Rules of Department of Social Services Division 70—MO HealthNet Division Chapter 5—Nonemergency Medical Transportation (NEMT) Services

Title

Page

13 CSR 70-5.010	Nonemergency Medical Transportation (NEMT) Services
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Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 5—Nonemergency Medical Transportation (NEMT) Services

13 CSR 70-5.010 Nonemergency Medical Transportation (NEMT) Services

PURPOSE: This rule establishes the criteria by which the medical assistance program MO HealthNet reimburses expenses for nonemergency medically necessary transportation if a participant does not have access to transportation services that are available free of charge.

(1) The Missouri Medical Assistance program MO HealthNet or its contractor reimburses eligible participants or nonemergency medical transportation (NEMT) providers for medically necessary transportation only if a participant does not have access to transportation services that are available free of charge.

(A) The participant must have an appointment for any medical treatment that is approved by the MO HealthNet Division.

(B) Alternative transportation services that may be provided free of charge include volunteers, relatives, designated legal representative, individual involved in the resident's care, or transportation services provided by nursing facilities or other residential centers. Participants must not have access to free transportation.

(2) Nonemergency medical transportation is not available to a pharmacy.

(3) MO HealthNet reimburses the most appropriate and least costly transportation alternative suitable for the participant's medical condition. If a participant can use private vehicles or less costly public transportation, those alternatives must be used before participants can use more expensive transportation alternatives.

(A) The alternative transportation services provided will include:

- 1. Bus passes/tickets;
- 2. Taxi/sedans;
- 3. Wheelchair van;
- 4. Multi-passenger vans;
- 5. Stretcher van;
- 6. Ambulance; or
- 7. Gas reimbursement.

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(B) Transports are limited to medical treatment within the distance standards set forth in 20 CSR 400-7.095. Exceptions to these standards are listed below.

1. The participant has a previous history of other than routine medical care with the

qualified, enrolled medical service provider for a special condition or illness.

2. The participant has been referred by a Primary Care Provider (PCP) to a qualified, enrolled medical service provider for a special condition or illness.

3. There is not a routine or specialty care appointment available within thirty (30) calendar days to a qualified, enrolled medical service provider within the travel standards.

(4) MO HealthNet reimburses for the least expensive and most appropriate ancillary services when the medical treatment requires an overnight stay. Ancillary services include meals and lodging.

AUTHORITY: section 208.201, RSMo Supp. 2007.* Original rule filed May 16, 2005, effective Oct. 30, 2005. Amended: Filed Feb. 1, 2008, effective Aug. 30, 2008.

*Original authority: 208.201, RSMo 1987, amended 2007.