

# PROVIDER Update



Health Net®

REGULATORY | JANUARY 5, 2018 | UPDATE 18-003 | 3 PAGES

## Physician Certification Statement for Non-Emergency Medical Transportation for Medi-Cal Members (FFS and Shared Risk)

Effective July 1, 2017, as required by California Welfare & Institutions Code §14132(ad)(1) and the California Department of Healthcare Services (DHCS) All Plan Letter 17-010 guidance regarding non-emergency medical transportation (NEMT) and non-medical transportation (NMT), Health Net Community Solutions, Inc. (Health Net) is providing NEMT and NMT for medically necessary covered services to all its Medi-Cal members through LogistiCare Solutions, LLC (LogistiCare).

NEMT is provided when a member needs to obtain medically necessary covered services via transportation by ambulance, litter van or wheelchair van that are prescribed by a physician, dentist, podiatrist, or mental health or substance use disorder provider who completes a Physician Certification Statement (PCS) form.

NMT includes transportation for medically necessary appointments and may be provided via passenger car, taxicab, paratransit (such as Access), or any other form of public or private vehicle. A PCS form is not required for NMT.

Effective October 1, 2017, in order to comply with CMS-2333-F, Health Net will provide NMT to carved-out services covered by Medi-Cal for members upon their request. Health Net also refers and coordinates NEMT for carved-out services. Carved-out services include, but are not limited to, specialty mental health, substance abuse disorder, dental, and any other benefits delivered through the Medi-Cal fee-for-service (FFS) delivery system.

Health Net provides NEMT and NMT services for Health Net Medi-Cal FFS<sup>1</sup> members and shared risk members assigned to participating physician groups (PPGs) delegated for utilization management but not financially at risk for transportation services.

Providers are required to contact LogistiCare to arrange for transportation services. Using transportation services from any provider other than LogistiCare may result in the denial of the claim for which the provider may be liable.

### PHYSICIAN CERTIFICATION STATEMENT

A PCS form is required for NEMT services only. LogistiCare will send a PCS form to physicians to indicate approval for level of service, which may be authorized for a maximum of 12 months. A copy of the PCS form is attached.

For NEMT, the physician is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably

<sup>1</sup> Medi-Cal FFS members are those Health Net members who are not enrolled under a participating physician group (PPG).

ambulate without assistance or to be transported by public or private vehicles. Physicians can contact LogistiCare at 1-866-529-2128 to obtain a PCS form. For additional

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Centene Corporation Employee Self-Insured PPO Plan
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
    - Molina
  - Los Angeles
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

PROVIDER SERVICES

provider\_services@healthnet.com  
1-800-675-6110  
www.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com  
fax 1-800-937-6086

information about coverage requirements, refer to the provider operations manuals available in the Provider Library on the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com).

## ADDITIONAL INFORMATION

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at [provider.healthnet.com](http://provider.healthnet.com).

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center at 1-800-675-6110.

## SCHEDULING TRANSPORTATION SERVICES THROUGH LOGISTICARE

Providers should refer to the table below and contact LogistiCare to arrange for medically necessary or covered transportation services.

### LogistiCare Transportation Services

LogistiCare uses telephonic interpreter services for all interpretation needs during reservations.

<b>STANDARD DAYS AND HOURS OF CUSTOMER SERVICE CENTER OPERATION FOR ROUTINE RESERVATIONS</b>	Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific time (PT)
<b>WEEKEND AND HOLIDAY SCHEDULE</b>	Closed Saturday and Sunday Closed on the following national holidays: New Year's Day, Memorial Day, Independence Day (July 4), Labor Day, Thanksgiving, and Christmas
<b>ROUTINE TRANSPORTATION REQUESTS</b>	Requires a 5 business-day notification
<b>URGENT TRIP AND HOSPITAL DISCHARGE REQUESTS</b>	Advance notice is not required and transportation can be scheduled for the same day of service. For hospital discharge, it may take a transportation provider 1 to 4 hours to pick up a member, depending on provider availability
<b>HOURS OF OPERATION FOR URGENT AND SAME-DAY RESERVATIONS</b>	Transportation assistance for trip recovery and after-hours hospital discharges is available 24 hours a day, 7 days a week
<b>HOURS OF OPERATION FOR RIDE ASSISTANCE (<i>WHERE'S MY RIDE?</i> LINE) AND HOSPITAL DISCHARGES</b>	Transportation assistance for trip recovery and after-hours hospital discharges is available 24 hours a day, 7 days a week
<b>ROUTINE TRANSPORTATION APPOINTMENTS SCHEDULED FOR SATURDAY AND SUNDAY, AND WEEKDAYS AFTER 5:00 P.M.</b>	Allowed for regularly scheduled appointments to participating providers who routinely see patients during this time. Reservations for these trips are scheduled during regular reservation hours
<b>TOLL-FREE TELEPHONE NUMBERS</b>	Reservations: 1-855-253-6863 Ride assistance ( <i>Where's My Ride?</i> line): 1-855-253-6863 Hearing impaired (TTY): 1-866-288-3133 Facility line: 1-866-529-2128 Facility fax: 1-877-601-0535



Health Net®

COMMUNITY SOLUTIONS

**PHYSICIAN CERTIFICATION STATEMENT FORM – Request for Transportation**

This form provides LogistiCare or other authorized transportation provider with information on the appropriate level of transportation needed for this Medi-Cal member.

Patient name: \_\_\_\_\_

Patient ID #/CIN #: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Non-Emergency Medical Transportation (NEMT)**

Choose one of the following levels of service:

- Wheelchair van     Gurney/litter van    Ambulance:  ALS     BLS     CCT
- Air transportation (requires prior authorization from the plan)

**JUSTIFICATION:** NEMT under Medi-Cal is covered only when the patient’s medical and physical condition does not allow him or her to travel by bus, passenger car, taxi, or other form of public or private conveyance.

NEMT requires a function limitation justification. The physician is required to document the patient’s limitations and provide specific physical and medical limitations that preclude the patient’s ability to reasonably ambulate without assistance or be transported by public or private vehicles.

What prevents the patient from traveling by bus, passenger car, taxi, or other form of public or private conveyance?

\_\_\_\_\_

\_\_\_\_\_

**Non-Medical Transportation (NMT)**

NMT includes transportation for medically necessary appointments and may be provided via taxi, sedan, paratransit (such as Access), or fixed-route transportation, such as buses. *No signature is required for NMT.*

Choose one of the following levels of service:

- Mass (public) transit     Paratransit services (patient must qualify for services.)     Sedan/taxi (curb-to-curb)
- Sedan (ambulatory door-to-door)     Sedan with folding wheelchair (patient is able to transfer without assistance) (curb-to-curb)

**Duration of services (based on continued health plan eligibility):**     30 days     60 days     90 days     1 Year

**CERTIFICATION**

The physician, dentist or podiatrist responsible for providing care for the patient is responsible for determining medical necessity for transportation. This certificate can be completed and signed by a participating physician group (PPG), independent practice association (IPA), primary care physician (PCP), MD, LVN, RN, PA, NP, or discharge planner who is 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. **NMT services do not require a physician signature and will be approved based on the least costly method of transportation that meets the patient’s needs.**

Staff/physician’s name (print): \_\_\_\_\_

Staff/physician’s signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Contact telephone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

**Please return form by fax to LogistiCare, Attention: Utilization Review at 1-877-457-3352.**