

NEMT Prior Authorization Requirements: FAQ

Overview and FAQ

As of July 1st, 2019, HPSM requires prior authorization of all Non-Emergency Medical Transport services, i.e., Litter/Gurney Van, Wheelchair Van, or Ambulance medical transportation for *non-emergency* care. Emergency transportation does not require prior authorization. In anticipation of this change, HPSM gathered provider feedback and questions and we have compiled the answers to these questions below.

What action is needed from me?

Starting July 1st, 2019 NEMT trips will need to be authorized in order for these services to be reimbursed. To do so, the provider rendering care for the member will need to complete the prior authorization form and physician certification statement (PCS) and submit to HPSM. These have been combined into a single form for ease of use. A sample of this form is included in this document, and the live version is available on our website at <https://www.hpsm.org/provider/authorizations/specialty-provider#nemt>.

- Please note that the authorization forms and claims for these services **must include modifiers** in order to be processed (more detail is below).
- Please also note that **retro-active prior authorization** (authorization submitted after date of service) will be accepted as we roll out this change.

What if I am unable to obtain the PCS or complete the form before July 1st, 2019?

To support this new change, HPSM **will allow retro-active authorization** for NEMT services. Please submit the PCS and prior authorization form as soon as possible for upcoming trips. Note that prior authorization requests submitted after the date of service make take up to 30 business days to process, versus normal turnaround times.

Who should complete the prior authorization and PCS form?

The fields in the form must be completed (typically, page 1 is filled in by the NEMT provider and page 2 is filled in by the servicing provider) as well as signed by the servicing provider. Supporting medical records must be included to document the specific physical and medical

limitations that preclude the patient's ability to reasonably ambulate with assistance, or be transported by public or private vehicles.

How do you recommend completing the form?

This is a fillable PDF form, and HPSM cannot accept the form if it is not typewritten (**with the exception of the Staff/Physician signature field, which does not need to be typewritten**). Some providers find it is easiest to secure email, rather than fax, the form between the NEMT provider and servicing provider, so that both parties can fill in their sections electronically by typing in the PDF form.

What if the NEMT provider is not able to send out secure email, or doesn't have an email address for the servicing provider?

Another approach some providers are using is to have the NEMT provider call the servicing provider to get all of the information needed to fill in the type-written fields. The NEMT provider types this information in, and then faxes the form to the servicing provider for signature (which does not need to be typed) and medical records only.

Who should send the completed form to HPSM?

Either the NEMT provider or the servicing provider may send in the completed form. The completed form (including signature and relevant medical records) is required in order for NEMT claims to be paid.

Does the treating physician need to sign the form, or can another member of the care team sign on their behalf?

A member of 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>

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 authorized treatment. Authorizations may cover a period of **up to 12 months**. One form may cover a single member for a single type of ride (e.g., a wheelchair van) for a 12 month period. If multiple types of rides (e.g., a wheelchair van and Basic Life Support vehicle, which are billed using different CPT codes) are needed for the same member, then a

separate authorization will need to be submitted for each type of transport needed for that member.

What should I enter into the modifier fields of the authorization form and claims?

- For all NEMT *authorization requests*, providers **must report an origin and destination modifier** for each transport segment, or else the authorization will be rejected. However the line of the authorization form requesting *mileage* should summarize all mileage for all legs of the trips on a single line, and the modifier field for mileage may be left blank. Please see Table 1 at the end of this this document for a list of NEMT modifiers. For example, for a round trip between a patient’s residence (Modifier = R) and a physician office (Modifier = P), the authorization form should include three lines:

<i>Procedure Code</i>	<i>Modifier</i>	<i>Units of Service</i>
A0130	RP	# of trips for leg 1 (if the authorization is for multiple trips)
A0130	PR	# of trips for leg 2 (if the authorization is for multiple trips)
A0380		Total mileage for all trip legs

For all NEMT transportation and mileage *claims*, providers **must report an origin and destination modifier** for both the transport codes and the mileage. Using the above example, two claims would be submitted to HPSM:

CLAIM 1

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

CLAIM 2

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

Claims submitted without the required modifiers (or where the submitted modifiers do not match the authorized modifier on the transport code) are subject to denial. Please note:

- Origin and destination modifiers used for ambulance services are created by combining two alpha characters.
- Each alpha character, with the exception of “X”, represents an original code or a destination code. The pair of alpha codes creates one modifier.
- A list of NEMT modifiers is included in Table 1 of this document.

How do I request round trip transportation?

For round trip transports, each leg of the trip must be represented using a separate row on both the claim and the authorization. For example, where a member is going from home to dialysis (modifier RJ) and dialysis to home (modifier JR), these two will need to be listed on separate rows. See above for examples.

The mileage does not have the same requirement of being separated per trip segment on the authorization form: it can be a combined total mileage on a single row, representing the total round-trip distance. Remember, mileage does not require a modifier on the *authorization request*, however the *claim* will still need the modifier for both transport codes and mileage codes. See above for examples.

How precise do mileage estimates need to be?

We recognize that mileage may be somewhat unpredictable depending on a driver’s route. Please use your best estimate to request mileage – claims will not be denied based on mileage not matching the authorization request precisely.

How soon will I hear back about a decision on my prior authorization request?

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 retroactively to the date of service, turnaround times may be up to 30 days.

How will medical necessity be determined?

The provider responsible for the member’s care 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.

What qualifies as Non-Emergency Medical Transportation?

Non-Emergency Medical Transportation (NEMT) is an ambulance, litter/gurney van, wheelchair van or air transportation requested by a provider. NEMT is not a car, bus, or taxi. NEMT can be used when all of the following conditions are met:

- Medically needed;
- The member cannot use a bus, taxi, car or van to get to the appointment;
- Services are requested by an HPSM provider, using HPSM's Authorization and Physician Certification Statement (PCS) form (available by 7/1/2019 on HPSM's website at <https://www.hpsm.org/provider/authorizations/specialty-provider>); and
- Approved by HPSM

Can the NEMT PCS and authorization form be used as prior authorization for NMT (Non-Medical Transport)?

No, the attached form is for NEMT only, and cannot be used to authorize NMT.

Is it okay to share a copy of this FAQ with the providers and patients we work with? This would help them to understand the timeline for scheduling their transportation appointments.

Absolutely. HPSM has provided a notice of these new requirements to all contracted providers but we encourage you to discuss these new requirements with your colleagues and any providers you work with in the community.

Who should I contact if I have additional questions?

For more information on authorization requirements, please contact HPSM Provider Services. For questions regarding a specific authorization request, please contact HPSM's Authorizations department. Contact information is available online at:

<https://www.hpsm.org/contact-us>

Additional Resources:

Please see the DHCS APL APL17-010 FAQ available online at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010FAQ.pdf>

Table 1: NEMT Modifiers

D	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.
E	Residential, domiciliary, custodial facility (other than an 1819 facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
GM	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.
H	Hospital. This modifier must be submitted for a psychiatric facility located at a hospital.
I	Site of transfer (e.g., airport or helicopter pad) between types of ambulance vehicles
J	Non hospital-based dialysis facility
N	Skilled nursing facility (SNF) (1819 Facility)
P	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
QL	Patient pronounced dead after ambulance called
R	Residence
S	Scene of accident or acute event
X	(Destination code only) Intermediate stop at physician's office on the way to the Hospital (includes HMO non-hospital facility, clinic, etc.)
GY	Not covered per Medicare policy

Sample Authorization Form (for reference only – do not use this form to submit an authorization request. Please download the form at: <https://www.hpsm.org/provider/authorizations/specialty-provider#nemt>).



AUTHORIZATION

Please type into PDF form and fill out all fields.

TEST ONLY: Fax form to [REDACTED]

TEST ONLY Authorization Form 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.

INSTRUCTIONS			
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.			
MEMBER INFORMATION			
Member's Name:		Member's Date of Birth:	
Member's ID Number:		Member's Phone Number:	
Address:	City:	State:	ZIP:
DIAGNOSIS (Must support need for transportation)			
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:	
PROVIDER INFORMATION			
Transportation Company:		NPI:	
Phone Number:		Fax Number:	

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 • 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.

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AUTHORIZATION

Please type into PDF form and fill out all fields.

TEST ONLY: Fax form to [REDACTED]

DATES OF SERVICE NEEDED	
<input type="checkbox"/> One-Time Only: Date: _____	<input type="checkbox"/> Ongoing (up to 12 months): Start Date: _____ End Date: _____

FUNCTION LIMITATIONS JUSTIFICATION
<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><input type="checkbox"/> Request is for multiple transports that are ongoing to the same provider for same chronic diagnosis; treatment plan is attached.</p> <p><input type="checkbox"/> 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><input type="checkbox"/> Hemodialysis – Standing order, covered for 6-month period with unlimited trips.</p> <p><input type="checkbox"/> Other – Explain: _____</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>I certify that medical necessity was used to determine the type of transportation requested.</p>	
Staff/Physician's Name: (print)	Date:
Staff/Physician's Signature:	NPI:
Phone Number:	Fax Number:

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