT INFORMATION	
*Patient's Name:	*Patient's DOB:
*Patient's ID Number/CIN#	Member's Contact Number:
DIAGNOSIS	
Diagnosis:	ICD Code:

TRANSPORTATION NEEDS (*Please check ONLY ONE level of service in either NEMT or NMT section)	
<p>Non-Emergency Medical Transportation (NEMT) NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. Check the applicable level of service needed:</p> <p><input type="checkbox"/> Wheelchair Van</p> <p><input type="checkbox"/> Ambulance/Litter Van/Gurney Van (Patient bed bound)</p> <p><input type="checkbox"/> ALS (Patient requires ALS services/availability)</p> <p><input type="checkbox"/> CCT/SCT (Patient requires cardiac monitoring)</p> <p><input type="checkbox"/> LS (Patient requires oxygen not self-administered or regulated)</p> <p><input type="checkbox"/> Air Transport</p>	<p>Non-Medical Transportation (NMT) NMT includes transportation provided via taxi, car or other public conveyances for medically necessary covered services. <i>No signature is required for NMT.</i> Check the applicable level of service needed:</p> <p><input type="checkbox"/> Public Transportation/Mass Transit</p> <p><input type="checkbox"/> East Bay Paratransit</p> <p><input type="checkbox"/> Curb-to-Curb Vehicle Transportation (Taxicab)</p> <p><input type="checkbox"/> Door-to-Door Vehicle Transportation</p> <p><input type="checkbox"/> Private Vehicle arranged by patient*</p> <p><i>*additional verification information needed for approval</i></p>

*DURATION (based on medical necessity and continued health plan eligibility):				
<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months

FUNCTION LIMITATIONS JUSTIFICATION
<p>When transportation is requested for an ongoing basis, the chronic nature of the patient's medical, physical, or mental health condition must be indicated in the treatment plan. A diagnosis alone will not satisfy this requirement. Treatment plan should include the medical, behavioral health, or physical condition that prevents normal public or private transportation. NMT services do not require physician signature and will be approved based on the least costly method of transportation that meets the member's needs.</p> <p>*PLEASE INCLUDE YOUR JUSTIFICATION BELOW:</p>

CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION	
<p>The provider responsible for providing care for the member is responsible for determining medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, or NP who is employed or supervised by the hospital, facility, or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate.</p>	
Provider's Name & Credential (Print):	Date:
Provider's Signature:	Phone Number:

Questions? Call LogistiCare's California Facility Department at (866) 529-2128

This form provides LogistiCare or another authorized transportation provider with information about the appropriate level of nonmedical transportation (NMT) or nonemergency medical transportation (NEMT) needed for the member.

Please return the completed form by fax to LogistiCare at **1-877-457-3352**, Attn: Utilization Review.

Patient name (Print clearly.): _____
Member ID number: _____ DOB: _____

Please check only **one** medically necessary mode of NMT. **Note:** A physician's signature **is not** required for NMT.

1. **NMT** includes transportation for medically necessary appointments and may be provided via taxi, sedan, paratransit (such as access) or fixed route transportation (such as a bus).
- Mass transit:** Patient/member is able to use public transportation and medically able to walk up to three-quarters of a mile to a bus stop (curb to curb).
 - Paratransit services:** Patient/member (already certified, qualified or eligible to apply) can walk to the curb and board and exit a vehicle unassisted but cannot utilize the bus or train (curb to curb).
 - Ambulatory (sedan, taxi):** Patient/member can walk to the curb and board and exit the vehicle unassisted but cannot utilize the bus or train (curb to curb).
 - Ambulatory door to door (sedan):** Patient/member can walk but requires driver assistance from their residence to the medical appointment (door to door).
 - Wheelchair (able to transfer from a folding position without assistance)
Note: If assistance is needed, please choose the wheelchair van option under NEMT instead.
 - Walker Cane Crutches

Please check only **one** medically necessary mode of NEMT. **Note:** A physician's signature **is** required for NEMT.

NEMT includes ambulances, wheelchair vans and gurney vans and is provided when medically necessary and the patient is not ambulatory. NEMT transportation under Medi-Cal Managed Care is covered only when the patient's medical and physical condition does not allow him or her to travel by bus, passenger car, taxi or another form of public/private vehicle.

- Wheelchair van:** Patient/member uses a power or electric wheelchair and requires a lift-equipped vehicle and driver assistance.
 - Stretcher/gurney van:** Patient/member is confined to bed, cannot sit in a wheelchair and does not require medical attention/monitoring during transport.
 - Basic life support ambulance:** Patient/member is confined to bed; cannot sit in a wheelchair; and requires medical attention/monitoring during transport for reasons such as isolation precautions, nonself-administered oxygen or sedation.
 - Advanced life support ambulance:** Patient/member is confined to bed; cannot sit in a wheelchair; needs advanced life support; and requires medical attention/monitoring during transport for reasons such as intravenous device monitoring, cardiac monitoring or tracheotomy.
 - Air transport:** Patient/member's medical condition is such that transport by ordinary means of private or public ground transportation is medically contraindicated.
2. Please justify the mode of transportation chosen above with a medical purpose specific to visit(s), including functional limitations that preclude the patient's ability to ambulate without assistance or be transported by private/public vehicle:

3. Duration of services (based on continued eligibility): 30 days 60 days 90 days 12 months

Certification statement: The physician, dentist or podiatrist responsible for providing care for the member is responsible for determining medical necessity for transportation. This certificate can be completed and signed by a participating physician group, independent practice association, PCP, MD, LVN, RN, PA, NP or discharge planner who is employed or supervised by the hospital, facility or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate. A completed and approved physician certification statement form may not be modified.

Staff/Physician's Name: _____
Staff/Physician's Signature: _____ Date: _____
Title: _____ Contact Phone: _____