

## HPSM Non-Emergency Medical Transportation (NEMT) |

### *Policies, Procedures, & Frequently Asked Questions*

#### **I. Frequently Asked Questions (FAQs)**

- 1) What qualifies as Non-Emergency Medical Transportation (NEMT)?
- 2) Who do I contact if I will be late or unable to transport member within 15 minutes of scheduled pick-up?
- 3) Who can schedule NEMT services on behalf of the member?
- 4) What services require prior authorization?
- 5) What documents are needed for NEMT providers to be paid for services rendered?
- 6) Who should I contact if I have additional questions?

#### **II. Guidance on the Prior Authorization & Physician Certification Statement form**

The Health Plan of San Mateo (HPSM) requires the PA-PCS form for nearly all Non-Emergency Medical Transport (NEMT) services. Guidance on completing the PA-PCS form can be found in Section 2. These two forms have been combined into a single document, available [here](#).

*A sample PA-PCS form can be found at the end of this document.*

*FAQs begin on next page >>*

## **Frequently Asked Questions (FAQs)**

The following are some frequently asked questions (FAQs) related to HPSM's NEMT policies and procedures. *Please note: this information does not apply to Non-Medical Transport (NMT).*

### **1) What qualifies as Non-Emergency Medical Transportation (NEMT)?**

Non-Emergency Medical Transportation (NEMT) includes ambulance, litter/gurney van, wheelchair van or air transportation. NEMT is not a car, bus, or taxi.

NEMT can be used when all of the following conditions are met:

- (1) Services are requested by an HPSM case manager or treating provider; and
- (2) Medical necessity is documented using HPSM's Physician Certification Statement (PCS) form (i.e., the member is not able to use a bus, taxi, etc.); and
- (3) Services are authorized by HPSM using HPSM's Prior Authorization.

### **2) Who do I contact if I will be late or unable to transport member within 15 minutes of scheduled pick-up?**

NEMT providers are required to provide door-to-door service and arrive within 15 minutes of the scheduled appointment. If you will be late or cannot provide the ride for any reason, please contact both the member and HPSM Integrated Care Management team (650-616-2060) immediately so member is informed and can be provided assistance.

### **3) Who can schedule NEMT services on behalf of members?**

Scheduling NEMT rides on behalf of a member must be coordinated by HPSM's Integrated Care Management team. Hospitals, Skilled Nursing Facilities, Long-Term Care Facilities and Dialysis facilities are also able to coordinate member transportation with in-network NEMT providers.

Coordinating NEMT rides on behalf of member is done by HPSM's Integrated Care Management team. Hospitals, Skilled Nursing Facilities, Long-Term Care Facilities and Dialysis facilities are also able to coordinate NEMT services using HPSM's network of NEMT providers.

**NEMT providers are not permitted to schedule NEMT rides directly with members.**

Members can contact HPSM's Member Services to request NEMT or receive assistance with NEMT. Member Services can be reached from Monday–Friday 8:00 am to 6:00 pm at the following numbers:

- Toll free: 1-800-750-4776
- Local: 650-616-2133
- TTY: 1-800-735-2929 or dial 7-1-1

#### **4) What services require prior authorization?**

Please check the most up-to-date prior authorization list to confirm whether the specific code requires a prior authorization: <https://www.hpsm.org/provider/authorizations>.

NEMT providers are required to obtain prior authorization for the majority\* of NEMT services (i.e., trips/rides) for these services to be reimbursed by HPSM. NEMT providers are also required to submit a physician certification statement (PCS) form which is located on the same form. *\*Exceptions to this include:*

(1) HPSM requires prior authorization of NEMT services in all cases except for rides to and from the following destinations:

- Hospital to nursing facility (modifier HN);
- Hospital to custodial facility (modifier HE);
- Hospital to residence (HR); and
- Hospital to hospital (modifier HH).

\*\* In other words: 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.

#### **5) What documents are needed for NEMT providers to be paid for services rendered?**

##### **Required Form #1: Prior Authorization & Physician Certification Statement Form**

NEMT services require a prior authorization be submitted and approved prior to the date of service. *Please note: For urgent requests from HPSM case managers or treating providers, please do not delay in rendering services. NEMT providers must submit the PA & PCS form post-service for the service to be billable.*

For additional details, please reference FAQ #4. The PA-PCS form is available on our website here: <https://www.hpsm.org/provider/authorizations/specialty-provider#nemt>.

***Please note: HPSM requires the PA approval number be included on the claim form.***

Please wait to submit claims until after you receive a PA approval number. Prior authorization requests submitted in advance of the ride are completed within normal turnaround times (five business days, or 72 hours for urgent requests). If the authorization request is received after the date of service, turnaround times may be up to 30 days.

**Required Form #2: Claim Form**

Please submit claims using the CMS-1500 form for all NEMT services. Payment for claims that do not conform to the requirements below are subject to payment delays or denials:

- Each leg of the trip (i.e., one-way trip) must be submitted on a separate service line.
- Claims for mileage must be submitted with the corresponding origin and destination modifier, and the total unit value should reflect the total miles from the point of pick-up to the destination for a single one-way trip.
- The complete origination and destination addresses, including city and ZIP code, must be indicated in the Additional Claim Information field (Box 19) of the claim.
- For After-Hours/Night Calls (i.e., services between the hours for 7 p.m. and 7 a.m.) – append modifier UJ (services provided at night) in the primary position and indicate the start and stop time of the service in the Additional Claim Information field (Box 19) of the CMS-1500 claim form.

**Important Note on Matching Claims to Authorizations!**

- (1) Claims submitted with destination modifiers that do not match the modifiers authorized on the PA form will result in a claims denial.
- (2) The one exception is for the mileage code (A0380): Claims submitted for the mileage code must include destination modifiers. HOWEVER, on the authorization form, the mileage code modifier fields should be left blank.

*Please review the example below on how to match destination modifiers between the PA form and claim forms. The example below represents a request for a round trip ride between a patient's residence (Modifier = R) and a physician office (Modifier = P).*

### Prior Authorization Example

Procedure Code	Modifier	Units of Service
A0130	RP	# of one-way trips
A0130	PR	# of one-way trips
A0380	N/A	# of miles across all one-way trips

### Claim example for one-way trip to provider office

Procedure Code	Modifier	Units of Service
A0130	RP	# of trips for leg 1 (if the authorization is for multiple trips)
A0380	RP	Total mileage for leg 1

### Claim example for one-way (return) trip to home

Procedure Code	Modifier	Units of Service
A0130	PR	# of trips for leg 2 (if the authorization is for multiple trips)
A0380	RP	Total mileage for leg 2

**6) Who should I contact if I have additional questions?** For more information, please contact:

- HPSM Provider Services at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).
- HPSM Claims at **650-616-2106** or by emailing [ClaimsInquiries@hpsm.org](mailto:ClaimsInquiries@hpsm.org).

Additional contact information is available online at: <https://www.hpsm.org/contact-us>

## Guidance on Completing HPSM's Prior Authorization & Physician Certification Statement forms

**All the fields on the PA-PCS form must be type-written except for the “Staff/Physician’s Signature” fields.** The form may be rejected for missing required information such as diagnosis codes, procedure codes, NPI, member information and dates of service.

Both the NEMT provider or the provider who signs the PCS statement may send in the completed form. Please fax the completed form to 650-829-2079.

On page one of the prior authorization request form, NEMT providers will need to:

- 1) Obtain information on the member’s diagnosis (i.e., ICD-10 code). The treating provider (e.g., PCP) and HPSM case manager will be able to provide the primary diagnosis codes (ICD-10) that justifies the member’s need for NEMT services. Please use the full ICD-10 code (i.e., including the digits after the decimal).
- 2) Calculate the total number of one-way trips and miles needed for the scheduled ride(s).
  - a. For example, a dialysis patient whose home is 20 miles from the dialysis center and requires dialysis 3 times a week would require 6,240 miles for a year (20 miles per one-way trip x 2 one-way trips per appointment x 3 appointments per week x 52 weeks).
  - b. Please note: If the units billed on claims exceeds the amount requested on the prior authorization form, the claim will be denied. Providers will need to submit an [authorization correction request form](#) for additional units to be added to the existing prior authorization.
- 3) Select destination modifiers to indicate the types of trips scheduled. Please see Table 1 at the end of this this document for a list of NEMT modifiers.
  - a. Providers must include an origin and destination modifier for each one-way trip (A0130) on a single line.
  - b. Please note that the destination modifier field for the mileage code (A0380) must be left blank.

## Selecting Dates of Service Requested

When a ride is scheduled, the HPSM care manager will inform you if it's a one-time request or if the request is for ongoing (multiple) rides.

- For a one-time ride, select the “One-Time Only” box and input the date of the scheduled ride
- For multiple rides, select the “Ongoing” box and use the date of the first and last scheduled rides as the start- and end-dates on the form. Please do not request time frames beyond the dates of already-scheduled rides.

**Please note: Unless otherwise specified by an HPSM case manager, only request dates of service that accommodate already-scheduled rides.**

## Obtaining a Signature for the Physician Certification Statement

The Physician Certification Statement (PCS) form is an authorization of the medical necessity of NEMT services and must be signed by the member's treating provider. The signature field of the form is the only field where handwritten signatures are acceptable; the remainder of the form must be typewritten.

Office staff at the servicing provider's office may sign on behalf of the servicing clinician, with the clinician's approval. For example, a clinic might sign the form as follows:

Staff/Physician's Name: Joe Administrator on behalf of Dr. Jane Gonzales

Staff/Physician's Signature: *Joe Administrator*

NPI: <Dr. Jane Gonzales' NPI>

**Table 1: NEMT Modifiers**

A full list of modifiers can be found here: [https://files.medi-cal.ca.gov/pubsdoco/bulletins/docs/medical\\_transportation\\_code\\_conversion.pdf](https://files.medi-cal.ca.gov/pubsdoco/bulletins/docs/medical_transportation_code_conversion.pdf)

<b>D</b>	Diagnostic or therapeutic site other than 'P' or 'H' when these codes are used as origin codes. This modifier is to be used for transports to or from an Ambulatory surgical center (ASC) or a free-standing psychiatric facility.
<b>E</b>	Residential, domiciliary, custodial facility (other than an 1819 facility)
<b>G</b>	Hospital-based dialysis facility (hospital or hospital-related)
<b>GM</b>	Multiple patients on one ambulance trip. Note: Providers need to submit the appropriate origin and destination modifiers in the first modifier position and HCPCS modifier GM in the second modifier position.
<b>H</b>	Hospital. This modifier must be submitted for a psychiatric facility located at a hospital.
<b>I</b>	Site of transfer (e.g., airport or helicopter pad) between types of ambulance vehicles
<b>J</b>	Non hospital-based dialysis facility
<b>N</b>	Skilled nursing facility (SNF) (1819 Facility)
<b>P</b>	Physician's office (includes HMO non-hospital facility, clinic, etc.) For Medicare purposes, urgent care centers, clinics and freestanding emergency rooms are considered physician offices
<b>QL</b>	Patient pronounced dead after ambulance called
<b>R</b>	Residence
<b>S</b>	Scene of accident or acute event
<b>X</b>	(Destination code only) Intermediate stop at physician's office on the way to the Hospital (includes HMO non-hospital facility, clinic, etc.)
<b>GY</b>	Not covered per Medicare policy
<b>UJ</b>	Used for night calls, 7 pm to 7 am



# AUTHORIZATION

Please type into PDF form and fill out all fields.

Fax completed form to 650-829-2079

## Authorization for Non-Emergency Medical Transportation Services and Physician Certification Statement

Non-emergency medical transportation is available to obtain medically necessary services when the patient's medical/physical condition does not allow them to travel by bus, passenger car, taxicab or other forms of public or private conveyance. HPSM will continue to accept PCS forms for Pharmacy services when authorizing NEMT including for Pharmacy Services after they are carved out from HPSM benefits for Medi-Cal Rx.

<b>INSTRUCTIONS</b>
The physician, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care for the member is responsible for determining medical necessity for transportation.

<b>MEMBER INFORMATION</b>			
Member's Name:	Member's Date of Birth:		
Member's ID Number:	Member's Phone Number:		
Address:	City:	State:	ZIP:
<b>DIAGNOSIS (Must support need for transportation)</b>			
Primary Diagnosis Code:	Description:		
Procedure Code (CPT/HCPCS Code):	Modifier:	Units of Service:	
Procedure Code (CPT/HCPCS Code):	Modifier:	Units of Service:	
Procedure Code (CPT/HCPCS Code):	Modifier:	Units of Service:	
<b>PROVIDER INFORMATION</b>			
Transportation Company:	NPI:		
Phone Number:	Fax Number:		

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 • [www.hpsm.org](http://www.hpsm.org)

For authorization questions, contact HPSM Health Services Phone: 650-616-2070 – Fax: 650-829-2079

**Note:** AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.

**Please Note:** In the scenario above, four 40-mile round-trip rides are being requested for wheelchair services

# AUTHORIZATION

Please type into PDF form and fill out all fields.

Fax completed form to 650-829-2079

DATES OF SERVICE NEEDED						
<p><b>One-Time Only:</b></p> <p>Date: _____</p>	<p><b>Ongoing (up to 12 months):</b></p> <p>Start Date: _____ End Date: _____</p>					
<p><b>FUNCTION LIMITATIONS JUSTIFICATION</b></p> <p>Please document and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate with assistance, or be transported by public or private vehicles.</p> <p>Treatment plan should include the medical, behavioral health, or the physical condition that prevents normal public or private transportation:</p> <p>Request is for multiple transports that are ongoing to the same provider for same chronic diagnosis; treatment plan is attached.</p> <p>Request is for multiple transports that are ongoing to different providers for any covered services. This includes minors accessing EPSDT covered services. Treatment plan is attached.</p> <p>Hemodialysis - Standing order, covered for 12-month period with unlimited trips.</p> <p>Other - Explain: _____</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">TYPE OF TRANSPORTATION</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p><b>Ambulance</b> <i>(Specify A0426 or A0428)</i></p> </td> </tr> <tr> <td style="padding: 5px;"> <p><b>Litter van</b> <i>(Specify T2005)</i></p> </td> </tr> <tr> <td style="padding: 5px;"> <p><b>Wheelchair van</b> <i>(Specify A0130)</i></p> </td> </tr> <tr> <td style="padding: 5px;"> <p><b>Air</b> <i>(Specify A0430 or A0431)</i></p> </td> </tr> </tbody> </table>		TYPE OF TRANSPORTATION	<p><b>Ambulance</b> <i>(Specify A0426 or A0428)</i></p>	<p><b>Litter van</b> <i>(Specify T2005)</i></p>	<p><b>Wheelchair van</b> <i>(Specify A0130)</i></p>	<p><b>Air</b> <i>(Specify A0430 or A0431)</i></p>
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CERTIFICATION	
<p>This Certificate can be completed and signed by an MD, PA, NP, certified nurse midwives (CNMs), physical therapists, speech therapists, occupational therapists, mental health or substance use disorder providers who are 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> <p><b>I certify that medical necessity was used to determine the type of transportation requested.</b></p>	
Staff/Physician's Name: (print)	Date:
Staff/Physician's Signature:	NPI:
Phone Number:	Fax Number: