

## Effective 6/1/2019 HPSM will require NEMT prior authorization

5/1/2019

Dear Provider,

In compliance with regulatory requirements, HPSM is implementing new requirements for the prior authorization of NEMT services, i.e., Ambulance, Litter/Gurney Van and Wheelchair Van medical transportation. These new requirements will go into effect **June 1<sup>st</sup>, 2019**.

We recognize this may be a new process for you, and so we are reaching out early to request your feedback and provide some information about the new requirements.

### **What action is needed from me?**

Starting June 1<sup>st</sup>, NEMT trips will need to be authorized. To do so, the provider rendering care for the member will need to complete a prior authorization form and physician certification statement (PCS). These documents have been combined into a single form for ease of use. **This form will be sent to you in a follow up communication by May 15, 2019.**

In the interim, we are looking for your feedback and questions. Please reach out to HPSM's Provider Services Director, Colleen Murphey, at [Colleen.Murphey@HPSM.org](mailto:Colleen.Murphey@HPSM.org) to share what questions you have. We will be distributing a FAQ document to respond to all submitted questions. In advance, we wished to share the following information:

### **Who should complete the prior authorization and PCS form?**

The form must be completed and signed by the treating physician or physician extender, such as a nurse practitioner, physician assistant or other extender. An approved authorization will be required for payment for NEMT services.

### **How will medical necessity be determined?**

The provider responsible for providing care for the member is responsible for determining medical necessity for transportation.

NEMT services are covered 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 purposes of obtaining needed

medical care. Please note that diagnosis alone does not constitute medical necessity. The authorization form and supporting medical records must 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.

**Can I authorize multiple planned visits at once? E.g., if a member accessing dialysis/wound care/chemotherapy services needs regular NEMT services, is the treating physician allowed to sign the form once for a series of visits?**

Yes. The treating physician can submit a request for NEMT services that is consistent with the member's treatment authorization. Authorizations may be for a maximum of 12 months.

Please reach out with questions and suggestions on how we may support you as we roll out this new required process. We thank you for the services you provide to our members and look forward to your feedback.

Kind regards,

Colleen Murphey

Director of Provider Services

Health Plan of San Mateo