

<b>HEALTH PLAN OF SAN JOAQUIN</b>		
<b>Subject: Transportation Services</b>		
<b>Department: Medical Management – Utilization</b>		<b>Policy #: UM 55</b>
<b>Applies to: Medi-cal</b>		<b>Scope: UM</b>
<b>Effective Date:</b> 2/96	<b>Revised Date:</b> 4-22-08	<b>Approved by:</b>

**PURPOSE**

Set forth the forms of transportation covered under the Medi-Cal Contract and criteria, documentation, and procedures for service authorization.

**DEFINITIONS**

Ambulances (Air, Ground)—Covered to the nearest facility capable of meeting the medical needs of the member and when member’s medical condition contraindicates any other form of transportation.

Litter Van—When member’s condition meets the requirements of Title 22, CCR, Section 51323 (2)(A), (2)(B), and (2)(C).

Wheel Chair Vans—Covered when the member does not require the specialized services of an ambulance and when the member’s medical and physical condition meets the requirements of Title 22, CCR, Section 51323(3)(A), (3)(B), (3)(C), (3)(D).

Bus—Covered when the member’s medical and physical condition does not require the special services provided by ambulances, litter van or wheel chair van and when the plan authorizes such transportation in advance using a service with which the plan has a written agreement.

**POLICY**

- A. HPSJ shall at a minimum cover emergency and non-emergency medical transportation in accordance with Medi-Cal program requirements. HPSJ at its discretion may choose to enhance or supplement Medi-Cal covered transportation services. Transportation services will be provided which is the most appropriate taking into account the following criteria: member’s medical

and physical condition, cost, urgency with which the transportation is needed, and availability of transportation at the time of need.

B. The Health Plan covers ground and air transportation appropriate for the member's medical and physical condition and under the conditions which it establishes. The following types are covered:

- Ambulance
- Litter Van
- Wheel Chair Van
- Bus

**PROCEDURE**

A. Transportation Authorization

1. All medical transportation requires authorization. Authorization requirements are, however, classified according to whether the medical transportation requires authorization prior to or following the transport. The Plan shall approve only the lowest cost type of medical transportation that is adequate for the member's medical need and is available at the time the transportation is required.
2. Authorization for ambulance, litter van, and wheel chair van are determined by the Utilization Management Department, under the supervision of the Utilization Manager. Denials can only be made by the Medical Director or his designated physician substitution.
3. Authorization for the use of covered bus transportation is determined by the Customer Services Supervisor. The Utilization Manager will periodically review the authorization decisions to assure that the criteria are applied appropriately.

**AUTHORIZATION MATRIX**

<b>Transportation</b>	<b>No Authorization</b>	<b>Prior Authorization</b>	<b>Retrospective Authorization</b>
Emergency Ground Ambulance			x
Emergency Air Ambulance			x
Non emergency Ambulance Air Transport		x	
Non emergency Ambulance		x	

Ground Transport (In-County / Out-of-County)			
Litter Van-Institutional Transfer (In-County / Out-of-County)	In- county origin <u>and</u> destination	Out-of-county origin <u>or</u> destination	
Litter Van—Non-emergency transport (not institutional transfer)		x	
Wheel Chair Van		x	

B. Authorization Criteria

1. Ground Ambulance (Emergency)—The physical and medical must require at least two of the following:
  - a) Supine or prone position
  - b) Specialized safety equipment, services and personnel
  - c) Constant observation
  - d) May be unstable
2. Air Ambulance (Emergency)—The physical and medical condition must require either of the following:
  - a) Medical condition precludes other means of transportation
  - b) Member or nearest hospital capable of meeting the medical needs of the member is inaccessible to ground transportation
3. Air Ambulance (Non-emergency)—The physical and medical condition requires the following:
  - a) Medical condition necessitates air transport or practical considerations render ground transportation infeasible
4. Litter Van—Medical and physical condition requires:
  - a) Supine or prone position
  - b) Specialized safety equipment not available in private cars, Taxicabs, buses or other public conveyance
  - c) Not requiring specialized services, equipment, or constant observation
  - d) Stable condition
5. Wheel Chair Van
  - a) Member incapable of sitting in a private vehicle, Taxicab, or other form of public transportation for the period of time needed to transport

- b) Member needs to be transported in a wheelchair or assisted to and from residence, vehicle and place of treatment because of disabling physical or mental limitation
- c) Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs, or other forms of public conveyance
- d) Does not require the specialized services, equipment and personnel of an ambulance because the member is stable and not in need of constant observation

C. Documentation for Prior-and Retrospective Authorization

1. Special Circumstances

- a) Special circumstances, i.e. out-of-area appointments, will be reviewed on a case-by-case basis by the Customer Service Supervisor and Utilization Management Department Manager. In circumstances whereby a member needs gas money in order to keep a medical appointment, the Customer Service Supervisor can authorize gas money of up to \$20 that can be paid out of petty cash.

**REFERENCE**

A. Internal

B. Title 22, CCR, Section 51323

Review Date:	2/96	4/22/08 C. Varela	10/08 Reviewed by J. Scott			
Review Date:						