

PROVIDER BULLETIN

Volume 45 Number 35

<http://dss.mo.gov/mhd/>

January 5, 2023

NON-EMERGENCY MEDICAL TRANSPORTATION

Applies to: MO HealthNet Fee For Service Participants

Effective Date: December 1, 2022

-
- **Program Overview**
 - **Eligibility for Transportation**
 - **Ancillary Services**
 - **Requests for Transportation**
 - **Travel Policy**
 - **Managed Care**
 - **CSTAR and CPR Transportation**

PROGRAM OVERVIEW

Effective December 1, 2022, Non-Emergency Medical Transportation (NEMT) for participants in the Fee For Service (FFS) program can be arranged through MTM via telephone at 1-866-269-5927, or <https://www.mtm-inc.net/missouri/>.

The purpose of the NEMT program is to provide transportation to eligible MO HealthNet FFS 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 (see below).

ELIGIBILITY FOR TRANSPORTATION

NEMT is available to MO HealthNet FFS and MO HealthNet Managed Care participants eligible on the date of transport. MO HealthNet Managed Care participants receive NEMT services from their MO HealthNet Managed Care health plan. Some MO HealthNet FFS or MO HealthNet Managed Care participants do not receive NEMT services as part of their benefit package.

The following participants are *NOT* eligible for the NEMT program:

- 1) Participants with the following MO HealthNet Medical Eligibility (ME) codes:

ME Code	Description
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 or 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
89	Women's Health Services – Uninsured Adult Women
91	Gateway to Better Health Tier 1/2 joint coverage
92	Gateway to Better Health Tier 2 coverage
93	Gateway to Better Health Tier 2 coverage
97	Babies born to mother who is receiving ME 95 (SMHB-Over Income)
9S	Chip children > 196 to 300% FPL and mother was receiving ME 96
0F	Child Welfare Services-Foster Care IV-E (state only)
5A	Child Welfare Services-Adoption/Guardianship IV-E (state only)

- 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 FFS/MO HealthNet Managed Care covered services that are not related to the participant's terminal illness.
- 5) Participants who are being discharged from a nursing home.

Participants are *NOT* eligible for NEMT to the following services:

- 1) Services covered under the Developmental Disabilities (DD) Waiver program.
- 2) Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) program services or Community Psychiatric Rehabilitation (CPR) program services as outlined in the NEMT DMH covered services section below.
- 3) Services covered under the Adult Day Care Waiver program.

- 4) Transportation to a Durable Medical Equipment (DME) provider that provides free delivery or mail order services.
- 5) Transportation to services for MO HealthNet FFS/MO HealthNet Managed Care covered services provided in the home such as personal care, home health, etc.
- 6) Transportation to the pharmacy, unless the appointment is for a scheduled vaccination.
- 7) Transportation to case management services.

ANCILLARY SERVICES

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

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

For participants under the age of 21, ancillary services may include an attendant and/or one parent/guardian to accompany the child. Participants under the age of 17 must be accompanied by a parent/guardian.

If the participant is under the age of 21, ancillary services will be arranged for a parent/guardian when the participant is in an inpatient 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 for participants in the FFS program are made by calling 1-866-269-5927 or <https://www.mtm-inc.net/missouri/>. Participants whose residence is located within the urban county travel standards must allow at least two (2) business days advance notice for transportation to a qualified, enrolled medical service provider, with the exception of urgent care and hospital discharges. Participants whose residence is located within the rural and basic county travel standards must allow at least three (3) business days advance notice for transportation to qualified, enrolled medical service providers, with the exception of urgent care and hospital discharges. If the participant provides MTM with less than the required business days advance notice, MTM may deny transportation for the participant if MTM can verify that the appointment does not qualify as urgent. MTM shall arrange trips if deemed urgent and requested by the participant or the participant's medical provider.

Urban, Basic and Rural counties are defined as follows:

- **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, Pulaski, St. Francois, and Taney;

- **Rural:** all other counties

Regular transportation requests can be made Monday thru Friday, 8:00 A.M. to 6:00 P.M. Urgent 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 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, needs a car seat or van); and
- If the patient is under the age of 21. Let MTM know if the patient needs an attendant or parent/guardian to accompany them.

TRAVEL POLICY

Travel policies are in place to determine the appropriateness of participants traveling 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 below under 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, Pulaski, St. Francois, and Taney;
- **Rural:** all other counties

Providers who request transportation for participants on a regular reoccurring schedule (i.e. rehabilitation, dialysis, etc.) must contact MTM at 1-866-269-5942 to arrange transportation. MTM will provide each facility with a direct contact person for reoccurring trips.

WHERE'S MY RIDE?

If a transportation provider does not pick up the participant within 15 minutes of the scheduled pick up, call the "Where's My Ride?" line at 1-866-269-5944. MTM will determine where the driver is and make sure the participant is transported.

MANAGED CARE

NEMT for MO HealthNet Managed Care participants must be arranged through their Managed Care health plan.

CSTAR AND CPR TRANSPORTATION

The Department of Mental Health provides coverage of NEMT for MO HealthNet FFS and Managed Care participants to certain CSTAR and CPR services. This transportation is also arranged through MTM at 1-866-269-5927. Transportation is limited to only the following:

CSTAR

- Intake assessment
- Assessment Update
- Adolescent GAIN
- Medication Services

CPR

- Medication Services

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) website 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 website at <http://dss.mo.gov/mhd/> 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- 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 MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID 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