

Non-Emergency Transportation (NEMT) FAQ

Telephone: **1(415) 547-7807** Email: nemt@sfhp.org FAX: **1(415) 357-1292**

What is NEMT?

NEMT is transportation by ambulance, wheelchair van, litter/gurney van or air prescribed by a provider for members who cannot use public or private transportation to get to and from covered Medi-Cal services.

Who can receive NEMT services?

NEMT is available to members when their medical and physical condition does not allow them to travel by public or private transportation. Functional limitations may be a mobility or vision impairment, supervision related need, and/or need for specialized equipment unavailable in public conveyance.

Services must be prescribed by a health care provider.

Who can prescribe NEMT services?

A physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender (i.e., physician assistant, nurse practitioner, certified midwives, physical/occupational therapist). Prescribers should include their credential designations (i.e., MD, NP, DDS, LPC, etc.).

Nurses and Social Workers are not able to prescribe.

How are NEMT services requested?

For member's assigned to the San Francisco Health Network (SFN), Community Clinic Consortium (CLN), University of San Francisco (UCSF), and SFHP Direct Network (SDN) medical groups/networks:

- **New Requests:** Providers and members may contact our transportation coordinator by phone at **1(415)547-7807**. A completed SFHP NEMT Physician Certification Statement (PCS) form is required before services can be coordinated and approved.
- **Reauthorizations:** If the member is satisfied with their current vendor, treating providers submit an updated NEMT PCS form via fax to **1(415) 357-1292**. Reauthorization is required annually.

For SFHP members assigned to a different delegated group, please contact the delegated group directly.

Where can I find SFHP's NEMT PCS form?

SFHP's NEMT PCS form can be accessed via our website at sfhp.org/providers/authorizations/pre-authorizations/. You may also contact our transportation coordinator and request a copy.

What happens when all mandatory fields (indicated by asterisks*) on the PCS form are not completed or are incorrectly completed?

If SFHP receives an incomplete or incorrectly completed PCS form, it will be returned to the prescribing provider to obtain the missing information and resubmit. Once SFHP receives the completed/corrected form from the prescribing provider, the request can be processed and approved.

SFHP's failure to collect completed PCS forms as part of the initial process, allowing for verbal confirmation of missing information and documenting/modifying the authorization, could be potentially harmful to members.

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What are the mandatory fields on the PCS form?

- **Function Limitation Justification**
 - » Include explanation of medical and physical condition limiting the member from public or private transportation.
- **ICD-10 Diagnosis Code**
- **Start Date and End Date**
 - » May not exceed 1 year.
 - » For members requiring ongoing services, prescriptionsw renewals must occur annually.
- **Mode of Transportation**
 - » Wheelchair van is the lowest level of transport followed by gurney, ambulance, then air.
 - » Wheelchair vans can be used for members who are not wheelchair bound but require support and/or supervision.
 - » If a prescribing provider is unsure about the correct mode of transportation, there are examples listed on SFHP's PCS form. Additionally, SFHP's Transportation Coordinator is available for guidance.
- **Name of Prescribing Provider and Credentials**
 - » Providers who are allowed to prescribe include physicians, dentists, podiatrists, mental health providers, substance use disorder providers, or physician extenders (i.e., physician assistants, nurse practitioners, certified midwives, physical/occupational therapists). Prescribers should include their credentials (i.e., MD, NP, DDS, LPC, etc.).
 - » Nurses and Social Workers are not able to prescribe.
- **Prescribing Provider Signature**
 - » Electronically signed, handwritten, or stamped with official prescriber's stamp. Cannot be typed.
- **Date signed by Prescribing Provider**
 - » Order is valid for 1 year from signature date.

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Example of a *correctly completed* form:

Physician Certification Statement (MUST BE FILLED OUT BY PRESCRIBING PROVIDER)

***Function Limitations Justification:** Document member's specific physical and medical limitations requiring assistance or precluding public or private vehicle use. Impaired Balance, High Risk for Falls, Impaired Mobility

***Related ICD-10 diagnosis code:** R26.2, Z74.1

***Dates of Service Needed:**

One-Time Only *Date: / /

Ongoing (up to 12 months) *Start date of service: 1 / 16 / 24 *End date of service: 1 / 16 / 25

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 obtaining medically necessary services.

***Mode of transport needed:**

- Wheelchair Van Services (A0130):** Member is incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport or requires transport in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation or requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance. Ex: severe mental confusion, paraplegia, dialysis recipients, unmonitored oxygen use. Available for ambulatory members requiring support and/or supervision.
- Gurney/Litter Van Services (T2005):** Member must be transported in a prone or supine position, because they are incapable of sitting for the period of time needed to transport and/or they require specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
- Ambulance Services (Specify Ambulance Option: Basic Life Support-A0428 or Advanced Life Support-A0426):** Member has a chronic condition requiring oxygen monitoring or has recently been placed on oxygen (does not apply to members with their own self-monitored oxygen equipment).
- Air Ambulance (A0430):** Member's medical condition or practical consideration render ground transportation not feasible.

*I certify that medical necessity was used to determine the type of transportation being requested.

***Prescribing Provider Name & Credential (print):** Susie Que, NP **Clinic/facility:** Health and Wellness

***Prescribing Provider Signature:** *Susie Que, NP* ***Date:** 1 / 16 / 24

Include contact information below. SFHP must be able to reach the provider's contact in the event the details on the PCS form are incomplete.

Contact name: John Snow MA **Phone:** (415) 555-5555 **Fax:** (415) 666-6666

All fields with an Asterisk (*) are mandatory for Prescribing Provider.

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Example of an *incorrectly completed* form. Do not submit forms like this, they will be returned for correction.

Physician Certification Statement (MUST BE FILLED OUT BY PRESCRIBING PROVIDER)

***Function Limitations Justification:** Document member's specific physical and medical limitations requiring assistance or precluding public or private vehicle use. Surgery scheduled for 1/20/24 ❌ DOES NOT INCLUDE SPECIFIC LIMITATION.

***Related ICD-10 diagnosis code:** Z96.643

***Dates of Service Needed:**

One-Time Only *Date: ___/___/___

Ongoing (up to 12 months) *Start date of service: 1 / 19 / 24 *End date of service: 1 / 19 / 25

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 obtaining medically necessary services.

***Mode of transport needed:**

Wheelchair Van Services (A0130): Member is incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport or requires transport in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation or requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance. Ex: severe mental confusion, paraplegia, dialysis recipients, unmonitored oxygen use. Available for ambulatory members requiring support and/or supervision.

Gurney/Litter Van Services (T2005): Member must be transported in a prone or supine position, because they are incapable of sitting for the period of time needed to transport and/or they require specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.

Ambulance Services ❌ BASED ON THE INSUFFICIENT LIMITATION ABOVE, IT IS UNCLEAR WHY AMBULANCE SERVICES ARE BEING REQUESTED. WOULD A WHEELCHAIR VAN BE MORE SUITABLE? Member has a chronic condition requiring self-monitored oxygen equipment).

Air Ambulance (A0430): Member's medical condition or practical consideration render ground transportation not feasible.

*I certify that medical necessity was used to determine the type of transportation being requested.

***Prescribing Provider Name & Credential (print):** Susie Que ❌ DOES NOT INCLUDE PROVIDER CREDENTIAL. MD

***Prescribing Provider Signature:** Susie Que ❌ Typed signatures are not allowed. Must be electronically signed, handwritten, or stamped with the official prescriber's stamp. Date: 1 / 19 / 24

Include contact information below. SFHP must be able to reach you. Details on the PCS form are incomplete.

Contact name: John Snow ❌ (415) 555-5555 **Fax:** (415) 666-6666

All fields with an Asterisk (*) are mandatory for Prescribing Provider.

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Is there another transportation option available for members who may not qualify for NEMT?

Yes, Non-Medical Transportation (NMT). NMT is private or public transportation to and from covered Medi-Cal services. Members do not need a prescription from their provider to access the service. To request NMT please call SFHP's Customer Service at **1(415) 547-7800**.

When should I request NEMT?

Members and providers should request NEMT as soon as they are aware of the necessity for NEMT. If the member requires ongoing services for all future medical appointments, the prescriber may prescribe a maximum duration of 12-months. Future dates can be requested based on the member's appointment schedule.

What types of services is NEMT approved for?

NEMT is only available to and from covered Medi-Cal services, which includes:

- Medical appointments, including family planning, mental health, and substance use disorder services.
- Dental appointments.
- Picking up prescriptions.
- Picking up medical supplies and equipment.
- Hospital and Nursing Facility discharges and transfers

What is SFHP's NEMT coordination service?

SFHP's NEMT coordination service is available to members and providers who are requesting transportation services. Our coordinator assists in referral connection to a contracted NEMT service vendor. To request coordination services, members or provider may contact the transportation coordinator by phone at **1(415)547-7807** or email at nemt@sfhp.org

Does the coordination service include ongoing scheduling?

No, the coordination service assists with the initial referral connection and coordination of any pre-scheduled recurring appointments (i.e., dialysis) and/or any other appointments. Once the member has been referred, communication of any newly scheduled or changes to existing appointments is the responsibility of the member, member representative and/or provider.

I have an issue with my assigned NEMT vendor, what can I do?

If there is an issue with a referred NEMT vendor, members or member representatives should contact our transportation coordinator. We can reassign the member to a new NEMT vendor. Members are also encouraged to report any experiences of dissatisfaction to SFHP's Customer Service at **1(415) 547-7800**.

Do all types of NEMT require a provider prescriptions and pre-approval from SFHP?

No, NEMT from an acute care hospital to another acute care hospital, lower level of care facility (i.e., Acute Rehab, SNF, etc.) or to the members home do not require prescription or pre-approval.

Please see the authorization grids below for additional details.

For members assigned to delegated groups, please verify authorization requirements with the delegate group directly.

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SFHP's Authorization & PCS Form Required

From		To	
R	Residence	D	Non-hospital diagnostic or therapeutic site other than physician office or hospital
		E	Residential, domiciliary, custodial facility
		G	Hospital-based ESRD facility
		J	Freestanding ESRD facility
		N	Nursing Facility or SNF
		P	Physician's office
N	Nursing Facility	D	Non-hospital diagnostic or therapeutic site other than physician office or hospital
		E	Residential, domiciliary, custodial facility
		G	Hospital-based ESRD facility
		J	Freestanding ESRD facility
		P	Physician's office
		R	Residence
P	Physician's office	D	Non-hospital diagnostic or therapeutic site other than physician office or hospital
		E	Residential, domiciliary, custodial facility
		G	Hospital-based ESRD facility
		J	Freestanding ESRD facility
		N	Nursing Facility or SNF
		R	Residence
J	Freestanding ESRD facility	D	Non-hospital diagnostic or therapeutic site other than physician office or hospital
		E	Residential, domiciliary, custodial facility
		G	Hospital-based ESRD facility
		N	Nursing Facility or SNF
		P	Physician's office
		R	Residence

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SFHP's No PCS Form/Authorization Required			
From		To	
H	Hospital	D	Non-hospital diagnostic or therapeutic site other than physician office or hospital
		E	Residential, domiciliary, custodial facility
		G	Hospital-based ESRD facility
		H	Hospital
		I	Site of transfer between modes
		J	Freestanding ESRD facility
		N	Nursing Facility or SNF
		P	Physician's office
		R	Residence
N	Nursing Facility	H	Hospital
		N	Nursing Facility or SNF
D	Non-hospital diagnostic or therapeutic site other than physician office or hospital	H	Hospital
G	Hospital-based ESRD facility		
I	Site of transfer between modes		
J	Freestanding ESRD facility		
P	Physician's office		
R	Resident		
S	Scene of accident or such acute event		