

March 5, 2025

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Provider:

RE: Use of the Medical Verification for Transportation Form (DHS-5330) for Prior Authorization (PA) Requests Related to Fee-for-Service (FFS) Non-Emergency Medical Transportation

The purpose of this letter is to provide clarification of PA requests for Non-Emergency Medical Transportation (NEMT) for FFS beneficiaries with special allowances. The Medical Verification for Transportation form (DHS-5330) is utilized to document the medical need for special allowances. These allowances include the need for a wheelchair lift-equipped vehicle, Medi-Van vehicle or medically necessary attendant. Any request for special transportation accommodations due to a defined medical need must be documented. This documentation must include the submission of a complete DHS-5330 signed by an appropriate licensed provider as well as any other appropriate documentation available that demonstrates the need for specialized transportation services. Refer to the Special Allowances subsection of the Covered Services section of the Non-Emergency Medical Transportation chapter of the [MDHHS Medicaid Provider Manual](#) for additional information.

A DHS-5330 is not required for prior authorization requests that are limited to a rate exception only. Rate exceptions will only be considered when all other available transportation resources have been exhausted, and no other method of transportation is available. Requests for payment in excess of the maximum allowable rate published on the NEMT Fee Schedule must still go through the PA process, but the submission of medical documentation is no longer required.

The requirements for PA are outlined in the Medicaid Provider Manual, NEMT chapter, Prior Authorization Section. All PA requests must include all applicable documentation necessary to render a determination including all required medical documentation for requests related to special allowances and/or submission of quotes from transportation providers exceeding the online NEMT Fee Schedule.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >>
Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration