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NON-EMERGENCY MEDICAL TRANSPORTATION BULLETIN

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PROGRAM OVERVIEW

The purpose of the non-emergency medical transportation (NEMT) program is to assure transportation to eligible MO HealthNet fee-for-service and managed care participants who do not have access to free appropriate transportation to and from scheduled MO HealthNet covered services. The NEMT program provides for the arrangement of transportation and ancillary services.

Effective October 1, 2010, non-emergency medical transportation (NEMT) for fee-for-service participants will be arranged through Medical Transportation Management, Inc (MTM). MTM can be contacted via telephone at 1-866-269-5927 or in writing at 16 Hawk Ridge Drive, Lake Saint Louis, MO 63367. All requests for non-emergency transportation services for fee-for-service participants occurring on or after October 1, 2010 must be arranged through MTM.

ELIGIBILITY FOR TRANSPORTATION

NEMT is available to those MO HealthNet and MO HealthNet managed care participants eligible on the date of transport. MO HealthNet managed care participants get their NEMT services from their MO HealthNet managed care health plan. Some people on MO HealthNet or MO HealthNet managed care do not get NEMT services as part of their benefit package. The following people are not eligible for the NEMT program:

- 1) Participants with the following MO HealthNet Eligibility (ME) codes:
 - 02, Blind Pension;
 - 08, Child Welfare Services-Foster Care;
 - 52, Division of Youth Services-General Revenue;
 - 55, Qualified Medicare Beneficiary (QMB);
 - 57, Child Welfare Services-Foster Care-Adoption Subsidy;
 - 59, Presumptive Eligibility;
 - 64, Group Home Health Initiative Fund (State Placement);
 - 65, Group Home Health Initiative Fund (Parent/Guardian Placement);
 - 73, CHIP-children 150%+-185% of the FPL;
 - 74, CHIP-children 185+-225% of the FPL;
 - 75, CHIP-children 225%+-300% of the FPL;
 - 80 Women's Health Services-Uninsured Post Partum Women;
 - 82, Missouri RX; and
 - 89, Women's Health Services-Uninsured Adult Women
- 2) Participants who have access to transportation at no cost to the participant. However, such participants may be eligible for ancillary services.
- 3) Participants who have access to NEMT services through the Medicare program.
- 4) Participants enrolled in the Hospice Program. However, NEMT is available for such participants accessing MO HealthNet/MO HealthNet managed care covered services that are not related to the participant's terminal illness.
- 5) Participants receiving Developmental Disabilities (DD) Waiver program services, Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) program services, community psychiatric rehabilitation services (psychosocial rehabilitation and to receive medication services), and adult day health care services.
- 6) Participants who need transportation to a Durable Medical Equipment (DME) provider that provides free delivery or mail order services.
- 7) Participants who need transportation to services for MO HealthNet/MO HealthNet managed care covered services provided in the home such as personal care, home health, etc.
- 8) Participants who need transportation to the pharmacy.

ANCILLARY SERVICES

In addition to transportation, ancillary services (meals and lodging) are covered if:

- The medical appointment requires an overnight stay, and
- Volunteer, community, or other ancillary services are not available at no charge to the participant.

For participants under the age of 21, ancillary services may include an attendant and/or one parent/guardian to accompany the child.

If the participant is under the age of 21, ancillary services will be arranged for a parent/guardian when the participant is inpatient in a hospital setting and meets the following criteria:

- Hospital does not provide ancillary services without cost to the participant's parent/guardian, AND

- Hospital is more than 120 miles from the participant's residence, OR
- Hospitalization is related to a MO HealthNet covered transplant service.

REQUESTS FOR TRANSPORTATION

Requests for transportation are made by calling 1-866-269-5927 at least five (5) calendar days in advance. Requests may be made 24 hours a day, seven days a week. The following information must be provided at the time of the call to arrange transportation:

- The patient's name, date of birth, address, phone number, and MO HealthNet or MO HealthNet managed care ID number;
- The name, address, and phone number of the health care provider;
- The date and time of the appointment;
- Special needs of the patient (such as the patient uses a wheelchair); and
- If the patient is under the age of 21, let the broker know if the patient needs an attendant or parent to go along.

CO-PAYMENT

Participants shall be subject to a \$2.00 co-payment for each NEMT trip (regardless if the trip is a single destination trip, a round trip, or a multiple destination trip). Providers shall not deny NEMT services when the participant cannot pay their co-payment. The participant is responsible for the co-payment. Non-payment may impact the participant's ability to get a ride in the future.

- The following groups of participants are exempt from co-payments for NEMT services:
 - Participants under the age of 19 years;
 - Participants receiving MO HealthNet under a category of assistance for pregnant women or the blind under the following MO HealthNet eligibility codes;
 - 03, Aid to the blind;
 - 12, MO HealthNet – Aid to the blind;
 - 15, Supplemental Nursing Care – Aid to the blind;
 - 18, MO HealthNet for pregnant women;
 - 43, Pregnant women – 60 day assistance
 - 44, Pregnant women – 60 day assistance – poverty
 - 45, Pregnant women – poverty;
 - 61, MO HealthNet for pregnant women – Health Initiative Fund
 - Foster care participants; and
 - Residents of a skilled nursing facility, intermediate care nursing home, residential care home, adult boarding home or psychiatric hospital.

If it is the routine business practice of a transportation provider to discontinue future services to an individual with uncollected debt, the transportation provider may include uncollected co-payments under this practice. However, a transportation provider shall give a MO HealthNet participant a reasonable opportunity to pay an uncollected co-payment. If a transportation provider is not willing to provide services to a MO HealthNet participant with uncollected co-payment, the transportation provider must give the participant advance notice and a

reasonable opportunity to arrange transport with a different transportation provider before services can be discontinued.

TRAVEL POLICY

Travel policies are in place to determine the appropriateness of participants travelling outside the standard distance. In order to assist participants in accessing appropriate care, you may receive calls from MTM to verify the reason the participant must travel beyond the standard distance. Standard distances can be found on Attachment A. The standards are based on whether the county of residence is categorized as urban, basic, or rural. The following lists the counties meeting each category:

- Urban-Clay, Greene, Jackson, Jefferson, St. Charles, St. Louis, and St. Louis City;
- Basic-Boone, Buchanan, Cape Girardeau, Cass, Christian, Cole, Franklin, Jasper, Johnson, Lincoln, Newton, Platte, and St. Francois;
- Rural-all other counties

Providers who request transportation for participants on a regular reoccurring schedule (i.e. rehabilitation, dialysis, etc.) must contact MTM's Care Management Department at 888-561-8747 to arrange transportation. MTM will provide each facility with a direct contact person for reoccurring trips.

RIDEFINDER

If a transportation provider does not pick up the participant within 15 minutes of the scheduled pick up, call the "RideFinder" line at 888-409-6881. MTM will determine where the driver is and make sure the participant is transported.

MANAGED CARE

Non-emergency medical transportation for MO HealthNet managed care participants must be arranged through their managed health care plan.

CSTAR AND CPR TRANSPORTATION

The Department of Mental Health provides coverage of non-emergency medical transportation for MO HealthNet fee-for-service and managed care participants to certain CSTAR and CPR services. This transportation is also arranged through Medical Transportation Management, Inc at 1-866-269-5927. Transportation is limited to only the following procedure codes:

CSTAR Procedure Codes

Procedure Code	Description
H0001	Assessment and Diagnostic Update
H0001 AM	Assessment and Diagnostic Update
H0001 52	Assessment and Diagnostic Update
H0001 EP	Adolescent GAIN
90862	Medication Services
90862 52	Medication Services Professional
90862 AF	Medication Services Psychiatrist

CPR Procedure Codes

Procedure Code	Description
90862	Medication Services
90862 52	Medication Services Professional
90862 EP	Medication Services Child Psychiatrist
90862 TN	Medication Management
90862 TN EP	Medication Management Child

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

ATTACHMENT A

TRAVEL STANDARDS – MAXIMUM MILEAGE

Provider/Service Type	Distance Standards		
	Urban County	Basic County	Rural County
Physicians			
PCPs	10	20	30
Obstetrics/Gynecology	15	30	60
Neurology	25	50	100
Dermatology	25	50	100
Physical Medicine/Rehab	25	50	100
Podiatry	25	50	100
Vision Care/Primary Eye Care	15	30	60
Allergy	25	50	100
Cardiology	25	50	100
Endocrinology	25	50	100
Gastroenterology	25	50	100
Hematology/Oncology	25	50	100
Infectious Disease	25	50	100
Nephrology	25	50	100
Ophthalmology	25	50	100
Orthopedics	25	50	100
Otolaryngology	25	50	100
Pediatric	25	50	100
Pulmonary Disease	25	50	100
Rheumatology	25	50	100
Urology	25	50	100
General surgery	15	30	60
Psychiatrist-Adult/ General	15	40	80
Psychiatrist-Child/ Adolescent	22	45	90
Psychologists/Other Therapists	10	20	40
Chiropractor	15	30	60
Hospitals			
Basic Hospital	30	30	30
Secondary Hospital	50	50	50
Tertiary Services			
Level I or Level II trauma unit	100	100	100
Neonatal intensive care unit	100	100	100
Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Comprehensive cardiac services	100	100	100
Pediatric subspecialty care	100	100	100
Mental Health Facilities			
Inpatient mental health treatment facility	25	40	75
Ambulatory mental health treatment providers	15	25	45
Residential mental health treatment providers	20	30	50
Ancillary Services			
Physical Therapy	30	30	30
Occupational Therapy	30	30	30
Speech Therapy	50	50	50
Audiology	50	50	50