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:

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. (UVMMC, 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.
    o Submit the Clinical Prior Authorization Out-of-Network Elective Office Visit Request form to the referring provider.