NON-EMERGENCY MEDICAL TRANSPORTATION

Brief Coverage Statement
Non-Emergency Medical Transportation (NEMT) is provided as an administrative service for Colorado Medical Assistance Program (Colorado Medicaid) clients when the client has no other means of transportation to and from a medical appointment.

Services Addressed in Other Policies
- Emergency Ambulance Services

Eligible Providers
- A Medicaid enrolled transportation provider can provide NEMT services
- All NEMT drivers must possess a valid Colorado driver’s license.

TRANSPORTATION PROVIDER
- NEMT services:
  - Standard (non-wheelchair) vehicle
  - Wheelchair vehicles
  - Non-emergency ground ambulance
  - Public Transit Systems- including public bus and rail lines
  - Vehicle mileage reimbursement- for a privately owned, non-commercial vehicle owned by a client, a clients relative or an acquaintance
  - The following services require additional approval by the state authorizing agent:
    - Air
    - Out-of-State
    - Second attendant

Eligible Places of Services
- Transportation of clients to/from a Medicaid enrolled provider to receive a Colorado Medicaid covered service.

Eligible Clients
To receive NEMT services, the client must:
- Be a current Colorado Medicaid client; and
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- Be determined to not have access to other means of transportation including free transportation; and
- Require transportation to obtain a non-emergency Colorado Medicaid covered service.
- Not be within the following eligibility groups:
  - Qualified Medicaid Beneficiary (QMB)
  - Special Low Income Medicare Beneficiary (SLMB)
  - Medicare Qualifying Individual-1 (QI-1)
  - Old Age Pension- State Only (OAP-state only)

Note: CHP+ is not a Medicaid program and, therefore, is not an eligibility group.

Covered Services and Limitations

There is no limit to the number of daily trips a client can receive from one or multiple providers.

NON-WHEELCHAIR VEHICLES:

- Passenger-carrying vehicle available for hire for those clients who do not require a personal mobility device.
  - Providers must be licensed by the Public Utilities Commission (PUC), transport clients only within their approved geographic area, have proof of driver qualifications and exams, and comply with liability insurance, maintenance, and safety requirements as specified by the PUC and/or the NEMT Broker. Types of vehicles include:
    - factory-standard vehicles,
    - mini-bus or vehicle that accommodates up to 15 passengers,
    - mountain area transports,
    - stretcher vans,
      - Stretcher vans are available to transport those clients who must travel lying down, or who must be restrained for the safety of themselves or others
    - other vehicles modified for specialized transportation, not including wheelchair vans, or
    - other transportation systems.
  - More than one client may be transported at the same time in a standard vehicle following standard safety guidelines.
  - Provider must agree to vehicle reimbursement and is subject to regulation by the PUC

WHEELCHAIR VEHICLES:

- Vehicle designed and used for the nonemergency transportation of individuals with disabilities as defined in CRS Section 42-7-510(2)(b)
- Such vehicles include:
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- A van modified for wheelchair access,
- A wheelchair accessible minivan,

- Wheelchair transportation must be verified with a client’s provider as medically necessary by the NEMT broker or county entity.
- More than one client may be transported at the same time in a wheelchair vehicle following standard safety guidelines.

PUBLIC TRANSIT SYSTEM:

- Available when these modes of transportation are the least costly and most appropriate to the clients condition.

TAXICAB:

- Available when this mode of transportation is the least costly and most appropriate to the client’s condition.
- Taxicabs are limited to transporting clients within their specific geographic area.
  Transporting multiple passengers at once is only allowed if the existing rider agrees to share the taxicab (PUC Rule 4 C.C.R., 723-6-6253).
- Each provider must post a notice in the taxicab as described in 4 C.C.R., 723-6-6252.

PRIVATELY OWNED, NON-COMMERCIAL VEHICLE:

- Prior authorization requests must include an estimate of the trip length in miles from an internet-based map, trip planner, or other global positioning system (GPS).
- The client will be reimbursed for mileage only.
- The client must also provide the following information:
  - Name and address of vehicle owner and driver (if different from owner);
  - Name of the insurance company and policy number for the vehicle; and
  - Driver’s license number and expiration date.

NON-EMERGENCY (GROUND/AIR) AMBULANCE SERVICE:

- Must be considered the last resort for non-emergency transportation.
- Available only when the client requires basic or advanced life support in order to be transported safely, or when transportation by any other means would endanger the client’s life. This mode of transportation must be the least costly, more appropriate to the clients condition.
  - This service includes bariatric transport by ambulances with specially reinforced equipment.
- Prior Authorization Requirements are in effect for air ambulance transport.

TRAIN/AIR:

- Permissible for out-of-state travel and, in rare cases, for in-state travel when no less costly mode of transportation is suitable to the client’s condition.
ANCILLARY SERVICES:

- Escort
  - An escort may accompany a client when:
    - The client is a child or an at-risk adult, and is unable to make personal/medical determinations or provide necessary self-care as certified in writing by the client’s attending Medicaid enrolled provider.
    - The escort or attendant must be physically and cognitively capable of providing the needed services for the client.
  - Non-emergency transportation may cover the cost of transporting a second client escort, with written certification for medical necessity from the clients attending Medicaid enrolled provider, if:
    - The client has a behavioral or medical condition which may cause the client to be a threat to self or others if only one escort is provided; or
    - The client’s primary caregiver has a disability that precludes the caregiver from providing all of the client’s needs during transport or extended stay; or
    - Minors who are at least thirteen (13) years old, but younger than eighteen (18) years old, may travel alone with a written release from their parent or guardian, as long as an adult is present to receive the minor at the destination and at the return location. Minors under thirteen (13) years old shall not travel without an escort.
  - School-age children in a day treatment program, may travel without an escort, as long as there is a written release from their parent or guardian, stating that an adult will be present to receive the minor at the destination and return location. Children are not eligible for NEMT travel to and from school funded day treatment programs.

- Meals /Lodging
  - Available for in-state treatment when travel cannot be completed in one calendar day.
  - Available for authorized out-of-state treatment if not included as part of the inpatient stay.
  - Meals, lodging, and transportation expenses may be covered for the escort when the client is a child or an at-risk adult who requires the escort’s continued stay.
  - Reimburse will only be made for meals and lodging that clients are actually charged for; if a client is not normally billed meals and lodging will not be reimbursed.

URGENT CARE TRANSPORTATION:

- Urgent care transportation is permissible if
A client is in need of transportation outside of normal physician office hours to a care facility but is not in an emergency event. This facility may include a Trauma Center if this is the nearest and most appropriate facility.

HOSPITAL TO HOSPITAL TRANSPORTATION:

- Hospital to hospital transportation is permissible if
  - A client needs to be transferred from one facility to another facility under non-emergency conditions. There is no prior authorization requirement for this type of transport.

OUT OF STATE TRANSPORTATION:

- Out-of-state transportation is permissible if
  - Treatment is not available in the state of Colorado; or
  - Out-of-state border communities are closer in distance, and therefore less costly, than the nearest Colorado location of a qualified provider.
  - Transportation services may be covered for the client even if the medical procedure is paid for by an entity other than Colorado Medicaid. This facility and medical procedure must be approved by Colorado Medicaid.

OVER THE CAP TRANSPORTATION:

- Over-the-cap transportation includes services that, due to extenuating circumstances, exceed the rate for a particular code. Over-the-cap does not apply to services covered by the state NEMT broker.
- Documentation must demonstrate medical relevance and that the mode of transportation is the least costly and most appropriate to the client’s condition.

Prior Authorization Requirements

- Train (intrastate), air, and out-of-state travel must be prior authorized by the state authorizing agent at the request of either the state designated broker or the client’s county entity. While not requiring prior authorization, mileage or bus pass reimbursement may be denied if proper documentation is not provided to the state-designated entity. Transit passes may be issued when the cumulative cost of bus trips exceeds the cost of a pass.
- The client is responsible for obtaining prior authorization from either the state designated broker or the client’s county entity. Whenever possible, prior authorization should be requested at least two business days before the scheduled appointment. If the appointment is scheduled to occur in less than three days, the client should obtain prior authorization immediately.
- The state designated broker or the client’s county entity is responsible for ensuring that the least costly mode of transportation is provided for each service.
Non-Covered Services and General Limitations

- Services provided only as a convenience to the client.
- Charges incurred while client is not in the vehicle, except for lodging and meals.
- Transportation to/from non-covered medical services, including services that do not qualify due to coverage limitations (e.g., transportation to a medical service after the limit on number of appointments has been reached).
- Waiting time.
- Cancellations.
- Transportation which is covered by another entity (e.g. transportation provided by the Veterans Administration or a school).
- Metered taxi services.
- Charges for additional passengers except when acting as an escort for a child or at-risk adult.
- Transportation for nursing facility or group home residents to medical or rehabilitative services required in the facility’s program, unless the facility does not have an available vehicle.
  - Nursing facilities and group homes should instead report transportation as part of their allowable costs on their state-approved cost report.

Reimbursement

Reimbursement shall be the lessor of billed charges or the NEMT fee schedule.

Definitions

**Advanced Life Support:** means special services designed to provide definitive medical care en route from the client’s pickup point to the medical facility or during interfacility transfers and until responsibility for medical care is assumed by the staff of the receiving medical facility. During non-emergency medical transportation, ALS services may include cardiac/hemodynamic monitoring en route, cardiac defibrillation, advanced airway management, intravenous therapy, chemical restraints, administration of specified drugs and other invasive techniques.

Transport of clients requiring cardiac/hemodynamic monitoring is considered to be non-emergency only if such monitoring is required both before and after transport. Advanced airway management shall include clients who are ventilator dependent, require intubation and/or deep suctioning en route, or are on an apnea monitor before, during and after transport. Administration of intravenous (IV) medication en route shall not include self-administered IV medications.

**Ambulance:** any publicly or privately owned vehicle that is specially designed, constructed, modified or equipped to be used, maintained and operated on streets or highways to transport clients to a hospital or other treatment facility in cases of accident, trauma or severe illness.
Ancillary services: services incurred indirectly when a client authorized to receive NEMT also requires the assistance of an escort and financial assistance for meals or lodging.

At-risk adult: an adult who is unable to make personal and/or medical determinations or provide necessary self-care.

Basic Life Support: transportation by an ambulance vehicle and medically necessary supplies and services to include cardiopulmonary resuscitation as required to maintain life during transport from the client’s pickup point to the provider’s facility or during an inter-facility transfer, without cardiac/hemodynamic monitoring or other invasive techniques. Services during BLS transport may include suctioning en route (not deep suctioning) and airway control/positioning.

County DHSS: County Department of Human/Social Services.

DME: Durable Medical Equipment.

Emergency Medical Transportation: ambulance transportation during which a client receives needed emergency medical services en route to an appropriate medical facility.

Escort: a person who accompanies a Medicaid client when it has been determined by the State Designated Entity that:

1. The client cannot travel independently; or
2. The client is unable to make his or her own medical decisions; or
3. The client is unable to provide necessary medical self-care.

GPS: Global Positioning System.

Non-Emergency Medical Transportation (NEMT): transportation to or from medical treatment that is not emergency in nature. Non-emergency care may be scheduled or unscheduled. This may include urgent care transportation and hospital to hospital transportation.

Over-the-cap services: Any service that necessitates a rate higher than the assigned procedure code. For example, if a patient requires bariatric transport, use of a specially-designed and reinforced ambulance requires a higher rate than the standard ambulance service.
References

CO-1500 Specialty Manuals

C.C.R. 723-6-6253

C.C.R., 723-6-6252


Medicaid Director Signature  

Date 9/10/14