MEDICAL TRANSPORTATION PROCEDURES

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MEDICAL TRANSPORTATION PROCEDURES

This chapter includes information on Medicaid policies for transporting and reimbursing Medicaid, Medicare Advantage and Managed Long Term Care members.

GENERAL INFORMATION AND CONTACTS

This chapter contains our plan policies related to medically necessary transportation services for Medicaid members to and from health care appointments (including Child/Teen Health Program [C/THP] appointments for all children under age 21), whether services are covered by EmblemHealth or by Medicaid fee-for-service (FFS). It also includes plan policies related to medically necessary transportation services for members enrolled in our Medicaid Advantage and Managed Long Term Care (MLTC) benefit plans. In counties where transportation services are covered by Medicaid FFS, information on how to access services through the local department of social services or other Medicaid FFS transportation vendor is provided.

Emergency Transportation

Transportation in the event of a medical emergency does not require a prior approval for any of our members, including ASO and Commercial/CHPlus, as well as members in Medicare plans which are not otherwise covered in this chapter. All members are instructed to dial 911 to obtain immediate assistance.

Dual Eligible HMO SNP

These members, while "dual eligible" may only have very limited Medicaid coverage, e.g., Medicaid only covers payment of members' Medicare Part B, and may therefore not have transportation coverage through Medicaid FFS. Where members have both Medicare and Medicaid coverage for the same transportation service, the Medicare coverage is primary and considered part of their benefits through our plan.

Distance Travel Standards

Members are expected to select primary care physicians (PCPs) whose offices are within a reasonable proximity to their residence. Members are not entitled to transportation for distances less than 10 blocks unless there are special circumstances such as a physical disability.

Public Transportation

In New York City, members must use public transportation unless a specific medical condition contraindicates such use.

General Reimbursement When the Plan Covers Transportation

1. Health care providers (e.g., PCPs, OB/GYNs, physician group practices and dentists) are to reimburse members for round-trip public transportation to medical appointments and to appointments to which they refer members, including specialist appointments.
2. EmblemHealth, or the applicable Managing Entity financially responsible for transportation services, will:
   - Reimburse health care providers who dispense car fare to members upon submission of a properly completed Public Mass Transportation Reimbursement Ledger. Separate ledgers must be used to record transportation disbursements to members for whom a Managing

Entity is financially responsible, and ledgers must be submitted to the Managing Entity.
- Reimburse health care providers who submit FFS claims when they include the transportation expense on the claims for the visit using CPT codes (Livery/Taxi A0100, Ambulette A0130 and Ambulance A0425 Mileage, A0426 ALS Non ER, A0427 ALS ER, A0428 BLS Non ER and A0429 BLS ER).
- Reimburse transportation costs for escorts of children and escorts for members of any age when medically necessary.
- Reimburse contracted taxi, ambulette and ambulance providers directly.

Exception: The Plan does not reimburse members for use of private vehicles.

EmblemHealth Contact Information When Transportation Is Covered by the Plan

1. **Members with HIP or HealthCare Partners (HCP) as their assigned Managing Entity:** Call EmblemHealth Customer Service at **1-800-447-8255** to request transportation or fax the **Medical Necessity Taxi Transportation Request Form** to **1-631-719-0911**.
2. **If the Managing Entity is Montefiore (CMO):** Call **1-877-447-6668** to request taxi transport, or fax request to **1-914-377-4798**. **Please note:** This does not apply to Medicaid members because we do not cover non-emergency transportation in CMO's service area of New York City and Westchester.

LDSS' Vendor Contact Information When Transportation Is Covered by Medicaid FFS

1. **Nassau County:** EmblemHealth does not cover non-emergency rides for Medicaid members. Members should call Logisticare Solutions at **1-877-813-5602** to request transportation. Providers and members call **1-516-227-8070** for reimbursement.
2. **New York City:** EmblemHealth does not cover non-emergency rides for Medicaid members. Members and providers should call Logisticare of New York City at **1-877-564-5922** to request transportation. For Dual Eligible (PPO) SNP, call Human Resources Administration (HRA) at **1-212-630-1810**.
3. **Suffolk County:** EmblemHealth does not cover non-emergency rides for Medicaid members. Members should call Servisair at **1-866-952-1564** to register and request transportation. Providers call **1-866-952-1564** for reimbursement.
4. **Westchester County:** EmblemHealth does not cover non-emergency rides for Medicaid members. These members or their providers should call Medical Answering Services at **1-866-883-7865** to request transportation services.

PERSONAL VEHICLE MILEAGE

TABLE 1
PERSONAL VEHICLE (MILEAGE)

Service Area	Medicaid	Medicaid Advantage HMO	Dual Eligible (HMO SNP) MAP-MLTC & MLTC	Dual Eligible HMO/PPO SNP
New York City	Not Covered	Not Covered	Not Covered	Not Covered
Nassau	Covered by Medicaid FFS	Covered by Medicaid FFS	Not Covered	Covered by Medicaid FFS if

				member has benefit
Rockland	N/A	N/A	N/A	HMO SNP - N/A PPO SNP - Covered by Medicaid FFS if member has benefit
Suffolk	Covered by Medicaid FFS	Covered by Medicaid FFS	Not Covered	Covered by Medicaid FFS if member has benefit
Westchester	Covered by Medicaid FFS	Not Covered	Not Covered	Covered by Medicaid FFS if member has benefit

Criteria: When covered by Medicaid FFS, personal vehicle can be used to drive to any medical appointment or service.

Prior Approval: Required.

Who Arranges Services: Members call the **LDSS' vendor** to register.

Member Reimbursement: Contact the **LDSS' vendor** for reimbursement.

PUBLIC TRANSPORTATION (BUS AND TRAIN)

TABLE 2 PUBLIC TRANSPORTATION (BUS AND TRAIN)				
Service Area	**Medicaid**	**Medicaid Advantage HMO**	**Dual Eligible (HMO SNP) MAP-MLTC & MLTC**	**Dual Eligible HMO/ PPO SNP**
New York City	Covered by Medicaid FFS	Covered by the Plan	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Nassau	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Rockland	N/A	N/A	N/A	HMO SNP - N/A PPO SNP -

				Covered by Medicaid FFS if member has benefit
Suffolk	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Westchester	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit

Prior Approval: Not required.

Who Arranges Services: Members.

Member and Provider Reimbursement:

- When covered by the Plan, network physician group practices, dentists, individual practice PCPs and OB/GYNs reimburse members. Providers send the Public Mass Transportation Reimbursement Ledger to EmblemHealth for members assigned to the Managing Entity HIP or HCP or to Montefiore for MLTC members if CMO is the Managing Entity shown on the member's ID card. Providers submit logs to Coordinated Transportation Solutions (CTS) for reimbursement.
- When covered by Medicaid FFS, members contact the **LDSS' vendor** to arrange transportation and seek reimbursement.

TAXI AND VAN

TABLE 3
TAXI AND VAN

Service Area	Medicaid	Medicaid Advantage HMO	Dual Eligible (HMO SNP) MAP-MLTC & MLTC	Dual Eligible HMO/PPO SNP
New York City	Covered by Medicaid FFS	Covered by the Plan	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Nassau	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Rockland	N/A	N/A	N/A	HMO SNP - N/A

TABLE 3 TAXI AND VAN				
				PPO SNP - Covered by Medicaid FFS if member has benefit
Suffolk	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Westchester	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit

Prior Approval:

- When covered by the Plan, providers must fax the **Medical Necessity Taxi Transportation Request Form** to the Managing Entity shown on the member's ID card. The prior approval period is based on the expected duration of the member's condition. Prior approval extensions require submission of a new form. Providers must give the member the prior approval information to enable the member to arrange for services.
- For members with HIP or HealthCare Partners (HCP) as the Managing Entity: Call Customer Service at **1-800-447-8255** to request transportation and fax the **Medical Necessity Taxi Transportation Request Form** to 1-631-719-0911.
- For MLTC members: If the Managing Entity is Montefiore (CMO), call **1-877-447-6668** to request taxi transport, or fax request to **1-914-377-4798**.
- When covered by Medicaid FFS, call the **LDSS' vendor** to arrange services.

Who Arranges Services:

- When covered by the Plan, the member must arrange services directly with the transportation provider at least 24 hours in advance of each trip for services to take place during the prior approval period. For MAP-MLTC, EmblemHealth case managers may assist members with transportation coordination.
- When covered by FFS Medicaid, the member calls the **LDSS' vendor** to arrange services.

Member and Provider Reimbursement:

- When covered by the Plan, network transportation providers submit claims to the address on the back of the member's ID card. For non-network taxi service, the member is expected to pay the driver, and then contact the Managing Entity on their member ID card for reimbursement. For Medicaid Advantage HMO NYC taxi/van: Transportation providers submit claims to CTS.
- When covered by Montefiore (CMO): Call Montefiore Provider Relations at **1-914-377-4477** for reimbursement.
- When covered by Medicaid FFS, contact the **LDSS' vendor** for instructions.

Criteria For Approving Taxi, Livery and Van Services

CRITERIA FOR APPROVING TAXI, LIVERY AND VAN SERVICES
Transportation services are intended to ensure that members are able to access necessary medical care and services covered under their contract. Members who can get to medical

CRITERIA FOR APPROVING TAXI, LIVERY AND VAN SERVICES	
care on their own should not have transportation services ordered for them. The transportation provided should be the least intensive mode required based on the member's current medical condition. Taxi, livery or van transportation should be ordered only when the below circumstances occur.	
County	**Criteria for Taxi, Livery and Van Transportation Services**
New York City Because of its extensive public transportation network, New York City members must use public transportation to travel to and from medical appointments unless a specific medical condition contraindicates such use.	1. When members cannot use public transportation due to a debilitating physical or mental condition as determined by a physician.
All Other Counties	1. When members do not live within walking distance of the place of service and do not have access to a personal vehicle or public transportation. 2. When members are traveling to and from locations that are inaccessible by public transportation and do not have access to a personal vehicle. 3. When members cannot use public transportation or drive their personal vehicle due to a debilitating physical or mental condition as determined by a physician.

Medical Necessity Taxi Transportation Request Form

Medicaid Transportation Reimbursement Ledger: Taxi/Livery Transportation (TLT) General Instructions

- All uses of taxi/livery transportation require prior approval from an EmblemHealth network Medical Center and/or authorized provider. The Medical Center shall reimburse round-trip (where appropriate) for authorized taxi/livery transportation when:

1. There is documented medical justification, determined by an EmblemHealth network physician, on record with provider. Taxi/livery transportation is not to be utilized in lieu of public mass transportation.
2. The patient has confirmed with the medical center/provider the use of such transportation and the medical center/provider has checked eligibility status and justification.

- The patient is required to submit a receipt from the taxi/livery services. "Tips" are disallowed for purposes of reimbursement. The medical center/provider should retain receipt with the copy of this form.
- In cases of round-trip (when authorized), the medical center/provider should reimburse twice the amount of the one-way receipt.
- The medical center is responsible for reimbursement to specialists outside of the medical center. Such reimbursement shall be given to the patient at the next follow-up visit to the medical center after the specialist visit. Receipts (round trip) are required.
- Submit forms monthly to EmblemHealth.
  Attention: Accounts Payable, 55 Water Street, New York, NY 10041-8190.

Note: The transportation ledgers should not be used by the Managing Entities financially responsible for transportation services.

MEDICAL NECESSITY TAXI TRANSPORTATION REQUEST FORM

Date:	**Attention:**	**Fax:**

Please complete this form and fax it to **1-631-719-0911** to obtain prior approval of medically necessary taxi transportation for Family Health Plus and Medicaid Advantage members. Prior approval requests must be received at least 24 hours in advance of the travel date and time.

Requesting Provider:	Provider #:	
Provider Phone:	Provider Fax #:	
Member ID:		
Member Last Name:	Member First Name:	
Member Phone:	Member Date of Birth:	
Pickup Address: *(Street)*		
City:	State:	ZIP Code:
Expected Duration of Medically Necessary Transportation:	Begin Date:	
	End Date:	
Reason for Medical Necessity:		

Please fax all medically necessary transportation requests to Customer Service at **1-631-719-9011**.

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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AMBULETTE AND NON-EMERGENCY AMBULANCE

TABLE 4 AMBULETTE AND NON-EMERGENCY AMBULANCE				
Service Area	**Medicaid**	**Medicaid Advantage HMO**	**Dual Eligible (HMO SNP) MAP-MLTC & MLTC**	**Dual Eligible HMO/PPO SNP**
New York City	Covered by Medicaid FFS	Covered by the Plan	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Nassau	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Rockland	N/A	N/A	N/A	HMO SNP - N/A PPO SNP - Covered by Medicaid FFS if member has benefit
Suffolk	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit
Westchester	Covered by Medicaid FFS	Covered by Medicaid FFS	Covered by the Plan	Covered by Medicaid FFS if member has benefit

Prior Approval:

- When covered by the Plan, prior approval is required. To obtain prior approval, providers must call the prior approval number on the back of the member's ID card.
- When covered by Medicaid FFS, members or providers must call the **LDSS' vendor**.

Who Arranges Services:

- When covered by the Plan, the provider calls the prior approval number on the back of the member's ID card.
- When covered by Medicaid FFS, the provider calls the **LDSS' vendor**.

Provider Reimbursement:

- When covered by the Plan, network transportation providers submit claims for services to the address on the back of the member's ID card.
- When covered by Medicaid FFS, contact the **LDSS' vendor** for instructions.

Medically Necessary Criteria for Approving Ambulette Services

MEDICALLY NECESSARY CRITERIA FOR APPROVING AMBULETTE SERVICES
Ambulette Service - A special-purpose vehicle equipped to provide non-emergency care, which has either wheelchair-carrying capacity or the ability to transport disabled individuals

MEDICALLY NECESSARY CRITERIA FOR APPROVING AMBULETTE SERVICES		
to or from facilities that provide medical care. Ambulette services also provide personal assistance. **Personal Assistance -** Provision of physical assistance by the ambulette service employee in walking, climbing or descending stairs, ramps, curbs or other obstacles; opening or closing doors; accessing an ambulette vehicle; moving wheelchairs or other items of medical equipment; removal of obstacles as necessary to ensure the safe movement of the patient; and to touch or guide the patient in such close proximity to be able to prevent any potential injury due to a sudden loss of steadiness or balance. A patient who can walk to and from a vehicle, his or her home, or a place of medical services without such assistance does not require personal assistance. **Prior Service Approval -** Required.		
Patient Needs	**Service Provided**	**Medical Criteria For Ambulette Services**
Stretcher	Transports patients in a recumbent position. Appropriate for patients not in need of any medical care or service en route to destination.	Patient needs to be transported in a recumbent position and the ambulette service is able to transport stretchers.
Ambulette or Invalid Coach	Has wheelchair-carrying capacity or the ability to transport disabled patients.	**Ambulette transportation may be ordered when a patient:** • Is wheelchair bound and is unable to use a taxi, livery service, bus, train or private vehicle (non-collapsible wheelchair or requires a specially configured vehicle). • Has a disabling physical condition that requires the use of a walker or crutches and is unable to use a taxi, livery service, bus or private vehicle. • Requires radiation therapy, chemotherapy or dialysis treatments that result in a disabling physical condition after treatment, making the patient unable to access transportation without personal assistance provided by an ambulette service. • Has a severe debilitating weakness or a disabling physical condition, other than the one described above, requiring the personal assistance provided by an ambulette service; and the ordering practitioner certifies that the patient cannot be transported by a taxi, livery service, bus or private vehicle. • Is mentally disoriented as a result of medical treatment, or has a mental impairment or a disabling

MEDICALLY NECESSARY CRITERIA FOR APPROVING AMBULETTE SERVICES		
		mental condition, and requires the personal assistance of the ambulette driver; and the ordering practitioner certifies that the patient cannot be transported by a taxi, livery service, bus or private vehicle (disoriented to time/place/self; acute severity hallucination; delusions/inappropriate in public situations; threat/suicidal /homicidal with a plan; acute psychotic symptomatic manic episode; chemical dependency - acute withdrawal or acute intoxication). • Has a functional orthopedic impairment precluding unassisted ambulation (bilateral or unilateral amputee, lower extremities; cast on lower extremity or half body; fracture of pelvic, hip, femur or leg; severe arthritis of locomotor joint). • Has a neuromuscular impairment precluding unassisted ambulation (spinal injury). • Has cerebrovascular accident with resultant hemiplegia or hemiparesis (stroke). • Has peripheral vascular disease precluding unassisted ambulation (severe claudication, foot ulceration). • Has severe respiratory disease necessitating physical assistance on stairs (emphysema, chronic obstructive pulmonary disease, chronic bronchitis). • Has severe cardiac disease necessitating physical assistance on stairs. • Other (must be provided by the ordering practitioner).

Medically Necessary Criteria for Approving Ambulance Services

MEDICALLY NECESSARY CRITERIA FOR APPROVING AMBULANCE SERVICES
An ambulance is a motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit. All Medicaid members are entitled to emergency and non-emergency ambulance service based on medical necessity. **Emergency ambulance service -** Transportation to a hospital emergency room generated by a dial 911 emergency system call or some other request for an immediate response to a medical emergency, including, but not limited to, trauma, burns, respiratory, circulatory and obstetrical emergencies. Emergency transportation is generally provided to an emergency

MEDICALLY NECESSARY CRITERIA FOR APPROVING AMBULANCE SERVICES		
facility. The mode of transportation for the return trip depends on the medical condition following care. **Non-emergency ambulance service -** Transportation for the purpose of obtaining necessary medical care or services by a patient whose medical condition requires transportation in a recumbent position where the patient must be transported on a stretcher or requires the administration of life support equipment, such as oxygen, by trained medical personnel. Non-emergency transportation is of a pre-planned nature and is generally provided to and from medical treatment. **Prior Approval -** Not required in emergencies; required in non-emergencies.		
Patient Needs	**Services**	**Medical Criteria For Ambulance Services**
Advanced Life Support (ALS) Services	Provides invasive treatment that is inclusive and above the level of care provided by an NYS-certified EMT, including initiation of intravenous (IV) fluids, intubations/insertion of an airway tube, defibrillation of the patient's heart, cardiac monitoring (EKG) and administration of drugs, which includes oral and all other types of medications that are stored on an ALS ambulance.	**Medical criteria for ambulance transportation includes but is not limited to the conditions below:** • Medical or surgical disorder contraindicating active mobility and/or moderate exertion; intracranial lesion; • Functional orthopedic impairment precluding movement from prone positions; patient in full body cast; • Patient needs to be physically restrained; organic brain syndrome with acute psychosis and confusion; • Patient is unconscious; medically stabilized but comatose; • Patient must remain immobile because of fractured femur, fractured pelvis; • Severe respiratory disease necessitating administration of oxygen; emphysema, chronic obstructive pulmonary disease, chronic bronchitis; • Severe cardiac disease necessitating administration of oxygen; congestive heart failure; • Hospitalized patients in need of diagnostic therapeutic service at another hospital; • Patient requires intravenous therapy; terminally ill, requires transport home.
Basic Life Support (BLS) Services	Provides noninvasive treatment, including use of anti-shock trousers, cardiac (EKG) monitoring, monitoring of a patient's blood pressure, administration of oxygen, control of bleeding, splinting fractures, cardiopulmonary resuscitation, delivery of babies and monitoring of an already established intravenous solution.	
Advanced Life Support Assistive Services	Advanced life support response where an ALS-trained employee and ALS ambulance are dispatched to the emergency scene to assist the primary ambulance.	
Transport From An Emergency Room To A Psychiatric Center	Transportation of patient undergoing an acute episode of mental illness from an emergency room to a psychiatric hospital.	**Emergency transportation of mentally ill patients:** When dealing with a patient undergoing an acute episode of mental illness, hospital and law enforcement officials are required to use an ambulance

MEDICALLY NECESSARY CRITERIA FOR APPROVING AMBULANCE SERVICES		
		vehicle to transport persons to acute psychiatric care. They may not use non-emergency modes of transportation such as ambulette or taxi.
Transportation Of Neonatal (Newborn) Infants To Regional Perinatal Centers	Transportation of critically ill newborn infants between community hospitals and regional perinatal centers.	**When neonatal infants require intensive care at regional perinatal centers (RPCs):** The RPC orders a hospital bed and arranges for the neonatal ambulance transportation.

Fixed Wing Air Ambulance And Helicopter Air Ambulance	Air transportation in life-threatening conditions as noted under medical criteria column.	Air ambulance transportation may be ordered when:
		• Rapid transport is necessary to minimize risk of death or deterioration of the patient's condition.
		• Ground transport is not appropriate and the patient:
		  ○ has a catastrophic, life-threatening illness;
		  ○ is at a hospital that is unable to properly manage the medical condition and needs to be transported to a uniquely qualified facility; and life support equipment and advanced medical care is necessary during transport.

Non-Emergency Ambulance	Transportation of a pre-planned nature by which the patient is transported on a stretcher or requires the administration of life support equipment, such as oxygen, by trained medical personnel.	May be ordered when the patient is in need of services that can only be administered by an ambulance service. The ordering physician must note in the patient's chart the patient's medical condition that qualifies the use of non-emergency ambulance service.

EMERGENCY AMBULANCE

TABLE 5 EMERGENCY AMBULANCE				
Service Area	**Medicaid**	**Medicaid Advantage HMO**	**Dual Eligible (HMO) SNP MAP-MLTC & MLTC**	**Dual Eligible HMO/PPO SNP**

TABLE 5 EMERGENCY AMBULANCE				
New York City	Covered by Medicaid FFS	Covered by the Plan	Covered by the Plan	Covered by the Plan
Nassau	Covered by the Plan	Covered by the Plan	Covered by the Plan	Covered by the Plan
Rockland	N/A	Covered by the Plan	Covered by the Plan	Covered by the Plan
Suffolk	Covered by the Plan	Covered by the Plan	Covered by the Plan	Covered by the Plan
Westchester	Covered by Medicaid FFS	Covered by the Plan	Covered by the Plan	Covered by the Plan

Prior Approval: Emergency services are not subject to prior approval. Call 911.

Who Arranges Services: Anyone who can. Call 911.

Provider Reimbursement: Ambulance providers submit claims to the address on the back of the member's ID card. For Dual Eligible (PPO) SNP: Ambulance providers submit claims to: EmblemHealth Medicare PPO, PO Box 2830, New York, NY 10016-2830. When covered by Medicaid FFS, ambulance providers bill Medicaid FFS.