

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> M CCP2029			<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Emergency Medical Transportation			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> (MCCP2016) 10/21/2015 (Effective 01/08/2020 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) Policy split)			<b>Next Review Date:</b> 01/08/2026 <b>Last Review Date:</b> 01/08/2025	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input checked="" type="checkbox"/> <b>PAC</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 01/08/2025	

**I. RELATED POLICIES:**

- A. CGA024 - Medi-Cal Member Grievance System
- B. CMP09 - Investigating and Reporting Fraud, Waste and Abuse

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Finance
- D. Provider Relations

**III. DEFINITIONS:**

- A. Emergency medical condition: Defined by Federal Statute 420.5.C.S 1396b (v)(3) means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- B. Emergency medical transportation (EMT): Ground or air transportation staffed with an Emergency Medical Technician and used to transport a patient with an emergency medical condition to a hospital or acute care facility.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

To outline the circumstances and utilization controls by which Partnership HealthPlan of California (Partnership) will facilitate emergency transportation services to members in accordance with state and federal regulations as cited.

**VI. POLICY / PROCEDURE:**

**A. EMERGENCY MEDICAL TRANSPORTATION (EMT)**

Emergency medical transportation (EMT) is provided for emergency medical conditions.

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1. AIR emergency transportation is covered under the following conditions:
  - a. The medical condition of the member precludes other means of medical transport.
2. GROUND emergency transportation is covered when ordinary public or private medical transportation is medically contraindicated and transportation is needed to obtain care.
3. A Treatment Authorization Request (TAR) is not required for emergency air or ground transportation.
4. Emergency transportation must be to the nearest hospital capable of meeting the medical needs of the patient. When the geographically nearest facility cannot meet the needs of the patient, transportation to the closest facility that can provide the necessary medical care is appropriate.
5. Medical transportation which represents a continuation of an original emergency transportation event is also covered without prior authorization, such as transportation from an emergency room of one hospital on to a second hospital for admission or for emergency services when the initial emergency room cannot provide the appropriate emergency medical treatment.
  - a. The transfer is not considered a continuation of the initial emergency if the emergency conveyer leaves the facility to return to its place of business or accepts another call.
6. Emergency transportation provided for the purposes of evaluating a psychiatric crisis and/or for admission to a psychiatric facility is a covered service without a TAR. Counties directly performing this service are eligible providers, and the mode of transportation should be appropriate to the patient's medical and psychiatric needs.
7. Medi-Cal claims billed for out-of-state emergency air medical transportation services are not reimbursable unless a TAR is obtained. This policy is based on the following:
  - a. Emergency air medical transportation is a Medi-Cal benefit only when transporting a recipient to the nearest available facility capable of treating a recipient's medical needs.
  - b. Only emergency hospital services are Medi-Cal benefits for recipients while they are in Mexico or Canada.
  - c. Out-of-state emergency air medical transportation services are Medi-Cal benefits without authorization only to or from specific border communities within the states of Arizona, Nevada or Oregon.
8. Transportation services to or from a foreign country, including Mexico and Canada, are not covered and will not be reimbursed.

## **VII. REFERENCES:**

- A. California Code of Regulations (CCR) Title 22 Section 51323
- B. [Manual of Criteria for Medi-Cal Authorization](#), Chapter 12.1
- C. Medi-Cal Provider Manual: Medical Transportation (*mc tran*)

## **VIII. DISTRIBUTION:**

- A. Partnership Department Directors
- B. Partnership Provider Manual

## **IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

## **X. REVISION DATES:** 02/10/21; 02/09/22; 01/11/23; 01/10/24; 01/08/25

## **PREVIOUSLY APPLIED TO:**

This policy topic was separated from policy MCCP2016 Transportation Policy for Non-Emergency Medical

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(NEMT) and Non-Medical Transportation (NMT) as of 01/08/2020

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.