

## Non-Emergency Medical Transportation Checklist

Please use the following checklist below to help with submission of the  
NEMT Physician Referral Form

DVHA will provide transportation/lodging/meals for members who have a demonstrated need, following normal NEMT guidelines. If the member is a minor DVHA will provide this benefit for the member and one parent. Any deviations to this policy will require a letter of medical necessity which outlines and demonstrates the medical need for any changes.

\*\*\*\*\***Helpful Links**\*\*\*\*\*

**DVHA Website:**<https://dvha.vermont.gov/>**Provider Portal:**<http://www.vtmedicaid.com/#/home>**NEMT Manual:**<https://dvha.vermont.gov/sites/dvha/files/documents/providers/Forms/NEMT%20FY21%20Manual%20Final%201.12.21.pdf>**NEMT Forms:**<https://dvha.vermont.gov/providers/non-emergency-medical-transportation>**Out-of-Network Elective Office Visit Request Form:**<https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms0web.docx>**NEMT Physician Referral Form:**<https://dvha.vermont.gov/sites/dvha/files/documents/providers/NEMT/Physician%20Referral%20Form%20Edi>

- Appointment date and time** (needed as this affects how DVHA processes the transportation request)
  - Multiple consecutive appointments - one referral form is required.
  - Multiple appointments that are days/months apart from each other - separate referral forms are required.
  
- Closest Provider with the requested specialty of care**
  - Yes – continue filling out the physician referral form.
  - No – provide details on page two, number two. A letter of medical necessity is required. The letter needs to outline why the service cannot be performed at a closer facility to where the member lives. (UVMHC, DHMC, Albany Med., etc.)
  
- Lodging outside of the hospital**
  - No – continue filling out the physician referral form.
  - Yes – provide dates of requested lodging.

**Lodging special requests**

- If the parent cannot stay bedside when child is admitted – a letter of medical necessity is required.
- If both parents are required to be at the appointment – a letter of medical necessity is required.
- Refrigerator, kitchenette, food allergies, etc. – a letter of medical necessity is required.

**Accompaniment**

- No – continue filling out the physician referral form.
- Yes – provide details on page two, number three. A letter of medical necessity is required if the accompaniment is not the parent or driver.

**CPT Code** (Provider must check the fee schedule on the provider portal to see if the requested procedure requires a Clinical Prior Authorization)

- No – continue filling out the physician referral form.
- Yes – submit the Clinical Prior Authorization Out-of-Network Elective Office Visit Request form to the referring provider.

**Specific service**

- Medically what is happening at this appt (cardiac cath, knee surgery, brain surgery, etc – details are helpful for DVHA to process correctly)

**History with provider**

- Yes – how long have they been seeing this provider.
- Yes – provide details on page two, number five. Explain why care cannot be transferred to a closer provider. If there is a plan to transfer care closer to home, please outline in this section.
- No – continue filling out the physician referral form – a letter of medical necessity may be requested.

**Member ACO attributed** (check the provider portal or contact Gainwell at 800-925-1706)

- Yes – no clinical prior authorization is needed.
- No – clinical prior authorization is required if member does not have private insurance.

**Private Insurance and/or Medicare in addition to Medicaid** (check the provider portal or contact Gainwell at 800-925-1706)

- Yes – no Clinical Prior Authorization (PA) is needed.
- No – Clinical Prior Authorization (PA) is required before the transportation request can be considered.
  - Submit the Clinical Prior Authorization Out-of-Network Elective Office Visit Request form to the referring provider.