

Frequently Asked Questions for Medi-Cal Transportation Services

You can find answers to general questions about nonemergency medical transportation (NEMT) and nonmedical transportation (NMT) below.

General Information for Medi-Cal Beneficiaries

What is nonemergency medical transportation (NEMT)?

NEMT is transportation by ambulance, wheelchair van, or litter van for beneficiaries who cannot use public or private transportation to get to and from covered Medi-Cal services, and who need assistance to ambulate.

Who can receive NEMT?

NEMT is available to all beneficiaries when their medical and physical condition does not allow them to travel by bus, passenger car, taxicab, or another form of public or private transportation. Services must be prescribed by a health care provider.

What is nonmedical transportation (NMT)?

NMT is private or public transportation to and from covered Medi-Cal services for eligible beneficiaries.

Who can receive NMT?

NMT services are available to all beneficiaries with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 60th day postpartum falls. Beneficiaries will need to verbally let the transportation provider know that there is no other way for them to get to their appointment.

What qualifies as reasons for needing NMT?

Beneficiaries will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted.

Reasons for needing NMT can include any of the following:

- No valid driver's license.
- No working vehicle available in the household.
- Not being able to travel or wait for covered Medi-Cal services alone.
- Having a physical, cognitive, mental, or developmental limitation.

- Not money for gas to get to appointment.

What types of services are covered for Medi-Cal transportation?

Transportation is only available to and from covered Medi-Cal services, which includes:

- Medical appointments, including family planning, mental health, and substance use disorder services.
- Dental appointments.
- Picking up prescriptions.
- Picking up medical supplies and equipment.

Who can provide NEMT and NMT Services?

Licensed, professional medical transportation companies approved and enrolled by Medi-Cal. In addition, Medi-Cal managed care plans also directly contract with other transportation providers for services for plan members.

When should I request transportation?

Be sure to contact your transportation provider as soon as you know about an appointment. It is helpful to request the service at least five days before your appointment. If you have more than one appointment that is ongoing, you can also request transportation to cover those appointments.

Can I accompany my child or spouse to an appointment?

Yes. One assistant, such as parent/guardian or spouse, may accompany a beneficiary on a trip provided by NMT. However, transportation is not available for more than one assistant.

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Beneficiaries with Fee-for-Service (FFS): How to Obtain Transportation

How can I obtain NEMT?

If you need NEMT, please inform your medical provider who can prescribe NEMT and put you in touch with a transportation provider to coordinate your ride to and from your appointment(s). The San Diego Field Office can also assist. The San Diego Field Office may be reached at (858) 495-3666.

How can I obtain NMT?

If you have FFS Medi-Cal, please inform your doctor who may be able to put you in touch with a transportation provider. You can also go to the DHCS website for a list of approved transportation providers. The list will soon be available on the Medi-Cal transportation webpage. See [DHCS Transportation Homepage](#).

Until a list of transportation providers is posted on the DHCS website, DHCS has developed a process to assist FFS Medi-Cal beneficiaries with their transportation needs. Beneficiaries or their designees may email DHCS-Benefits@dhcs.ca.gov requesting assistance if their provider is not able to arrange NMT. Please do **NOT** include personal information in your first email. DHCS staff will reply with a secure email asking for your information about the appointment.

Will Medi-Cal reimburse me for gas/mileage?

Mileage reimbursement, gas cards, tokens, etc. are not covered benefits under FFS Medi-Cal. However, DHCS is exploring other options regarding the delivery of NMT services, which may include the use of a contractor, which will be subject to federal review and approval.

I have a monthly Share of Cost (SOC). Will that apply to NMT?

Yes. If you have a SOC, then your monthly SOC would also apply to NMT. Any payment you make for NMT will go toward paying down your monthly SOC.

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Beneficiaries with Managed Care: How to Obtain Transportation

How can I obtain NEMT?

If you receive Medi-Cal through a managed care health plan (MCP), please contact your plan's member service department to request NEMT. You will also need a prescription from your doctor about your need for NEMT.

How can I obtain NMT?

If you receive Medi-Cal through a MCP, contact your plan's member service department to request NMT. Beneficiaries will need to verbally let their MCP know that there is no other way for them to get to their appointment.

Will Medi-Cal reimburse me for gas/mileage?

No. Medi-Cal does not reimburse beneficiaries who drive themselves to their appointments. MCPs may reimburse friends or family members of beneficiaries who drove the beneficiaries to their appointment. Some MCPs may require prior approval for reimbursement, so please first check with your MCP.

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General information for Providers

How can I become an NMT provider?

Transportation providers who are currently enrolled in Medi-Cal may request to become an NMT provider by submitting a completed Medi-Cal Supplemental Changes form (DHCS 6209). NEMT providers wishing to use already reported NEMT vehicles to provide NMT services, must also report that to the department in the “Other Information” section of the DHCS 6209 and submit a letter stating that they will use existing NEMT vehicles and drivers previously approved by DHCS.

NEMT providers requesting to add NMT services should state so in the space provided on page 17, items 37 and 38 of the DHCS 6209 form. NMT vehicles may be added on page 13; copies of the Department of Motor Vehicles vehicle registration and proof of vehicle insurance must be included.

Transportation providers who wish to newly enroll in Medi-Cal for NMT will need to submit a completed Medi-Cal Transportation Provider Application package, which includes a “Medi-Cal Medical Transportation Provider Application” form (DHCS 6206), a “Medi-Cal Provider Agreement” form (DHCS 6208) and a “Medi-Cal Disclosure Statement” form (DHCS 6207).

How can transportation providers verify a beneficiary’s eligibility?

Providers may verify a beneficiary’s eligibility information through Medi-Cal’s Automated Eligibility Verification System (AEVS). Providers must verify beneficiary eligibility and obtain verbal or written attestation **before** providing NMT or have a written prescription from a licensed Medi-Cal provider for NEMT.

Does NMT require a prescription from a licensed provider?

No. NMT does not require a prescription from a licensed provider. However, beneficiaries will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted.

Are there any forms the beneficiary needs to sign?

No, DHCS does not require completion of any standard forms related to NMT services. However, transportation providers will need to ensure and maintain documentation that beneficiaries attested either verbally or in writing that they have an unmet transportation need and all other transportation options have been reasonably exhausted.

Are there any mileage restrictions?

No, NMT does not have a mileage restriction.

Are there any geographical restrictions for NMT?

No, NMT does not have a geographical restrictions and can be provided statewide.

Does NMT require prior approval?

If the beneficiary has FFS Medi-Cal, more than eight one-way trips per month requires documentation on the claim form or an attachment stating that the beneficiary required the transportation to obtain necessary Medi-Cal covered services.

Some MCPs may require prior approval for NMT. Please check with the MCP. For information regarding Medi-Cal MCP prior approval requirements, if any, please refer to [All Plan Letter 17-010](#).

Where can I find more information about Medi-Cal's FFS reimbursement policies for NMT?

Additional information is available in the following Medi-Cal Provider Manual sections:

- *Medical Transportation – Ground*
- *Medical Transportation – Ground: Billing Codes and Reimbursement Rates*
- *Medical Transportation – Ground: Billing Examples*

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Additional Questions

Who can I contact if I have questions?

Providers may direct questions about billing to the [Telephone Service Center](#) at 1-800-541-5555. For Benefits-related questions, providers may direct inquiries to the DHCS-Benefits@dhcs.ca.gov mailbox.

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