	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1726	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Non-Emergency Medical Transportation	
<b>Original Date:</b> 03/15/2007	<b>Date Published:</b> 03/25/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Purpose:**

To describe Central California Alliance for Health's (the Alliance) authorization process and coverage criteria for the Non-Emergency Medical Transportation (NEMT) benefit.

**Policy:**

1. Medi-Cal recipients will be eligible for NEMT as specified in the California Code of Regulations, Title 22, Section 51323.
2. Non-emergency medical transportation is covered on a limited basis under the Alliance Care In-Home Support Services (IHSS) line of business, to allow for the non-emergency transport of these members between hospitals, from a hospital to lower level of care facility, and from a hospital or facility to the member's residence. There is no co-payment; prior authorization is required.
3. Eligible members will be provided NEMT for all medically necessary covered services and to access a pharmacy for prescriptions authorized for Medi-Cal covered services under Medi-Cal Rx.


**Definitions:**

California Children Services (CCS): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Curb-to-Curb Services: Assistance in and out of the vehicle, generally limited to assistance within 15 feet of the vehicle.

Door-to-Door Services: Assistance to and from the residence, vehicle, and/or place of service (door-to-door services) for the member receiving transportation services.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): A comprehensive and preventive child program for individuals under the age of twenty-one (21) years. EPSDT is defined by law in the Federal Omnibus Budget Reconciliation Act of 1989 and includes periodic screening, vision, dental and hearing services. EPSDT services are extra Medi-Cal services. This program helps find and care for health problems in children from birth to 21 years of age.

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Maintenance and Transportation (M&T): A CCS member and parent(s), or legal guardian(s), may be provided M&T when it is determined that the family needs assistance, there are no other available resources, and the assistance is an essential element of the member's diagnostic or treatment plan. This may include costs for; lodging, food, use of private vehicle, tolls, etc. For more information, please refer to Alliance Policy 404-1432 – Maintenance and Transportation for Members with CCS Eligibility.

Medically Necessary or Medical Necessity: Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury, achieve age-appropriate growth and development, and attain, maintain or regain functional capacity per Title 22 CCR Section 510303(a) and 42 Code of Federal Regulations (CFR) 438.210(a)95).

**Non-Emergency Medical Transportation (NEMT):** Medically necessary transportation of members when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services. NEMT includes assistance to and from the residence, vehicle, and/or place of service (door-to-door services). The Alliance provides NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches. Four available modalities include;


- NEMT ambulance services
- Litter van services
- Wheelchair van services
- NEMT by air

**Non-Medical Transportation (NMT):** Transportation of members to medical services by passenger car, taxicabs, or other forms of public or private conveyances provided by persons not registered as a Medi-Cal provider. NMT does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members by ambulance, litter vans, or wheelchair vans licensed, operated and equipped in accordance with state and local statutes, ordinances or regulations.

#### **Procedures:**


For Medi-Cal, the procedure is as follows:

NEMT services are a covered Medi-Cal benefit when prescribed in writing by a physician, dentist, podiatrist, physician Assistant (PA), nurse practitioner (NP), certified nurse midwife (CNM),


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physical therapist, speech therapist, occupational therapist, mental health or substance use disorder provider, or a physician extender, within their scope of practice, for the purposes of enabling a member to obtain medically necessary covered services (including EPSDT services) or pharmacy prescriptions authorized by Medi-Cal RX. PA's, NP's, Physician Extenders, and CNM's may sign required forms for covered benefits and services that are consistent with applicable state and federal laws and are subject to supervising physician and PA/NP/CNM being enrolled as Medi-Cal providers.<sup>i</sup>


1. All non-emergency medical transportation requests subject to prior authorization will be screened by the Alliance Health Services Authorization Coordinator for eligibility under Title 22, Section 51323.
  - a. NEMT requests requiring authorization and received after business hours are processed as post service requests to not delay access to NEMT services.
  - b. Alliance Authorization Coordinators inform NEMT providers that they must arrive within 15 minutes of their scheduled appointment.
  - c. If the NEMT provider is late or does not arrive at the scheduled pick-up time for the member, the Alliance authorizes urgent NEMT to ensure the member does not miss their appointment.
  
2. A member or provider is not required to obtain prior authorization for NEMT services if the member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.
  - a. To ensure a timely transfer, NEMT services from an acute care hospital immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility, the acute care hospital may arrange, and the Alliance will cover, out-of-network NEMT services if the Alliance is not able to provide NEMT services within 3 hours of the member or provider's request.
  
3. Authorization is not required for Emergency Medical Transportation (EMT) for all emergency covered services, as to not delay member access, in alignment with Alliance Policy 404-1309 – Member Access to Self-Referred Services.

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4. The Alliance utilizes an NEMT Physician Certification Statement (PCS) Form that has been approved by DHCS and/or a form that contains the elements required in the DHCS approved PCS form. The member must have an approved PCS Form (available on the Alliance website) authorizing NEMT by the provider on file, which will be used to determine the appropriate level of transportation service for Medi-Cal members. Incomplete PCS forms will be returned to provider for required elements. PCS forms are reviewed internally by the Alliance, and are not delegated to the NEMT Provider. Required documentation includes, at a minimum the PCS form components listed:
  - a. Function Limitations Justification: For NEMT, the physician is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate with assistance or be transported by public or private vehicles.
  - b. Dates of Service Needed: Physician is required to provide start and end dates for NEMT services; for covered services requiring recurring appointments, the Alliance will provide authorization for NEMT for the duration of the recurring appointments, not to exceed 12 months.<sup>ii</sup>
  - c. Mode of Transportation Needed: List the mode of the transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van, or air transport).
  - d. Certification Statement: Prescribing provider's statement certifying that medical necessity was used to determine the type of transportation being requested.
5. The NEMT PCS form is not to be modified once form is determined to be complete and provider has prescribed the form of transportation. The Alliance communicates the approved mode of NEMT and dates of services to the NEMT provider when arranging NEMT services.
6. The Alliance may approve unloaded mileage (miles driven from the vehicle location to the member pick up location) when the miles driven without the member in the vehicle is equal to or greater than 25 miles in one direction.
7. Door-to-door services are included in all NEMT approvals. The Alliance ensures door-to-door assistance is provided for members approved to receive NEMT services.
8. The NEMT PCS Form can be used for eligible members who require NEMT to access pharmacy services including pharmacy trips for medications carved-out under the Medi-Cal Rx.

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9. The Alliance may provide telephone or electronic authorization for NEMT requests when a member requires a covered, medically necessary service that is urgent in nature and a PCS form could not have reasonably been submitted beforehand. The member's provider must submit a PCS form post-service for the telephone or electronic authorization to be valid.
10. The Alliance uses Medi-Cal approved/contracted providers as much as possible to ensure that medical professional's decisions regarding NEMT are unhindered by fiscal and administrative management per contract.<sup>iii</sup>
11. The Alliance ensures that there are no limits to receiving NEMT as long as the member's services are medically necessary and the member has a complete Physician Certification Statement form for the NEMT services.<sup>iv</sup>
12. The Alliance will capture and submit data from PCS for DHCS.
13. Members and providers may contact the Alliance directly to call, request, and schedule urgent and non-urgent NEMT transportation and receive status updates on their NEMT rides. The direct line to the Alliance's Authorization Coordinators is documented in the Member Handbook and Provider Manual. The Alliance Health Services Authorization Supervisor serves as the Plan liaison to NEMT providers to assist with access to services, as needed.
14. Members requesting transportation for CCS medically eligible conditions will be screened and referred for CCS eligibility determination, if not already open for an eligible CCS condition.
15. The Alliance will provide NEMT for all medically necessary covered services and to access a pharmacy for prescriptions authorized for Medi-Cal covered services under Medi-Cal Rx, including transportation to out-of network providers, at no cost to the member.
16. NEMT for Major Organ Transplant (MOT): NEMT services for MOT will be provided for both the transplant recipient and living donor. In the event the living donor is not a Medi-Cal recipient or Alliance member, the plan will arrange and provide NEMT services for the donor, if NEMT is determined to be the appropriate level of transport.
17. The Alliance will help refer and coordinate NEMT for non-covered services, with the exception of pharmacy services

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18. If the member does not qualify under Title 22, Section 51323 criteria the Authorization Coordinator will provide the member with a list of other transportation options upon request.
19. If the member does not qualify under Title 22, Section 51323 criteria for NEMT but does not have access to medical services through public or private (if public is unavailable) transportation at the time the transportation is required; then the Alliance Authorization Coordinator will refer the transportation request to Member Services for screening under NMT criteria. If the request meets criteria for NMT, Member Services will provide options for member for the requested ride per Alliance Policy 404-1725 - Non-Medical Transportation.
20. If the member does meet Title 22 criteria, the Authorization Coordinator will first ascertain that the member has no other means of transportation available (family, friends, etc.) If so, the Authorization Coordinator will schedule the requested ride with a local vendor and notify the member of the time and date of pick up.
21. If a member disputes a determination that they do not meet Title 22, Section 51323 criteria, the member will be asked to undergo an evaluation by a physical therapist to assist in the determination of eligibility for transportation. While awaiting the physical therapy evaluation, rides will be maintained.
  - a. If the evaluation demonstrates that the member does not meet Title 22 criteria for NEMT, a denial Notice of Action will be issued along with information informing the member of their rights to a State Fair Hearing.
22. For members meeting NEMT authorization criteria, the following types of transport will be allowed with prior authorization. Alliance will authorize, at a minimum, the lowest cost type of NEMT that is adequate for the member's medical need:
  - a. NEMT ambulance services for:
    - i. Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
    - ii. Transfers from an acute facility to another acute facility.
    - iii. 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).
    - iv. Transport for members with chronic conditions who require oxygen if monitoring is required.


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- b. Additionally, the Alliance ensures that the member's level of transportation will not be downgraded from NEMT to NMT, unless multiple modalities are selected in the PCS Form. Where multiple modalities are selected, the Alliance may choose the lowest cost modality.
- c. NEMT litter van services when the member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
  - i. 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.
  - ii. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
- d. NEMT wheelchair van services when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following:
  - i. Renders the member incapable of sitting in a private vehicle, taxi, or other form of public transportation for the period of time needed for transport.
  - ii. 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.
  - iii. Requires specialized safety equipment over and above that normally available in passengers cars, taxicabs or other forms of public conveyance.
  - iv. Examples of member who may qualify for wheelchair van transport include, but are not limited to, the following.
    - 1. Members who suffer from severe mental confusion.
    - 2. Members with paraplegia
    - 3. Dialysis recipients
    - 4. Members with chronic conditions who require oxygen but do not require monitoring.
- e. With the written consent of the parent or guardian, The Alliance may arrange for NEMT for a minor who is unaccompanied by a parent or a guardian. The Alliance will provide transportation services for unaccompanied minors when state or federal law does not require parental consent for the minor's service and is

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responsible to ensure all necessary written consent forms are received prior to arranging transportation for an unaccompanied minor.

- f. Alliance coverage includes transportation costs for the member and one attendant, such as a parent, guardian or spouse, to accompany the member in a vehicle or on public transportation, subject to initial Prior Authorization requests.
  - g. Alliance coverage includes NEMT transport required to assist members with accessing COVID-19 vaccine administration locations and helping members receive the required number of doses for the COVID-19 vaccines in a timely fashion.
23. Alliance may provide NEMT by air only under the following conditions:
- a. When transportation by air is necessary because the member's medical condition or because of practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, podiatrist or dentist.
24. Transportation authorization will not be required for members being transferred to either to higher or lower level of inpatient care following an inpatient stay at the acute level of care, to a skilled nursing facility or an intermediate care facility.
- a. Transportation to medically necessary medical appointments for services is covered by the The Alliance as described in Alliance Policy 200-2010 - Non-Medical Transportation.
- NOTE: Prior to scheduling a ride, the Authorization Coordinator will verify the medical appointment and type of transportation necessary.
- b. Transportation from one level of care to the same level of care will not be authorized if the requesting facility is able to meet the member's medical needs.
  - c. Timely access standards will be followed based on care referrals, appointments and the need for transportation in accordance with DHCS and DMHC requirements, as described in Alliance Policy 401-1509 – Timely Access to Care, and as set forth in 28 CCR section 1300.67.2.2.
25. The Alliance may provide telephone or electronic authorization for NEMT requests when a member requires a covered, medically necessary service that is urgent in nature and a PCS form could not have reasonably been submitted beforehand. The member's provider

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must submit a PCS form post-service for the telephone or electronic authorization to be valid.

26. The Alliance monitors the activity of transportation providers to ensure all requirements are met through the review of Utilization Management reporting, appeals and grievance activity, and direct member feedback. Where non-compliance is identified through these oversight activities, corrective actions may be imposed.

For the Alliance Care IHSS Line of Business the procedure is as follows:

1. The non-emergency transportation for the transfer of a member from a hospital to another hospital or facility, or facility to home will be authorized if:
  - a. It is medically necessary, and
  - b. Requested by a Plan provider, and
  - c. Authorized in advance by the Alliance

#### **Exclusions:**

1. Coverage for public transportation including by airplane, passenger car, taxi or other forms of public conveyance is not an NEMT covered benefit. Please refer to Alliance Policy 200-2010 – Non-Medical Transportation for other available Alliance transportation options

#### **References:**

Alliance Policies:

200-2010 – Non-Medical Transportation

401-1509 – Timely Access to Care

404-1310 - Authorization Process for Referrals to Out of Service Area Non-Contracted

Specialty Providers

404-1732– Meals and Lodging (“Maintenance”) for Members with CCS Eligibility

Impacted Departments:

Community Care Coordination

Claims


Finance

Information Technology Services

Member Services

Pharmacy

Provider Services

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Regulatory:

California Code of Regulations, Title 22, Section 51323, 5123.1, and 51231.2  
Manual of Criteria for Medi-Cal Authorization, Chapter 12.1 Criteria for Medical Transportation and Related Services  
Medi-Cal Provider Manual: Medical Transportation – Ground

Legislative:

Contractual (Previous Contract):

DHCS Medi-Cal Contract Exhibit A, Attachment 13, Provision 12  
DHCS Medi-Cal Contract Exhibit A, Attachment 10, Provision 8.G

Contractual (2024 Contract):

Medi-Cal Contract 2024, Exhibit A, Attachment 3, Provision 5,1,3,I,4  
Medi-Cal Contract 2024, Exhibit A, Attachment 3, Provision 5,2,7,C  
Medi-Cal Contract 2024, Exhibit A, Attachment 3, Provision 5,3,4,E  
Medi-Cal Contract 2024, Exhibit A, Attachment 3, Provision 5,3,7,I

DHCS All Plan Letters:

APL 20-022 – COVID 19 Vaccine Administration  
APL 21-015 - Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative Attachment 1; Major Organ Transplants (MOT) Requirements  
APL 22-008 – Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses  
APL 24-009- Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care  
APL 22-012 – Transitioning Medi-Cal Pharmacy Benefits to Medi-Cal Rx  
APL 23-005 - Requirements for Coverage of EPSDT Services for Medi-Cal Member Under the Age of 21  
DHCS APL 23-034 - CALIFORNIA CHILDREN’S SERVICES WHOLE CHILD MODEL PROGRAM


NCQA:

Supersedes:

APL 17-010: Superseded by APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses  
APL 19-010: Superseded by APL 23-005 Requirements for Coverage of EPSDT Services for Medi-Cal Member Under the Age of 21  
APL 20-020: Superseded by APL 22-012 Transitioning Medi-Cal Pharmacy Benefits to Medi-Cal Rx

Other References:

Attachments:

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**Lines of Business This Policy Applies To**

- ☐ DSNP  
☒ Medi-Cal  
☒ Alliance Care IHSS

**LOB Effective Dates**

(01/01/2026 – present)  
(01/01/1996 – present)  
(07/01/2005 – present)

**Revision History:**

Reviewed Date	Revised Date	Changes Made By	Approved By
01/30/2023	01/31/2023	Paige Harris, Regulatory Reporting Supervisor	UMWG
09/07/2023	9/11/2023	Debi McGrath	UMWG
12/06/2023	12/06/2023	Danah Hernandez, Regulatory Reporting Supervisor	UMWG
3/6/2024	3/6/2024	Danah Hernandez, Regulatory Reporting Supervisor	UMWG
12/09/2024	12/09/2024	Danah Hernandez, Regulatory Reporting Supervisor	UMWG
02/14/2025	02/14/2025	Sabryna Sherman, Utilization Management Manager	UMWG

<sup>i</sup> DHCS APL 22-008 – Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses

<sup>ii</sup> DHCS APL 22-008 – Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses

<sup>iii</sup> DHCS APL 22-008 – Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses

<sup>iv</sup> DHCS APL 22-008 – Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses