
CHAPTER 10: MEDICAL TRANSPORTATION

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COVERED SERVICES

The transportation broker shall cover Non-Emergency Medical Transportation (NEMT) for the least costly means of transportation available that accommodates the level of service required by the beneficiary to and/or from a Medicaid covered service.

NEMT must be within the beneficiary's transportation service area. The transportation service area is defined as the area that complies with the geographic access standards outlined in the **Provider Network Companion Guide**.

Eligible expenses include the following when necessary to ensure the delivery of medically necessary services:

1. Transportation for the beneficiary and one attendant; and
2. Meals, lodging, and other related travel expenses for the beneficiary and one attendant when long distance travel is required. Long distance is defined as when the total travel time, including the duration of the appointment plus the travel to and from the appointment, exceeds 12 hours.

The following must be established by the transportation broker:

1. The transportation broker must establish a reimbursement policy that does not exceed per diem rates established by the U.S. General Services Administration <https://www.gsa.gov/travel/plan-book/per-diem-rates>;
2. The transportation broker must allow for meals and lodging, for each trip that are not otherwise covered in the inpatient per diem, primary insurance, or other payer source; and
3. If the transportation broker denies meals and lodging services to a beneficiary who requests these services, the member must receive a written notice of denial explaining the reason for denial and the member's right to request a fair hearing to appeal the decision.

Scheduled trips in which no transportation of the beneficiary occurs are not billable.

Reimbursement to transportation providers shall be no less than the published Medicaid fee-for-service (FFS) rate in effect on the date of service, unless mutually agreed to by the transportation broker and the transportation provider in the provider agreement.

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Exceptions to Standards

Beneficiaries may seek medically necessary services in another state when it is the nearest option available. All non-emergency out-of-state transportation must be prior approved by the transportation broker. The transportation broker may approve transportation to out-of-state medical care only if the beneficiary has been granted approval to receive medical treatment out of state.

Beneficiaries are linked to specific Opioid Treatment Program (OTP) locations; however, beneficiaries may receive opioid treatment at another clinic (i.e. “guest dose”). The transportation broker shall cover transportation to any OTP location, not just the location to which the beneficiary is linked or that is in the beneficiary’s home parish or region.

If the beneficiary chooses to travel outside of the transportation service area in order to access a preferred healthcare provider, the transportation broker shall submit a written request for exception to the Louisiana Department of Health (LDH) for approval. If LDH denies the request, the transportation broker shall deny the request and will not be reimbursed for the trip.

The transportation broker must maintain documentation to support exceptions to standards and submit documentation to LDH upon request.

Exclusions

The transportation broker shall not be reimbursed for transportation to or from the following locations:

1. Pharmacies;
2. Nursing facilities;
3. Hospice care; or
4. Women, Infants, and Children (WIC) service appointments at the Office of Public Health.

Note: This is not an exclusive list.

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Commercial Air Transportation for Out-of-State Care

The transportation broker may approve NEMT on commercial airlines for out-of-state trips when no comparable healthcare services can be provided in Louisiana, and the risk to the beneficiary's health is grave if transported by other means. The transportation broker shall contact the LDH if it determines that air travel is required, as commercial air transportation requires prior approval. All out-of-state medical care must be prior approved by the LDH fiscal intermediary. Transportation may be included in the prior authorization for medical services. Approval shall be contingent on the treating physician's confirmation that there are no negative impacts to the health and safety of the beneficiary by utilizing commercial air transportation.

Air travel for the beneficiary plus a maximum of one attendant, if medically necessary or if the beneficiary is a child, shall be reimbursed for the lowest, refundable, coach/economy class fare. Upgrades (e.g., fare class or seat) and additional costs (e.g., in-flight refreshments) shall not be reimbursed.