

Non-Medical Transportation (for New Jersey Only)

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[Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> Ambulance Services (for New Jersey Only)

Application

This Coverage Determination Guideline only applies to the state of New Jersey.

Coverage Rationale

Indications for Coverage

UnitedHealthcare Community Plan of New Jersey (UHCCP-NJ) will coordinate Managed Long-Term Services and Supports (MLTSS) Non-Medical Transportation services to its MLTSS beneficiaries that meet the following criteria:

- Non-medical transportation services shall be offered by the beneficiary’s care manager (CM) during options counseling
- Services are limited to those that are required for implementation of the Plan of Care (PoC) and enhance the beneficiary’s quality of life
- Whenever possible, family, neighbors, friends, public transit, tickets, or community agencies, which can provide this service without charge, will be utilized. When these resources are unavailable or are at risk of being over-taxed due to caregiver stress, non-medical transportation services may be authorized.
- Non-medical transportation services are covered to locations including but not limited to:
 - Shopping
 - Beauty salon
 - Financial institution
 - Religious services
 - Potential community residence travel to Department of Community Affairs (DCA) or Public Housing Authorities if applicable, meeting with landlords in community locations to secure community housing
 - Recreation or community center
 - Social security and/or Medicaid eligibility or benefits office

Non-Medical Transportation Trip Limits

- Nursing Facility (NF) and Special Care Nursing Facility (SCNF) beneficiaries who express interest in transitioning into the community are eligible for up to two (2) trips (four (4) one-way legs) per NF/SCNF transition to tour potential community residence, travel to DCA or Public Housing Authorities if applicable, and/or meet with landlords in community locations to secure community housing

- Home- and Community-Based Services (HCBS) beneficiaries who receive the following services are not eligible for non-medical transportation as the HCBS is considered inclusive of non-medical transportation:
 - Adult Family Care (S5140)
 - Assisted Living Services (T2031, T2031 U1)
 - Assisted Living Program (T2031 U2)
 - Community Residential Services (T2033)
- Trips must be scheduled between 6:00 a.m. and 10:00 p.m.
- Earliest time for pick up is 6:00 a.m.
- Latest time for drop off is 10:00 p.m.
- Trips must be within a 30-mile radius of the beneficiary's home
 - Exception: NF/SCNF beneficiaries are not limited in the trip distance when trying to secure community housing

The appropriate Medicaid-reimbursed modes of transportation service for ambulatory individuals, in most cases, are public transportation, livery, clinic van, taxicab, bus, county-administered, lower modes of service, or participant-directed providers.

- An ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiary's need for ambulance service or mobility assistance vehicle service is not established solely by the fact that a driver escorts or accompanies an individual who has no mobility related problem, is not of full legal age (a minor child), or is unable to communicate in the English language.

Limitations and Exclusions

Services are limited to those that are required for implementation of the Plan of Care. Whenever possible, family, neighbors, friends, public transit, tickets, or community agencies, which can provide this service without charge, will be utilized.

Definitions

Check the federal, state or contractual definitions that supersede the definitions below.

Home-and Community-Based Services (HCBS): Services that are provided as an alternative to long-term institutional services in a nursing facility or Intermediate Care Facility for the Intellectually Disabled (ICF/ID). HCBS are provided to individuals who reside in the community or in certain community alternative residential settings.

Managed Long-Term Services and Supports (MLTSS): A program that applies solely to individuals who meet MLTSS eligibility requirements and encompasses the NJ FamilyCare A benefit package, NJ FamilyCare ABP (excluding the ABP BH/SUD benefit) as specified in Article 4.1.1.C, HCBS and institutionalization for long term care in a nursing facility or special care nursing facility.

Non-Medical Transportation: Service offered to enable individuals to gain access to community services, activities and resources specified in the Plan of Care. This service is offered in addition to medical transportation required under 42 Code of Federal Regulations 431.53 and transportation services under the State plan, defined at 42 Code of Federal Regulations 440.170(a) (if applicable), and shall not replace them. Transportation services shall be offered during options counseling and in accordance with the individual's Plan of Care. Non-Medical Transportation is a service that enhances the individual's quality of life.

Nursing Facility (NF) Level of Care (LOC): The designation given to individuals who meet clinical eligibility for MLTSS services. This is assessed using the NJ Choice Assessment System and findings are validated by OCCO, in accordance with N.J.A.C. 8:85.

Participate Direction and Personal Preference Program (PPP): Offers an alternative way for NJ FamilyCare Plan A enrollees who qualify for the Personal Care Assistant (PCA) benefit to remain in their home and active in their community and does not require the use of a home health care agency. The PPP allows NJ FamilyCare Plan A enrollees to direct and manage their Activities of Daily Living (ADLs) as well as Instrumental Activities of Daily Living (IADLs).

Plan of Care (PoC): Based on the functional assessment, a written plan for services that addresses all identified formal and informal service needs of MLTSS beneficiaries. May also be referred to as an MLTSS Plan of Care.

Special Care Nursing Facility (SCNF): A special care nursing facility or separate and distinct SCNF unit within a Medicaid-certified conventional nursing facility which has been approved by the State to provide care to Medicaid/NJ FamilyCare beneficiaries who have been determined to require intensive nursing facility services beyond the scope of a conventional nursing facility as defined in N.J.A.C. 8:85-2. A SCNF or SCNF unit shall have a minimum of 24 beds.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
T2002	Nonemergency transportation; per diem
T2003	Nonemergency transportation; encounter/trip

References

Appendix B.9.0 *MLTSS Services Dictionary* of the New Jersey State Medicaid Contract.

<https://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>. Accessed July 8, 2021.

New Jersey Administrative Code; Title 10. Human Services; Chapter 50 – Transportation Services Manual.

https://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010_50%20Transportation%20Services%20Manual.pdf. Accessed July 8, 2021.

Guideline History/Revision Information

Date	Summary of Changes
05/01/2022	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version CS175NJ.A

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.