

Nonemergency Medical Transportation (NEMT) Services (Overview)

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Overview

Minnesota Health Care Programs (MHCP) covers nonemergency and emergency medical transportation services. Select the links in the [Covered Services](#) section for service-specific coverage policies and billing procedures.

Nonemergency Medical Transportation Services (NEMT)

NEMT provides Medical Assistance (MA) members with the safest, most appropriate and cost-effective mode of transportation to get to and from nonemergency medical service appointments. Members can arrange NEMT as one-way or round trips. Medical necessity determines which of the following types or levels of transport and ancillary services the member is certified to receive for transport to and from covered medical services:

- Local county or tribal agency-administered NEMT includes:
 - Private automobiles (Mode 1 – personal mileage)
 - Volunteer drivers (Mode 2 – volunteer driver mileage)
 - Bus, taxicab or dial-a-ride, light rail or other commercial carriers (Mode 3 – unassisted and Mode 4 – assisted)

The local agency (Modes 1 through 3) or the MHCP medical review agent (KEPRO for Mode 4) completes the transport level certification.

- State-administered NEMT services: Transport services for members unable to use county or tribal-administered NEMT includes:
 - Ramp or lift equipped (wheelchair, scooter) (Mode 5)
 - Protected (Mode 6)
 - Stretcher transports (Mode 7)

The MHCP medical review agent (KEPRO for Modes 5 and 7) or mental health crisis teams and some medical providers in specific situations (Mode 6) complete the transport level certification.

Members who qualify for local agency-administered NEMT may need the driver's help up to, into, or in the residence, medical facility or pick-up location. This includes assistance to or from the appropriate medical appointment desk.

All NEMT transport services include reimbursement in the rates for all activities of the transport driver needed to ensure the safe loading, unloading and transport of the rider. This may include but is not limited to any of the following:

- Helping the rider to and from the vehicle and the medical facility or residence as necessary
- Helping the rider enter or exit the vehicle including the use of a ramp or lift
- Securing the rider in the vehicle
- Securing the wheelchair or scooter
- Appropriate use of a child or booster seat
- Other actions necessary for safe transport of the rider while in the vehicle

Emergency Medical Transportation

[Ambulance transportation services](#) is the transport of a member whose medical condition or diagnosis requires medically necessary services before and during transport. This includes air and ground, emergency and nonemergency ambulance services.

Eligible Providers

Eligible providers must meet the following:

- MnDOT vehicle and driver requirements as established in [Minnesota Statutes, 174.29](#) and [174.30](#) and Minnesota Rules, Chapter 8840. Excludes not-for-hire (personal mileage), volunteer driver and publicly operated transit systems.
- Additional driver and attendant training for protected transportation services
- MHCP Provider Enrollment or local county or tribal agency criteria

Refer to [Enrollment with Minnesota Health Care Programs \(MHCP\)](#) under Provider Basics in the MHCP Provider Manual for general enrollment requirements. Refer to [Provider Basics](#), [Provider Requirements](#), and [Access Services](#) sections for nonparticipating provider information.

Provider Type Homepage Links

Review the [MHCP provider types](#) webpage for information and resources specific to the services you provide.

Eligible Members

The member must meet one of the following criteria to be eligible to receive NEMT services:

- Enrolled in [Medical Assistance \(MA\)](#)
- Enrolled in state-only funded MA benefits due to residing in an institution for mental diseases (IMD)
- Enrolled in [Emergency Medical Assistance \(EMA\)](#)
- A [MinnesotaCare](#) enrollee under the age of 19
- A pregnant person enrolled in MinnesotaCare
- Enrolled in Refugee Medical Assistance (RMA)
- Enrolled in [Minnesota Family Planning Program \(MFPP\)](#)

Members enrolled in a managed care organization (MCO) must contact the appropriate MCO for the process and procedures for obtaining transportation services.

MinnesotaCare members enrolled in a managed care plan with dates of service on and after January 1, 2017, will only receive or be reimbursed for personal mileage (Mode 1), unassisted transport— out-of-state airfare only (Mode 3), and out-of-state transport and ancillary services (lodging, meals, parking or tolls) through the local county or tribal agencies. All other NEMT transports are accessed through the health plan.

Transportation to services provided for a waiver program is the responsibility of the waiver program. For member transportation to waiver program services, review [HCBS Waiver Services](#) and [Elderly Waiver \(EW\) and Alternate Care \(AC\) Program](#) in the MHCP Provider Manual.

Refer to these sections for specific policies about eligible members:

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Transportation Services](#)
- [Ambulance Transportation Services](#)
- [State-Administered NEMT Services](#)
- [Protected Transportation Services](#)

A person who is certified for state-administered NEMT transport services must contact the provider to schedule transport for ramp or lift-equipped, protected, or stretcher transports. If certified for state-administered NEMT assisted transport or the local agency administered NEMT transports, the person must obtain transport through the local county or tribal agency.

Covered Services

MHCP covers NEMT services when provided for an eligible MHCP member to or from the site of an MHCP-covered medical service and either of the following apply:

- Services are provided by an enrolled MHCP health care provider (ambulance and state-administered NEMT)
- Services are provided by a local county services or tribal agency provider (local agency-administered NEMT)

Refer to these sections for specific covered service policies:

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Transportation Services](#)
- [Ambulance Transportation Services](#)
- [State-Administered NEMT Services](#)
- [Protected Transportation Services](#)

Arranging Transportation

Members can arrange for transportation as one-way or round trip within the 30- or 60-mile limit criteria (30 miles for a trip to a primary care provider or 60 miles for a trip to a specialty care provider). The school district is responsible for transportation when the services to or from which the member is being transported are part of an individualized education program (IEP).

It is preferable to submit requests for transportation up to five days before the member needs public transportation and at least three days for all other modes of transportation to allow transport to be scheduled.

If a member lives within three-fourths of a mile of a public transit route and their appointment is within three-fourths of a mile of a public transit route, and it is an appropriate mode of transportation for them, then they must use public transportation.

After Hours Policy

Transportation after hours is for transportation that is before 7 a.m. and after 6 p.m., Monday through Friday and all day on weekends and holidays. After-hours transportation is a covered service under MHCP; however, MHCP does not require providers to provide transportation services outside of their business hours. NEMT providers may have hours that are different from those listed here.

One-time Transport Assessments and Upgrades

One-time assessment is for same-day service upgrade requests. The local county or tribal agency may authorize upgrade requests for county or tribal agency-level NEMT. The MHCP medical review agent may authorize requests for state-administered NEMT and Mode 4 of the Local Agency Administered NEMT. One-time assessments are completed when members with temporary conditions or sudden changes in condition require a higher level of transport service than they are currently approved to receive. Approve the one-time upgrade when the medical service is urgent, the member's condition changes due to the treatment received immediately prior to transport, a medical provider who has seen or spoken with the person that day requests the medical service, or as required when a hospital discharges a member from their care.

Urgent care is care for any illness or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and if left untreated, could rapidly become a crisis or emergency. Transportation requests for urgent care include any calls for transportation services when the person indicates his or her medical provider has told him or her to come to the provider's office or to obtain other medical treatment or services that same day or within a 24-hour period.

Complete the same-day NEMT upgrade using the assessment process to ensure the proper level of transport is established and provided based on medical necessity. Same-day, after hours, weekend and holiday transport services depend on the transportation provider's availability.

Spenddown

Non-emergency medical transportation (NEMT) and the related ancillary service charges ARE NOT applied to an existing spenddown obligation of a member. Members with a spenddown obligation are eligible for NEMT and related ancillary services to get them to and from their medical appointments. MHCP will reimburse for transports and ancillary services to the local agencies or enrolled NEMT provider.

Responsible Person

NEMT services may be provided for the member and, when necessary, one responsible person. The responsible person is included in the reimbursement for ground transports.

A **responsible person** is an adult or emancipated minor who is needed to make medical decisions, learn about the member's medical care or is necessary to allow the member to receive a covered medical service.

In most situations, the responsible person must be transported with the MHCP member to receive payment or reimbursement for the NEMT services. An eligible responsible person includes, but is not limited to one of the following:

- Immediate family
- Other relatives
- Authorized representative
- Legal guardian

Family Members Transported Without the Member

MHCP covers transportation of responsible persons and one or more siblings from a single location separately from the member when necessary to enable family therapy services as established in the member's plan of care to be completed. For example, the responsible person, sibling or spouse of a child or parent living in a residential facility may be required to attend therapy sessions or complete therapy services. Such cases do not require the member receiving care to be included in the transport. Use the member's MHCP ID number when billing.

Transportation of an "Unaccompanied Minor"

The Department of Human Services (DHS) requires a parent or legal guardian to sign a parental authorization to allow any minor less than 18 years of age to receive nonemergency medical transportation services to medical, dental or therapy appointments without being accompanied by a parent or legal guardian.

The transportation coordinator must receive the signed parental authorization before scheduling any transportation for a minor traveling without a parent or legal guardian. The signed authorization is valid for one year from the date the transportation coordinator receives the signed form.

Transports of minors 17 years old and under require parental consent for transport if the parent or legal guardian is unable to accompany the minor. The local agency or transportation coordinator should keep the signed parental authorization form in their records.

Note: For minors receiving family planning services, they cannot be required to have a responsible person accompany them to or from the family planning services and cannot be required to provide any type of release from a parent or legal guardian.

Follow these steps for transporting a minor:

- Verify that parental authorization is in the member's file unless the member is receiving family planning services.
- If in the file, schedule the trip following the call intake process
- If no parental authorization is on file, do the following:
 - Request fax, email or mailing address information for the parent or guardian of the minor.
 - Fax, email or mail request for authorization to the parent or guardian.
 - Notify the parent or legal guardian if the transportation provider or time of the transport changes
 - Schedule the trip when you receive signed authorization

Parent or Guardian Authorization Form

Information in the local agency-established "Unaccompanied Minor Transport" form should include but is not limited to the following information:

- Local agency or coordinator letterhead
- Statement of purpose of the unaccompanied minor authorization form
- Member's MHCP ID number
- Member's name
- Date of appointment
- Time of appointment
- Appointment transport pick-up (origination) location address
- Appointment transport drop-off (destination) location address
- Parent or guardian's statement of approval of transport
- Parent or guardian's name printed (with exceptions as listed above)
- Parent or guardian's signature

- Date release signed
- Emergency contact number
- Emergency drop-off location

Use of Public Transit

The county or tribe will negotiate agreements with public transportation systems wherever possible and will use public transportation systems when appropriate for the member.

Members who are able to travel by public transport must use public transport. The transportation coordinator determines the type of ticket or pass for the member by determining how many rides the member requires during a fixed period. Members whose needs are met by public transit may receive a monthly public transit pass. Any member who is eligible for one public transit trip for a medically necessary covered service may select to receive a transit pass for that month. Members who do not have any transportation needs in any given month, or who have received a transit pass from another program administered by a county or tribe, are not eligible for a transit pass that month. Counties or tribes cannot require members to select a monthly transit pass if public transit does not meet the member's needs. Members who receive a monthly transit pass are not eligible for other modes of transportation, unless an unexpected need arises that the member cannot access through public transit.

Public Transit Procedure

Follow these requirements for public transit:

- A public transportation 30-day pass requires up to a five-day notice. For trip(s) in less than five days:
 - Offer the member mileage reimbursement.
 - Offer the member the option of bus fare reimbursement.
 - If the member is unable to use either of the above options, they must reschedule the appointment.
- If the trip is deemed medically urgent or this is their first appointment, unassisted transportation can be set after the appointment and urgency is verified by the facility.

Possible exceptions for public transit include the following:

- Walking distance is greater than three-fourths of a mile.
- A medical or mental health professional has determined that bus transportation is not appropriate.
- An approved assessment on file confirms a public transit exclusion.

Consider a public transportation exclusion if the member has an underlying medical condition, an extenuating circumstance that makes this option inadequate, or an Americans with Disabilities Act (ADA) transit certification confirming public transit exclusion is on file.

You may issue a ticket or pass for one adult caregiver to accompany a member who is under 18 years old to authorized appointments.

If an adult member states that he or she requires an additional passenger who is not a PCA, send a statement of medical necessity to the member's treating medical or mental health professional to determine the medical necessity of an additional passenger before scheduling transportation.

Special Considerations for Public Transit

If a member can use public transit routes (bus and light rail) that are on a published schedule, the member must pay the posted fare.

If a member lives within three-fourths of a mile of a public transit route and his or her appointment is within three-fourths of a mile of a public transit route, and it is an appropriate mode of transportation for them, then they must use public transportation.

If the member is able to use community dial-a-ride that is open to all members of the public, MHCP will reimburse the scheduled rate.

Organ Transplant Donor

MA may reimburse the costs of the appropriate level of NEMT transport and ancillary services to get the MA organ transplant donor from his or her location to Minnesota and back to the initial location.

This ONLY includes transport and ancillary services for organ transplant donors from locations WITHIN the United States.

- The local county or tribal agencies (or transportation coordinator working on behalf of one or more local agencies) must provide the criteria for NEMT transport and ancillary service reimbursements when services are requested by or for the organ transplant donor.
- The local agencies and transportation coordinators will follow their usual NEMT and ancillary service authorization and approval process when considering services, including that the service is the least costly to meet the needs of the organ transplant donor.
- The organ transplant donor may require ancillary services for a reasonable period of time prior to and following the surgical procedure based on medical necessity. Verify with the transplant service provider.
- All standard documentation and receipt requirements for NEMT transport and ancillary services apply to the organ transplant donor services.
- Kidney transplants do not require prior authorization from the MHCP medical review agent.
- All other organ transplants require prior authorization by the MHCP medical review agent.

The member is responsible for obtaining the documentation necessary to give to the local agency for MA to provide and reimburse transport and ancillary services properly. The member gets the information or documentation from his or her managed care organization (MCO).

Service Animals

Under the Americans with Disabilities Act (ADA), a service animal is any dog that is individually trained to do work or perform tasks for the benefit of a person with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Other species of animals whether wild or domestic, trained or untrained, are not service animals for the purpose of this definition. In addition to dogs, the ADA allows miniature horses to be service animals if they have been individually trained to do work or perform tasks for the benefit of the person with a disability.

Transportation Coordinators may ask two questions:

- Whether an animal is required because of a disability, and
- What task or work the animal has been trained to perform.

The transportation coordinator cannot require documentation (for example, proof of certification, training or licensure) if the animal is a service animal.

A service animal must be under the control of its handler and have a harness, leash, or other tether, unless the handler is unable to use because of a disability or such use would interfere with the animal's safe, effective performance of work or tasks. If this is the case, the service animal must be otherwise under the handler's control by way of voice control, signals or other effective means.

An NEMT provider may ask a person to remove a service animal from the vehicle if the animal is out of control and the animal's handler does not take effective action to control it, or if the animal is not trained.

If the person with a disability has an emotional support, comfort or companion animal that is not also trained to be a service animal, the person can request a reasonable accommodation to travel with the animal. As a condition of providing the reasonable accommodation, the NEMT provider can require that the animal be leashed or under the control of the person with a disability at all times. If the person with a disability fails to exercise control of the emotional support, comfort or companion animal, the transportation company can refuse to transport the animal or require that the animal be in a kennel while in transport.

Recurring Trips

A recurring trip is when an MHCP member needs transportation to appointments with sequential dates and times on a daily, weekly, or bi-weekly basis for an extended period. MHCP members may schedule recurring trips for up to 30 days at a time in most cases. Members may schedule for more than 30 days in advance for the following conditions or services (including but not limited to):

- Dialysis
- Child day treatment programs (Fraser, Lazarus, etc.)
- Chemotherapy
- Dialectical behavior therapy

Transport for Repair of Medical Equipment

MHCP covers transportation for medical equipment repair only when the member and medical equipment are transported together.

Transportation to an Opioid Treatment Program

As of July 1, 2015, providers and drivers must be chosen on a random basis, when feasible, for all NEMT transportation to Opioid Treatment Program clinics.

Pharmacy Transports

Allow pharmacy-only transports when transport is the only option available based on pharmacy requirements or absence of other means to obtain the prescription(s). Members must use all means to obtain pharmacy items, which includes, but is not limited to the following:

- Obtaining the prescription from the out-patient pharmacy at the medical facility or office location
- Using mail, delivery or courier services
- Obtaining prescription(s) on return to residence or work from the medical appointment (additional mileage is reimbursable for this purpose)
- Obtaining prescription(s) while other activities of daily living are completed

If pharmacy-only transport is required, the following apply:

- All prescriptions must be coordinated for pick-up on the same date
- Multiple trips per week or per month are not allowed

Hospital Discharges

Members being discharged from a hospital after hours, including weekends and holidays, may need a higher mode of services. Hospital staff may initiate a one-time assessment for this purpose. Hospital staff must first determine if the person has a current level of transport service established for NEMT. If the person has a local county or tribal agency NEMT level of transport established, does not require a greater level of service for discharge and the transport level providers are available, inform the person that he or she may call the county or tribe directly to schedule the transport.

If the member's medical needs require a higher level of transport or the member's current transport level providers are not available, hospital staff must review the member's conditions and establish the appropriate level of transport based on the person's current medical needs.

The discharge provider must also contact the MHCP state-administered NEMT transport medical review agent within seven business days of the transport to have the level-of-service (LOS) assessment finalized when state-administered NEMT was necessary. The medical review agent will not review or certify the transport if they do not receive the information within seven business days. The provider or member may then contact the transportation provider to schedule transport.

New Arrival Refugee Transportation

MHCP covers nonemergency transportation for all refugees to receive medical services within the first 90 days of their arrival.

The refugee-screening clinic or assigned caseworker is responsible for submitting all MHCP nonemergency transportation requests to a transportation coordinator within the refugee's first 90 days of arrival.

The transportation coordinator will check MN-ITS to verify if eligibility has been established before scheduling transportation. Follow this process:

- If the person is eligible for MHCP:
 - Follow normal intake process
 - Provide the clinic or voluntary agency with the refugee's PMI number
- If the person has not been determined to be eligible for MHCP, the refugee should contact his or her refugee resettlement case manager.

Multiple Trip Legs

Each complete round trip will include multiple segments by one or multiple transportation providers.

Example: Member is picked up at point A and transported to point B service provider. The transportation provider then transports the member from point B service provider to point C service provider and then to final destination A. This is three trip legs or units.

Transportation between Two Similar or Same Facilities or Locations

MHCP covers transportation between two hospitals, two long-term care facilities, or two medical or residential facilities or other similar or same facilities or locations when a medically necessary health service that is part of the member's plan of care is not available at the originating facility.

The following requirements apply:

- The transportation provider must obtain a statement signed by the physician, advanced practice registered nurse (APRN) or a member of the nursing staff at the originating facility or location indicating the need for a "higher level of care not available at the origination facility".
- The member must be admitted to the final destination hospital, skilled nursing facility or medical or residential facility.
- For ambulance transportation, use the [Ground Ambulance Billing Checklist \(DHS-5208A\) \(PDF\)](#) or [Air Ambulance Billing Checklist \(DHS-5208\) \(PDF\)](#).

Inclement Weather

NEMT providers must consider the safety of the member first when deciding whether to transport or to provide or use a specific level of service during times of inclement weather. Ensure that members receive proper notice if transportation is not possible due to the inclement weather situation.

The NEMT provider must notify members if they are not able to complete transportation services due to inclement weather.

Note: Give special consideration to urgent requests (could include but not limited to dialysis, electro-current therapy, chemotherapy and radiation).

Cancelled Transports Due to Inclement Weather

Either the NEMT provider or the member can notify the transportation coordinator that a transport is being canceled. NEMT providers make every effort to complete all trips during inclement weather or unusual traffic conditions whenever it is safe to do so.

NEMT providers must return members they took to an appointment to an appropriate location before inclement weather limits their ability to transport them safely. If the original NEMT provider cannot accommodate the return ride, the transportation coordinator will locate another NEMT provider that is able to provide the return ride. If no NEMT provider is available to provide the service, the transportation coordinator should help the member locate lodging and explain the reimbursement policy for lodging and meals.

Reconsideration Procedure

A reconsideration of a level-of-service (LOS) determination follows this procedure:

- Members send a request for LOS reconsideration for a denied transport assessment or for an assessment that is approved, but at a lower level than requested, within 10 business days of the date of the assessment determination letter as follows:
 - For state-administered NEMT, contact the MHCP medical review agent
 - For local agency administered NEMT, contact the local county or tribal agency
- The state medical review agent or the county or tribal agency will require additional medical documentation from members for their review and reconsideration. This may include a statement of medical necessity.*
- If the reconsideration results in a reversal of the initial LOS determination, the medical review agent or the local county or tribal agency must notify the member of the service level they approve.
- If the reconsideration results in maintaining the initial denial, the medical review agent or the local county or tribal agency must notify the member of the denial and the reason for the denial.
- The approval or denial notice must include appeal information.

* **Statement of medical necessity:** The statement of medical necessity must indicate the medical necessity for the person to be present at the medical facility. The transportation coordinator will contact the person for information required to send to the treating provider requesting a statement of medical necessity for the transport, ancillary services or medical provider destination. Once the transportation coordinator receives the medical necessity information, the coordinator reviews it for approval of transportation and ancillary services costs. Approval is not guaranteed.

Cancelling Scheduled Transports

The member must make every attempt to cancel scheduled transports in a timely manner so transport vehicles are not sent to pick-up a member unnecessarily resulting in "no show" situations. Members must cancel transports as soon as the member determines they will not be able to make the

appointment. Failure to properly cancel transports in a timely manner could result in limited future transport services being available.

Noncovered Services

MHCP does not cover the services listed below as medical transportation service costs for fee-for-service (FFS) (this list is not all-inclusive):

- Transportation of a member to a noncovered MHCP service and those services excluded from transportation payment
- Transportation of a member from his or her residence to or from a day training and habilitation (DT&H) location or adult day program. Refer to the [Day Training and Habilitation \(DT&H\) Day Services](#) section of the MHCP Provider Manual for more information
- Extra attendant charges for personal care assistants (PCAs) accompanying members for whom they are providing services
- Use of a higher level of transport that is not medically necessary to meet the needs of the member
- Transportation to waiver program services (review [HCBS Waiver Services](#) and [Elderly Waiver \[EW\] and Alternate Care \[AC\] Program](#) sections in the MHCP Provider Manual)
- Transportation to the emergency room, unless it is for a scheduled appointment or the emergency room is the entrance of an urgent care clinic
- Transportation to an additional stop to pick up a parent, guardian, PCA or additional passenger to accompany the member.
- Transportation to a destination that is different from the originally scheduled drop off. The drop-off destination cannot be changed after the trip is scheduled unless the transportation coordinator approves the change. The "transportation coordinator" could be the county, tribe or any entity hired to coordinate NEMT on their behalf
- Transportation and ancillary services for hospital visits that are not necessary for making medical decisions
- Transport of an emergency medical assistance (EMA) member to receive routine or preventative care (care that is not related to an approved EMA medical condition)

Excluded Costs Related to Transportation

MHCP excludes the costs listed in this section as medical transportation service costs for FFS. MHCP does not reimburse for these services and the provider cannot bill the member for them:

- Transportation of a member to a hospital or other site of health services for detention ordered by a court or law enforcement agency except when ambulance service is medically necessary
- Transportation of a member to a facility for alcohol detoxification that is not medically necessary
- **No-load transportation**, including no shows (refer to [Covered Services](#) under the Ambulance Transportation Services in the MHCP Provider Manual for no-load exception)
- Wait time is considered part of overall service. Members should not incur additional charges for wait time.
- Additional charges for luggage, stair carry of the member, and other airport, bus or railroad terminal services
- Airport surcharge
- Federal or state excise or sales taxes on air ambulance service

Authorization Requirements

Types of transports requiring authorization

Types of Transports	Descriptions
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<p>Transports exceeding 30- and 60-mile limits</p>	<p>Local county human services or tribal agencies are responsible for authorization of NEMT services when a MHCP-covered medical service can only be received at a location more than 30 miles from the member's home or residence for primary care and more than 60 miles from the member's home or residence for specialty care. This does not include authorization for any protected transport (mode 6) services.</p> <p>FFS authorization is based on medical necessity and no provider within those 30- and 60-mile distances is capable of providing the level of care needed. The agency maintains documentation of the authorization by the local agency in the member's file. It is not entered into the MHCP claims processing system.</p>
<p>Out-of-state nonemergency transportation</p>	<p>Does not include origination or destination points located in neighboring states when the county of the neighboring state is contiguous to Minnesota.</p> <p>The DHS medical review agent must approve FFS authorization of the out-of-state medical service and provide the authorization to the NEMT transport coordinator or provider.</p> <p>The agency maintains documentation of the authorization by the local agency in the client's file and it is not entered into the MHCP claims processing system.</p> <p>Further review by DHS policy staff may also be required.</p>
<p>Nonemergency stretcher services</p>	<p>All NEMT stretcher transports, including nursing facility residents, must be certified through the MHCP NEMT medical review agent.</p>

Refer to the following for service specific authorization requirements:

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Transportation Services](#)
- [Ambulance Transportation Services](#)
- [State-Administered NEMT](#)
- [Protected Transportation Services](#)

Refer to the [Authorization](#) section for general authorization requirements.

Out-of-State Medical Services

Local county and tribal agencies and state-administered NEMT providers considering requests for out-of-state medical transportation must obtain proof of authorization for out-of-state medical services from the member or responsible person. The MHCP medical review agent completes FFS authorization for out-of-state medical services. Referral by the managed care organization is required for members enrolled in a managed care plan. Refer to [Out-of-State Services](#) under the Authorization section of the MHCP Provider Manual for more information.

Billing

Refer to [Billing Policy](#) for general MHCP billing policies and the following sections for service specific billing procedures:

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Transportation Services](#)
- [Ambulance Transportation Services](#)
- [State-Administered NEMT Services](#)
- [Protected Transportation Services](#)

MHCP-enrolled state-administered NEMT and ambulance providers bill MHCP directly for FFS transport services.

Local agency-administered NEMT transportation providers do not bill MHCP for service reimbursements. Contact the local county or tribal agency for reimbursement processes. Bill according to the following:

- Use the electronic [837P](#) format
- Use the HCPCS code that best describes the services rendered. Use the code that reflects the level and type of service provided, not the type of vehicle used
- Use appropriate modifier(s) on both base and mileage claim lines
- Bill the most direct mileage, rounded only to the nearest mile (for example, for 0.6 miles to 0.9 miles, round up to the next mile; for 0.1 to 0.5 miles round down to the closest number of miles)
- Bill miles only when transporting a qualified passenger
- Do not use zone or regional mileage calculations
- Use commercially available software or Internet-based applications to determine the most direct mileage route

Retroactive Local Agency or State-Administered NEMT Certification

All requests to backdate the level of service based on a retroactive MHCP determination or for a person who is already an eligible MHCP member require completion of the level-of-service transport or ancillary services assessment. The DHS medical review agent must mail the denial letter following the level-of-service determination and mails an approval letter, if requested.

The member will need to have a retroactive level-of-service assessment completed for the following:

- **Seven business day policy:** When an eligible MHCP member receives a state-administered NEMT transport without a state-administered NEMT certification in place, the member or the member's representative has seven business days from the date of transport for the medical review agent to complete an LOS assessment to determine the member's state-administered NEMT level of service.
- **60-day deadline for completing level-of-service assessment:** When the member is determined eligible for retroactive medical coverage that includes NEMT transport and related ancillary services benefits, the member must do the following within 60 days of the eligibility determination:
 - Request completion of the transportation level-of-service assessment by the local agency transportation coordinator for local agency administered NEMT services used during the retroactive period
 - Request completion of the level-of-service assessment by the state contracted medical review agent for state-administered NEMT if state-administered NEMT was used during the retroactive period
 - Submit all transportation and ancillary service reimbursement requests, including all required documentation, to the local agency

All cost reimbursements must be within the eligibility period and include appropriate documentation that would otherwise be required.

Documentation Requirements

Trip documentation must be consistent with Minnesota Statutes, 256B.0625, subdivision 17b which includes the following requirements:

As a condition for payment, NEMT providers must document each occurrence of a service provided to a member according to this subdivision. Providers must maintain records that identify individual trips

with specific vehicles and drivers. Providers must retain transportation records for five years from when the service is first billed to MHCP. The documentation may be collected and maintained using electronic systems or software, or in paper form; and must be available and produced upon request. Program funds may be subject to recovery by the commissioner pursuant to Minnesota Statutes, 256B.064 if they are not correctly documented.

The record must be in English and legible according to the standard of a reasonable person; and include each of the following items:

1. The member's name and MHCP ID number.
2. The date, or dates, the service is provided if different than the date the entry was made.
3. Either the printed name of the driver sufficient to distinguish the driver of service and also the driver's UMPI number.
4. The date and signature of the driver attesting the record accurately represents the services provided and actual miles driven; and acknowledging that misreporting information that results in ineligible or excessive payments may result in civil or criminal action.
5. The date and signature of the member or authorized attesting that transportation services were provided as indicated on the transportation trip record, or the signature of the medical services provider certifying the member was transported to the medical services provider destination. If both the medical services provider and member, or authorized party, refuse or unable to provide signatures, the driver must document on the transportation trip record that signatures were requested and not provided.
6. The address, or the description if the address is not available, of both the origin and destination, and the mileage for the most direct route from origin to destination.
7. The name or number of the mode of transportation in which the service is provided.
8. The license plate number of the vehicle used to transport the member.
9. The time of the member pickup.
10. The time of the member drop-off.
11. The odometer reading of the vehicle used to transport the member taken at the time of pickup.
12. The odometer reading of the vehicle used to transport the member at the time of drop-off.
13. The name of the extra attendant when an extra attendant is used to provide special transportation service.
14. Documentation indicating the method that was used to determine the most direct route.

In determining whether the commissioner will seek recovery, the documentation requirements in the section apply retroactively to audit findings beginning January 1, 2020, and the audit findings thereafter.

Definitions

Adult: A person over the age of 18 authorized to make transportation decisions for a minor.

ALS: Advanced Life Support.

Advanced life support, Level 1 (ALS1): Transportation by ground ambulance vehicle, and the provision of medically necessary supplies and services, including an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

Advanced life support, Level 2 (ALS2):

- Three or more different administrations of medications by intravenous push or bolus or by continuous infusion excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose,

Normal Saline, Ringer's Lactate), or transportation, medically necessary supplies and services, and

- The provision of at least one of the following ALS procedures: manual defibrillation or cardioversion; endotracheal intubation; central venous line; cardiac pacing; chest decompression; surgical airway; intraosseous line.

Ambulance service: The transport of a member whose medical condition or diagnosis requires medically necessary services before and during transport.

Ancillary services: Health services, incidental to ambulance transportation services that may be medically necessary on an individual basis, but are not routinely used and are not included in the base rate for ambulance.

Attendant: An employee of a NEMT provider who meets all MnDOT driver certification requirements.

Basic life support (BLS): Transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services.

BLS emergency: When medically necessary, the provision of BLS services as described in the BLS definition, in the context of an emergency response.

Client: A person enrolled in MHCP using nonemergency medical transportation services.

Client reimbursement: client mileage reimbursement provided to clients who have their own transportation.

Common carrier transportation: The transport of a member by bus, taxicab, other commercial carrier, or by private automobile.

Day training and habilitation (DT&H) services: Refer to [DT&H](#).

Level of service (LOS): Assessment necessary to determine what mode of state or local agency NEMT is appropriate and most cost effective for each member.

Local agency nonemergency medical transportation (NEMT): Transportation services coordinated, provided, or reimbursed by the county and tribe. This includes personal mileage and volunteer driver mileage reimbursement, unassisted and assisted transport levels.

Medical review agent: An organization that MHCP (DHS) contracts with for review of the specific types of state-administered NEMT service level certification requests.

Medical transportation: The transport of a member for the purpose of obtaining a covered service or transport of the member after the service is provided. The types of medical transportation are common carrier, special transportation and life support.

Minnesota Department of Transportation (MnDOT): The principal Minnesota state agency to develop, implement, administer, consolidate and coordinate state transportation policies, plans and programs (Minnesota Statutes 174).

Minnesota nonemergency transportation (MNET): The program that coordinates and provides all local county and tribal agency administered NEMT transport services through a host county contract

(current host county is Hennepin) for Anoka, Benton, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Pine, Ramsey, Sherburne, Stearns, Washington and Wright counties.

Minor child: A person from birth through age 17.

NEMT coordinator: An entity made up of one or more county, tribe or contracted provider with the responsibility of coordinating the appropriate level of transportation services for the member.

No show: Member is not at pickup location when scheduled or member has cancelled a scheduled trip within the following:

- Less than two hours before the scheduled pickup time for trips under 30 miles
- Less than four hours before the scheduled pickup time for trips over 30 miles

Nonemergency medical transportation (NEMT): Local county or tribal administered and state-administered transportation services provided to enable MHCP members access to medically necessary covered services or to attend MHCP service related appeal hearings.

State-administered nonemergency medical transportation (NEMT): Transportation services administered and reimbursed directly to the MHCP enrolled providers by DHS for transport of MHCP-eligible members certified to use one of the state-administered levels of transport to get to and from an MHCP covered medical service. This includes ramp and lift-equipped, protected and stretcher transports.

Transportation coordinator: The local county or tribal agency (or their contracted entity) that reviews clients eligibility for NEMT and related ancillary services and completes a level-of-service (LOS) assessment for the transport services they coordinate, provide (using their contracted transportation providers), reimburse (the client or transportation provider), and bill to MHCP.

Trip or trip leg: The transport of the member from the pickup (origination) location to the drop-off (destination) location. This is the unit of billing.

Volunteer transport: A transportation program that provides transportation by volunteers using their own vehicles.

Legal References

[Minnesota Statutes, 144E.10](#) (Ambulance Service Licensing)

[Minnesota Statutes, 144E.16](#) (Ambulance Service Local Standards)

[Minnesota Statutes, 174](#) (Department of Transportation)

[Minnesota Statutes, 174.29](#) (Coordination of Special Transportation Service)

[Minnesota Statutes, 174.30](#) (Operating Standards for Special Transportation Service)

[Minnesota Statutes, 256B.0625](#), subd. 17 (Transportation costs)

[Minnesota Statutes, 256B.0625](#), subd. 17a (Payment for ambulance services)

[Minnesota Statutes, 256B.0625](#), subd.17b (Covered Services, Documentation required)

[Minnesota Statutes, 256B.0625](#), subd. 18 (Public transit or taxicab transportation)

[Minnesota Rules, 8840.5925](#) (Vehicle Equipment)

[Minnesota Rules, 9505.0315](#) (Medical Transportation)

[Minnesota Rules, 9505.0445](#) (Payment Rates)