IEHP UM Subcommittee Approved Authorization Guideline

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<td>Section</td>
<td>Other</td>
<td>Original Effective Date</td>
<td>02/14/2018</td>
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**COVERAGE POLICY**

- This guideline addresses Non-Emergent/Non-Transportation (NEMT/NMT) as per APL 17-010
- APL 17-010 states health plans can limit transportation approvals to an in-network Provider.
- 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**

When Medi-Cal is a covered service NMT is subject to utilization controls and permissible time and distance standards. 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.

**ADDITIONAL INFORMATION**

N/A

**CLINICAL/REGULATORY RESOURCE**

APL 17-010

**DEFINITION OF TERMS**

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

DISCLAIMER
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