

# Non-Emergency Transportation (NEMT) FAQ

Telephone: **1(415) 547-7807** Email: [nemt@sfhp.org](mailto: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 services.

## What types of services is NEMT approved for?

NEMT is only available to and from covered 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

## 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.

NEMT services must be prescribed by a health care provider.

## Is there another transportation option for members who do not require the NEMT level of service?

Yes, Non-Medical Transportation (NMT). NMT is private or public transportation to and from covered services.

Members do not need a prescription from their provider to access the service.

To request NMT on behalf of a member, please schedule online via TripCare or contact Modivcare's Facility Line at **1(866) 529-2128**.

Members may request NMT by calling SFHP Customer Service at **1(415) 547-7800**.

## 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 NEMT.

# Non-Emergency Transportation (NEMT) FAQ

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



## What are the differences between each transportation level of service?

Please see the table below highlighting differences between transportation types and level of service.

| Transportation Type and Levels of Service   |  |                              |  |
|---|--|------------------------------|--|
| Transport Type/<br>Level of Service   | Applicable Line<br>of Business   | Assigned Medical<br>Groups   | Transportation Responsibility  |
| Non-Emergency Medical<br>Transportation (NEMT) <ul style="list-style-type: none"><li>• Wheelchair<ul style="list-style-type: none"><li>» Door-through-Door</li></ul></li><li>• Stretcher</li><li>• Ambulance</li><li>• Air</li></ul>    | <ul style="list-style-type: none"><li>• Medi-Cal</li><li>• Healthy Workers HMO</li></ul> | SFN, CLN, UCS, SDN, HIL, BTP | Modivcare  |
|   |  | NEM, NMS, JAD, AMG           | Modivcare implementation does not impact NEMT members assigned to these Medical Groups. Follow historical process. Contact delegated group or delegated group transportation provider. |
| Non-Medical Transportation (NMT) <ul style="list-style-type: none"><li>• Public Transportation</li><li>• Ambulatory<ul style="list-style-type: none"><li>» Curb-to-Curb</li><li>» Door-to-Door</li></ul></li><li>• Ride Share</li></ul> | <ul style="list-style-type: none"><li>• Medi-Cal only</li></ul>                          | ALL                          | Modivcare  |

### NOTE:

- **Door-through-Door:** Member requires assistance to and from a residence, vehicle, and place of treatment. Wheelchair vans can be used for members who are not wheelchair bound but require support and/or supervision.
- **Curb-to-Curb:** Member can walk and does not require any support.
- **Door-to-Door:** Member can walk with use of cane, walker, or crutches, and/or requires limited support.
- If a member requires door-through-door services (even if they are ambulatory), please do not select the ambulatory or ambulatory door-to-door NMT levels of service. Please select NEMT Wheelchair or above levels to ensure the member is escorted inside the facility and left with provider staff.

# Non-Emergency Transportation (NEMT) FAQ

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



## Where can I find SFHP's NEMT PCS form?

SFHP's NEMT PCS form is available on our website. You may also contact our transportation coordinator and request a copy.

## How are NEMT services requested?

If an SFHP member is assigned to NEM, NMS, JAD, or AMG Medical Group, please request transportation from the respective Medical Group directly.

If an SFHP member is assigned to the SFN, CLN, UCS, SDN, HIL, or BTP medical group, please submit a completed SFHP NEMT Physician Certification Statement (PCS) directly to SFHP.

A completed PCS form is required before NEMT services can be approved and coordinated. Upon receipt of the request, SFHP will review and finalize a decision within five (5) business days.

Upon approval, providers can request transportation through Modivcare's online transportation portal TripCare.

Providers may also contact the Modivcare Facility Line at **1(866) 529-2128**, or our transportation coordinator by phone at **1(415) 547-7807**.

Members may contact Modivcare Customer Service at **1(855) 251-7098**, to request transportation.

## When should I request NEMT?

For routine requests, please request NEMT no later than five (5) business days prior to a member's scheduled appointments. For urgent requests, please submit them as soon as possible.

If the member requires ongoing services for all future medical appointments, the provider may prescribe a maximum duration of 12 months.

Reauthorization is required annually. Providers should submit an updated NEMT PCS form via fax to **1(415) 357-1292** if member still requires NEMT level of service after 12 months.

## What is considered an "urgent" appointment?

We ask that Providers or Members contact SFHP or Modivcare no later than five (5) business days to request transportation for routine appointments. For urgent treatment types, requesting individuals should request as soon as possible.

Urgent service types include:

- Hospital discharges to home
- Dialysis and dialysis-related appointments
- Urgent care facilities
- Pharmacy

If transportation is needed for one of these urgent service types and you are a Provider request transportation on behalf of a member, please contact the Modivcare Provider line at **1(866) 529-2128**. Members may request transportation for an urgent service type by contacting Modivcare Customer Service at **1(855) 251-7098**.

If a same day appointment is needed urgently and is not for a hospital discharge, dialysis, urgent care, or pharmacy, please contact SFHP Transportation Coordinator at **1(415) 547-7807**.

# Non-Emergency Transportation (NEMT) FAQ

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



## How are NEMT services coordinated?

SFHP partners with Modivcare, a transportation broker, to coordinate NEMT services.

When you are aware of a member's need for NEMT, please complete and submit the PCS form to SFHP. Once SFHP reviews the request, SFHP will notify you of the decision.

If the request is approved, SFHP will share the information with Modivcare. As a provider, you can request transportation on behalf of a member via the TripCare online portal or by phone by contacting the Modivcare Facility Line at **1(866) 529-2128**.

Modivcare will arrange transportation with a contracted Transportation vendor and provide trip confirmation either over the phone or through email.

## Can members request transportation?

If a member prefers to coordinate or schedule NEMT on their own, they may contact Modivcare Customer Service at **1(855) 251-7098**.

## How are wheelchair bound members transported to and from locations with limited access?

If a member's home or appointment facility does not have wheelchair access and has 5 steps or more, for proper safety precautions, members will be transported at the gurney/stretchers level of service. Please ensure this level of service is indicated on the PCS form. SFHP must have a PCS form including the gurney/stretchers level of service on file.

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

If there is an issue with a NEMT vendor, members or member representatives should contact SFHP Customer Service at **1(415) 547-7800**.

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

A member or provider is not required to obtain prior authorization for NEMT services if the member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.

## What are the mandatory fields on the PCS form?

- **Functional 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, prescription renewals must occur annually
- **Mode of Transportation**
  - » Wheelchair van is the lowest level of transport followed by gurney, ambulance, then air.
  - » **Note:** 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.

# Non-Emergency Transportation (NEMT) FAQ

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



- **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.

## What happens if 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.

See below for examples of correctly and incorrectly completed PCS form.

# Non-Emergency Transportation (NEMT) FAQ

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



Example of a **correctly completed** form:

| Physician Certification Statement - MUST BE FILLED OUT BY PRESCRIBING PROVIDER |  |
|--|--|
| <input checked="" type="checkbox"/>  | <b>*Function Limitations Justification:</b> Document member's <b>specific</b> physical and medical limitations that preclude the member's ability to reasonably ambulate with assistance or be transported by public or private vehicle (includes taxis and ambulatory door-to-door transport types).<br><b>Impaired balance, high risk for falls, impaired mobility</b>   |
| <input checked="" type="checkbox"/>  | <b>*Related ICD-10 diagnosis code:</b> <b>R26.2, Z74.1</b>   |
| <input checked="" type="checkbox"/>  | <b>*Dates of Service Needed:</b><br><input type="checkbox"/> One-Time Only *Date: <b>1</b> / <b>16</b> / <b>25</b><br><input checked="" type="checkbox"/> Ongoing (up to 12 months) *Start date of service: <b>1</b> / <b>16</b> / <b>25</b> *End date of service: <b>1</b> / <b>16</b> / <b>26</b><br>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.   |
| <input checked="" type="checkbox"/>  | <b>*Mode of transport needed:</b><br><input checked="" type="checkbox"/> <b>Wheelchair Van Services (A0130):</b> 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.<br><input type="checkbox"/> <b>Gurney/Litter Van Services (T2005):</b> 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.<br><input type="checkbox"/> <b>Ambulance Services (Select one: <input type="checkbox"/> Basic Life Support-A0428 <input type="checkbox"/> Advanced Life Support-A0426 <input type="checkbox"/> Specialty Care-A0434):</b> 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).<br><input type="checkbox"/> <b>Air Ambulance (A0430):</b> Member's medical condition or practical consideration render ground transportation not feasible.<br>*I certify that medical necessity was used to determine the type of transportation being requested. |
| <input checked="" type="checkbox"/>  | <b>*Prescribing Provider Name &amp; Credential (print):</b> <b>Susie Que, NP</b> <b>Clinic/facility:</b> <b>Health and Wellness</b>  |
| <input checked="" type="checkbox"/>  | <b>*Prescribing Provider Signature:</b> <i>Susie Que, NP</i> <input checked="" type="checkbox"/> <b>*Date:</b> <b>1</b> / <b>16</b> / <b>25</b><br>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.<br><b>Contact name:</b> <b>John Snow, MA</b> <b>Phone:</b> <b>(415) 555-5555</b> <b>Fax:</b> <b>(415) 666-6666</b>  |

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

# Non-Emergency Transportation (NEMT) FAQ

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



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   |   |
|--|---|
| <b>*Function Limitations Justification:</b> Document member's <b>specific</b> physical and medical limitations that preclude the member's ability to reasonably ambulate with assistance or be transported by public or private vehicle (includes taxis and ambulatory door-to-door transport types).  |   |
| Surgery scheduled for 1/20/25  | <input checked="" type="checkbox"/> DOES NOT INCLUDE SPECIFIC LIMITATION.   |
| <b>*Related ICD-10 diagnosis code:</b> Z96.643   |   |
| <b>*Dates of Service Needed:</b>   |   |
| <input type="checkbox"/> One-Time Only *Date: <input type="text"/> / <input type="text"/> / <input type="text"/>   |   |
| <input checked="" type="checkbox"/> Ongoing (up to 12 months) *Start date of service: 1 / 19 / 25 *End date of service: 1 / 19 / 26  |   |
| 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.  |   |
| <b>*Mode of transport needed:</b>  |   |
| <input type="checkbox"/> <b>Wheelchair Van Services (A0130):</b> 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. |   |
| <input type="checkbox"/> <b>Gurney/Litter Van Services (T2005):</b> 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.  |   |
| <input checked="" type="checkbox"/> <b>Ambulance Services</b><br>Member has a chronic<br>own self-monitored oxygen equipment).   | <input checked="" type="checkbox"/> BASED ON THE INSUFFICIENT LIMITATION ABOVE, IT IS UNCLEAR WHY AMBULANCE SERVICES ARE BEING REQUESTED. WOULD A WHEELCHAIR VAN BE MORE SUITABLE?                              |
| <input type="checkbox"/> <b>Air Ambulance (A0430):</b> 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.  |   |
| <b>*Prescribing Provider Name &amp; Credential (print):</b>  | Susie Que <input checked="" type="checkbox"/> DOES NOT INCLUDE PROVIDER CREDENTIAL. /ellness  |
| <b>*Prescribing Provider Signature:</b>  | <input checked="" type="checkbox"/> A SIGNATURE WAS NOT INCLUDED AND TYPED SIGNATURES ARE NOT ALLOWED. PCS FORM MUST BE ELECTRONICALLY SIGNED, HANDWRITTEN, OR STAMPED WITH THE OFFICIAL PRESCRIBER'S STAMP. 25 |
| Include contact information below. SFHP must be able to re   |   |
| Contact name: John Snow  | are incomplete. 415) 666-6666   |

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