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| DIVISION OF HEALTH CARE FINANCING AND POLICY | Section: 1901 |
| MEDICAID SERVICES MANUAL | Subject: AUTHORITY |

1900 INTRODUCTION

Nevada Medicaid provides emergency and non-emergency transportation (NET) services for eligible Medicaid recipients, to access medically necessary covered services. These transportation services are provided to and from enrolled Medicaid and Managed Care Organizations (MCOs) providers. Transportation is provided via the most appropriate and cost-effective mode of transportation.

Emergency Medical Transportation (ground or air) is available to all eligible Nevada Medicaid and Nevada Check Up (NCU) recipients.

NET services ensure that necessary non-ambulance transportation services are available to recipients to eliminate transportation barriers for recipients to access needed medical services. NCU recipients are not eligible for NET services.

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1901 AUTHORITY

Statutes and Regulations:

- Social Security Act
 - Title XIX Section 1902(a)(70)
 - Title XXI
- Code of Federal Regulations (CFR)
 - 42 CFR 431.53 Assurance of transportation.
 - 42 CFR 440.170 Any other medical care of remedial care recognized under State law and specified by the Secretary.
 - 45 CFR 92.36 (b-f) Procurement.
- Nevada Revised Statute (NRS)
 - Chapter 422 Health Care Financing and Policy
 - Chapter 706 Motor Carriers
- Nevada Medicaid State Plan
 - Title XIX
 - Attachment 3.1-A Amount, duration, and scope of medical and remedial care and services provided to the categorically needy; page 9, 9a – 9h.
 - Title XXI

Section 3.1. Delivery Systems

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1902 DEFINITIONS

Program definitions can be found in the MSM Addendum.

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1903 POLICY

1903.1 EMERGENCY MEDICAL TRANSPORTATION

Emergency transportation is medically necessary to manage a sudden onset of a physical emergency or behavioral health condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in placing the member’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part, or serious physical harm to self or another person.

These services are covered in emergent situations in which specially staffed and equipped ambulance transportation is required to safely manage the recipient’s medical condition. Advanced Life Support, Basic Life Support, Neonatal Emergency Transport and Air Ambulance services are covered, depending upon the recipient’s medical needs. Prior authorization is not required for reimbursement of Emergency Medical Transportation.

1903.1A COVERAGE AND LIMITATIONS

1. PROGRAM ELIGIBILITY CRITERIA

- a. Recipient must be eligible for Nevada Medicaid or Nevada Check Up services.
- b. Emergency medical transportation must be:
 - i. Medically necessary;
 - ii. In accordance with the recipient’s medical condition and needs;
 - iii. To the nearest, appropriate Medicaid health care provider or appropriate medical facility.

2. COVERED SERVICES

a. GROUND EMERGENCY MEDICAL TRANSPORT

- i. Recipients may be transported from any point of origin to the nearest hospital, critical access hospital (CAH), dialysis facility, or appropriate specialty clinic (e.g. substance abuse agency, federally qualified health center, rural health clinic, Indian health program).
- ii. May also transport skilled nursing facility (SNF) residents when the required level

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and type of care for the recipient’s illness or injury cannot be met by the SNF, to the nearest supplier of medically necessary services. The hospital or CAH must have available the type of physician specialist needed to treat the recipient’s condition. However, the utilization of emergency transportation may not be used in lieu of non-emergency transportation.

b. AIR AMBULANCE TRANSPORT

Air ambulance transports are only covered to acute care hospitals and may be provided via:

- i. Rotary wing;
- ii. Fixed wing.

c. SCHEDULED MEDICALLY NECESSARY TRANSPORTS

When the recipient’s in-transit care needs exceed the capabilities of the Non-Emergency Transportation broker, a scheduled medically necessary transport can be provided by an enrolled Nevada Medicaid emergency transportation provider. Scheduled medically necessary transports may be arranged by a hospital, physician, emergency transportation provider, or by the DHCFP’s NET broker. A prior authorization is not required for these types of scheduled medically necessary transports.

The following scenarios are examples of scheduled medically necessary transports that would exceed the capabilities of the NET broker and can be provided by an enrolled Nevada Medicaid emergency transportation provider:

- i. Transportation of a critically ill recipient to a location where an organ transplant will occur;
- ii. Hospital-to-hospital transfer of a seriously injured or ill recipient when medically necessary tests or treatment are not available at the dispatching hospital and the recipient’s care needs during transit requires the attendance of a medical personnel and/or the attachment to medical apparatus that would be included in a basic life support or advanced life support vehicle (ambulance); or
- iii. Facility-to-facility transfer of a Seriously Mentally Ill (SMI) adult or a Severely Emotionally Disturbed (SED) child who qualified health care professionals deem is an imminent danger to self or others and who requires significant chemical or physical restraints and/or the attendance of security personnel during transit.

The following scenarios are examples of scheduled medically necessary transports that can and must be handled by the NET broker:

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- i. Transportation of a medically stable recipient to a location where an organ transplant will occur;
 - ii. Hospital-to-hospital transfer of a medically stable recipient;
 - iii. Hospital to mental health facility transfer, with a qualified attendant(s), of an SMI adult, an individual with dementia, or an SED child who is not a danger to self or others, but whom during transit may need minimal chemical or physical restraints that are within the scope of service of an attendant(s) qualified as an EMT-Basic.
- d. SPECIALTY CARE TRANSPORT

Specialty care transport (SCT) is hospital-to-hospital transportation of a critically injured or ill recipient by ground or air ambulance, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) – intermediate or paramedic.

3. NON-COVERED SERVICES

The following services are not covered benefits under Emergency Transportation and are therefore not reimbursable.

a. ALL EMERGENCY TRANSPORTATION

- i. Response with “Non-transport”;
- ii. Routine or special supplies, including oxygen, defibrillation, IV’s, intubation, ECG monitoring, or air transport excise taxes (agreed upon rates between the DHCFP and specific transportation providers are all inclusive);
- iii. Ambulance charges for waiting time, stairs, plane loading;
- iv. Deadheading (an empty trip to or from a destination); or
- v. Transportation of deceased persons.

b. GROUND EMERGENCY MEDICAL TRANSPORT

- i. Hospital to the scene of an accident/acute event
- ii. Recipient’s residence to the scene of an accident/acute event
- iii. Scene of an accident/acute event to recipient’s residence

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iv. Scene of an accident/acute event to the scene of an accident/acute event

The following types of transports are primarily covered by the NET broker and are therefore considered non-covered emergency transportation services:

- i. Residential, domiciliary, or custodial facility to a physician’s office
- ii. Physician’s office to a residential, domiciliary, or custodial facility
- iii. Physician’s office to recipient’s residence
- iv. Recipient’s residence to a freestanding ESRD facility (dialysis)

c. AIR AMBULANCE TRANSPORT

- i. Nursing facilities
- ii. Physician’s offices
- iii. Recipient’s residence

1903.1B AUTHORIZATION PROCESS

Emergency medical transportation does not require prior authorization. No prior or post authorization is required for emergency medical transportation that originates with a “911” call. According to the Centers for Medicare and Medicaid Services (CMS), emergency response to “911” calls normally result in a basic life support (BLS) or advanced life support level 1 (ALS-1) service level. Emergency medical transportation providers who submit claims coded as advanced life support level 2 (ALS-2) must present supporting documentation to verify that the transport included the type of care described in the ALS-2 definition in the MSM chapter addendum.

The DHCFP has contracts with MCOs that are contractually obligated to cover air emergency medical transportation services for their enrollees. For MCO enrolled recipients, claims for air emergency transportation are to be submitted to the MCO in which the recipient is enrolled. Claims submitted to the recipient’s MCO must only be for air emergency medical transportation and not ground emergency medical transportation. Ground emergency medical transportation claims for all Nevada Medicaid recipients, including MCO enrolled recipients must be submitted to Nevada Medicaid’s fiscal agent.

Providers are to submit all ground emergency medical transportation claims to Nevada Medicaid’s fiscal agent. If the recipient is enrolled in Fee-for-Service Medicaid, air emergency transportation claims may also be submitted to Nevada Medicaid’s fiscal agent.

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Specialty care and scheduled medically necessary transports do not require prior or post authorization.

1903.1C PROVIDER RESPONSIBILITY

Emergency medical transportation providers must submit all appropriate documentation to the MCOs or to the Nevada Medicaid fiscal agent to enroll as an emergency medical transportation provider.

The transportation provider is solely responsible for verifying Medicaid eligibility for each recipient. Whenever possible, this should be done prior to rendering services. Information concerning eligibility and enrollment verification is located in Chapter 100 of the Nevada Medicaid Services Manual (MSM).

The provider must ensure the confidentiality of recipient medical records and other information, such as health, social, domestic and financial circumstances learned or obtain while providing services to recipients.

The provider shall not release information related to a recipient without first obtaining the written consent of the recipient or the recipient’s legally authorized representative, except as required by law. Providers meeting the definition of a “covered entity” as defined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (45 CFR 160) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.

The DHCFP expects that providers will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect or exploitation, as applicable.

1903.1D RECIPIENT RESPONSIBILITY

The recipient or legally authorized representative shall:

1. Provide the emergency transportation provider with a valid Medicaid/NCU Identification card at the time the service is rendered, if possible, or as soon as possible thereafter.
 - a. Recipients shall provide the emergency transportation provider with accurate and current medical information, including diagnosis, attending physician, medication regime, etc., at the time of request if possible;
 - b. Recipients shall notify the emergency transportation provider of all third-party insurance information, including the name of other third-party insurance, such as Medicare, Tricare, Workman’s Compensation, or any changes in insurance coverage at the time of service, if possible, or as soon as possible thereafter;

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- c. Recipients shall not refuse service of a provider based solely or partly on the provider's race, creed, religion, sex, marital status, color, age, disability and/or national origin; and

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