



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Transportation Criteria	Guideline #	UM OTH 11
		Original Effective Date	02/14/2018
Section	Other	Revision Date	9/30/24

COVERAGE POLICY

1. This guideline addresses Non-Emergent/Non-Transportation (NEMT/NMT) as per APL 22-008
2. NEMT services are a covered Medi-Cal benefit when they are prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender, for the purposes of enabling a member to obtain medically necessary covered services or pharmacy prescriptions authorized by Medi-Cal Rx.
3. NMT must also be provided for Medi-Cal services not covered by IEHP including mental health, substance use disorder, dental or other services delivered through Medi-Cal fee-for-service (FFS) delivery system. NMT is available for picking up drug prescriptions that cannot be mailed directly to the member. It is also available for medically necessary covered services and for member pick up of medical supplies, prosthetics, orthotics and other equipment. There are services that Members can self-direct to, such as Dental and Pharmacy. Inland Empire Health Plan (IEHP) will assist with NEMT/NMT when reasonable and necessary to services that the Member has self-directed to.

COVERAGE LIMITATIONS AND EXCLUSIONS

The Plan must provide NMT for Medi-Cal services that are carved-out of the Plan. NMT is not subject to the Plans utilization controls or bound by time or distance standards as these services are not authorized or arranged by the Plan. Inland Empire Health Plan will not provide out of network/out of area NEMT/NMT unless there is a prior authorization in place.

NMT requested must be the least costly method of transportation that meets the Member’s needs.

Inland Empire Health Plan may not provide out of network/out of area NEMT/NMT for Members with other primary healthcare coverage (OHC) other than Medi-Cal.

NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.

CLINICAL/REGULATORY RESOURCE

APL-22-008

DEFINITION OF TERMS

Other Health Care Coverage- Members with Medicare Fee for Service or any commercial health care that is considered primary coverage.

REFERENCES

1. All Plan Letter 22-008: Non-Emergency and Non-Medical Transportation Services and Related Travel Expenses. Revised May 5, 2022. Accessed 09/30/24.
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-008.pdf>

DISCLAIMER

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