

# FACT SHEET

## Non-Emergency Medical Transportation (NEMT): A Fact Sheet For Case Managers and Medicaid Beneficiaries February 2009

*This reference sheet is designed to provide “at-a-glance” information for Case Managers as they assist Medicaid beneficiaries seeking Medicaid transportation services. While excerpts are taken from the KMAP NEMT Provider Manual, this document is not all-inclusive and is not intended to be used by transit providers for billing purposes. For the complete manual, please refer to the KMAP website at: <https://www.kmap-state-ks.us>*

Individuals who are Medicaid eligible with benefit plans TXIX or QMB and TXIX identified, can receive Non-Emergency Medical Transportation (NEMT) with a Medicaid-enrolled provider for most Medicaid-covered medical services.

It is important to understand the varied levels that an eligible recipient may be designated for NEMT usage. There are two NEMT category levels:

### Level I

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Is the **default for all recipients** and specifically meant for beneficiaries who are able to ambulate (walk) on their own or with assistance and do not require a wheelchair for the trip, or specialized medical equipment that cannot be removed during transit.

### Level II

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Is an authorized level through the Kansas Medical Assistance Program (KMAP) by which a Medicaid TXIX or QMB and TXIX recipient’s physician completes the “Certification by Medical Provider for Transportation Services” form that identifies an individual as utilizing a wheelchair or has medical equipment which cannot be removed during transit, i.e. ventilator, IV fluids, peritoneal dialysis fluids, and requires a wheelchair lift vehicle for transport. This form is provided as an attachment and may be duplicated.

### Level III

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Is an authorized level through KMAP after receiving the “Certification by Medical Provider for Transportation Services” form (attached) that has identified the recipient as occasionally may require a wheelchair due to weakened physical condition, i.e. following treatment such as chemotherapy, radiation, outpatient surgery or dialysis. Level III allows for the appropriate billing by a transportation provider of either a Level I or a Level II, depending on the recipient’s circumstances that day for that trip.

In each case, for Level II and Level III, it is very important that the Certification be provided to the client and completed by their physician in order to receive transportation. **Please allow KMAP two to five days for the approval process.**

**If you are unsure of the type of coverage assigned or any questions pertaining to the benefits, please contact the Medical Assistance Customer Service Center (MACSC) at 1-800-933-6593.**

**Trips listed below are never covered, and this list is not all-inclusive:**

- Transportation for residents of nursing facilities, including new admissions to nursing facilities, or adult care homes (assisted living facilities). *Note:* Transportation is included in the services provided by a nursing facility.
- Waiting time.
- Trips to educational classes or daycare services.
- Trips to schools where the majority of the day will be spent for educational purposes. *Note:* Transportation for educational purposes would be the responsibility of the school.
- Errands or shopping.
- Trips of a recreational or activity nature (or to or from such events).
- Trips to attend nutrition, diabetic, or any other kind of informational classes.
- Trips to the YMCA or similar facility for the purpose of physical exercise/aquatic therapy.
- Trips to waiver-covered services, such as respite care, day services, supported employment activities, adult dental, and so forth.
- Out-of-state trips, except to approved border cities (*NEMT “Medical Necessity” form must be completed, prior to the trip, for the specialized medical services that require transportation to a qualifying medical appointment more than 50 miles in distance one-way*). Form attached.
- Trips to a chiropractor or trips for acupuncture treatment, biofeedback, relaxation therapy, or hypnosis.
- Trips to WIC clinics or to pick up durable medical equipment.
- Transportation related to non-medical services.
- Trips to the podiatrist for non-KAN Be Healthy beneficiaries.
- Transportation of relatives.
- Under current CMS guidance, Kansas Medicaid will no longer reimburse for transportation to non-Medicaid/contract network provider’s, such as services provided at Shriner’s Burn Center, Saint Jude’s, etc., even if the medical service is provided at no charge to the State.

**The following is a list of NEMT providers within a 50-mile radius of the Wichita area:**

<b>Providers</b>	<b>Ambulatory Only</b>	<b>Non-Ambulatory Only</b>	<b>Hrs</b>	<b>Service Area</b>	<b>Phone</b>
ABC Taxi Cab Co, Inc	X		24/7	Wichita, within 6 miles of origination to destination	(316) 264-4222
CCMH (Cowley County Mental Health)	X		*	<i>Clients only</i>	(620) 442-4540
Central Plains AAA/CTD #12 Sedgwick County Dept. on Aging/Transportation	X	X	8am-5pm M - F	Sedgwick County	(316) 660-5150 Application required
CPRF (Timber Lines)		X	8am-5pm M - F	Wichita	(316) 651-5289
Comfort Care Transportation		X	24/7	48 States	(316) 304-1853
First Class Transportation	X		7:30am – 5:30pm M - F	Wichita	(316) 524-4413
Fred Miller Transportation	X		24/7	Reno County	(620) 662-1602
Futures Unlimited, Inc	X		8:30am – 8:30pm M - F	Sumner County	(620) 326-8906
Gordon Transportation	X		8am-5pm M - F	Wichita	(316) 461-5811 (316) 685-4979
Heaven Sent Transportation	X	X	5am-4pm M - F	Wichita	(316) 390-6190
Judge J Riddell Boys Ranch	X		*	<i>Clients only</i>	(316) 660-1600
Kansas Elk Training Ctr for the Handicapped (KETCH)	X	X	*	<i>Clients only</i>	(316) 383-8796
Kings Alcohol Drug Treatment Center	X		*	<i>Clients only</i>	(316) 685-3500
Medicab Transportation		X	24/7	Kansas	(316) 775-1591
Mental Health Association of South Central Kansas	X		*	<i>Clients only</i>	(316) 685-1821 ext. 263 or 295
Midwest Express Transport	X		5:30am – 5:30pm M - F	Wichita	(316) 207-7271
Mosaic	X	X	*	<i>Clients only</i>	(620) 229-8702
Oliveira, Hank	X		4am – 12am M – Sat; Noon-10pm Sun	Reno County	(620) 669-8203
On Time Transportation	X		8am-5pm M - F	Wichita	(316) 807-6732
OT Cab Inc	X		24/7	Newton	(316) 283-2960
Royal Chariot Transportation	X	X	5am-5pm M – F	Butler, Reno & Sedgwick Co's	(316) 641-0209
Salt City Shuttle	X	X	24/7	KS W. of I-35	(888) 663-1069
Scott Cit LLC	X		8am-8:30pm M - F	Sedgwick County	(316) 992-8601
Slavinski, Donna	X		6am-5pm M - Sat	Ark City & Wellington	(620) 488-3449
SLR Transportation Services	X		7am-6pm M - F	Wichita	(316) 761-6263

Southwind Community Alternatives	X	X	*	<i>Clients only</i>	(620) 221-4112
Starkey, Inc	X	X	*	<i>Clients only</i>	(316) 512-4147
Sunny Dayz Transportation	X		6am-5pm M - F	Wichita	(316) 806-7673
Sweet Cherry Transportation	X		24/7	Wichita	(316) 990-7933
Thunder Enterprises, Inc	X	X	6am-6pm M - F	Wichita	(316) 262-4955

\* Transportation provided to agency clients only based on schedule established by agency. Contact the agency for more information regarding availability.

*All information contained within is subject to change.*

02/09



# Kansas Medical Assistance Program

P.O. Box 3571  
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012

*From the office of the Fiscal Agent*

4/08 #3

## Certification by Medical Provider for Transportation Services

This form must be completed and signed by a primary care physician or designee (physician assistant, nurse practitioner, or clinical nurse specialist). Form will be returned and/or invalidated if not totally completed.

Beneficiary Name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

**Initial all that apply:**

<input type="checkbox"/>	Ambulatory and does not require a wheelchair (Level I)
<input type="checkbox"/>	Ambulatory but requires walker, cane, or personal assistance (Level I)
<input type="checkbox"/>	Occasionally may require a wheelchair due to weakened physical condition, i.e. chemotherapy, radiation, outpatient surgery or dialysis (Level I or Level II)  <i>Note: This will allow transportation providers to bill for the actual service provided.</i>
<input type="checkbox"/>	Permanently confined to a wheelchair (Level II)
<input type="checkbox"/>	Temporarily confined to a wheelchair, <i>expected duration:</i> _____ (Level II)  <i>Note: After the expected duration has expired, beneficiary must have medical provider complete a new certification form.</i>
<input type="checkbox"/>	Nonambulatory, requires a stretcher for transportation (Level II)
<input type="checkbox"/>	Other, <i>explain:</i>

I certify I have reviewed this person's history and condition, and the information is accurate and complete.

Prescriber's Name/Credentials: (physician, physician assistant, nurse practitioner, or clinical nurse specialist) <b>Please Print:</b>	Prescriber's Phone #:
	Prescriber's Fax #:
Prescriber's Signature:	Date:

**This form is valid for up to one year or less, unless the field indicating permanent wheelchair is checked.**

Forms are available in the *Commercial Nonemergency Medical Transportation Provider Manual*, Forms section, and on the KMAP Web site at <https://www.kmap-state-ks.us>.

\* **Level I:** Able to ambulate (able to walk).

\* **Level II:** Unable to ambulate (unable to walk), needs a wheelchair.

\* If the beneficiary's condition *improves* and no longer requires Level II services, the physician must complete a new form to change to a Level I in the system.

Fax completed form to the attention of the NEMT PA Team, 1-800-913-2229, or mail completed form to KMAP, Office of the Fiscal Agent, ATTN: NEMT PA Team, P.O. Box 3571, Topeka, KS 66601-3571.

