

Revised: December 1995  
Approval: W.W.L.

**Temporomandibular Joint Dysfunction (T.M.J.)**

See: **Dental Services, Appliances, Oral Surgery and T.M.J.**

## **Transportation**

### **Definitions** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51151.3 & 51151.5)

Medical transportation services means the transportation of the sick, injured, invalid, convalescent, infirm or otherwise incapacitated persons by ambulances, litter vans or wheelchair vans licensed, operated and equipped in accordance with applicable state or local statutes, ordinances or regulations. Medical transportation services do not include transportation of beneficiaries by passenger car, taxicabs or other forms of public or private conveyances.

Litter van means a vehicle which is modified, equipped and used for the purpose of providing non-emergency medical transportation for those patients with stable medical conditions who require the use of a litter or gurney and which is not routinely equipped with the medical equipment or personnel required for the specialized care provided in an ambulance.

Wheelchair van means a vehicle which is modified, equipped and used for the purpose of providing non-emergency medical transportation for wheelchair van patients and which is not routinely equipped with the medical equipment or personnel required for the specialized care provided in an ambulance.

### **Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51323)

1. Ambulance, litter van and wheelchair van medical transportation services are covered when the patient's medical and physical condition is such that transport by ordinary means is medically contraindicated and transportation is required to obtain needed medical care.
2. Transportation expenses and other related travel expenses deemed necessary to secure medical examination and treatment.

### **Benefit Exclusion**

Non-authorized transportation services.

## **Transportation** (continued)

### Examples of Covered Benefits

1. Ambulance services when the patient's medical condition contraindicates the use of other forms of medical transportation. Litter van services when the patient requires transport in a prone or supine position because of inability to sit for the period of time needed to transport and/or requires specialized safety equipment.
2. Wheelchair van services when the patient's medical and physical condition renders the patient incapable of sitting in a public or private vehicle, requires that the patient be transported in a wheelchair, requires assistance to and from residence, vehicle and place of treatment or requires specialized safety equipment.
3. The cost of meals and lodging for the patient, en route to and from medical care, and while receiving medical care.
4. The cost of an attendant to accompany the patient, if necessary, and the cost of the attendant's transportation, meals, lodging, and if the attendant is not a family member, the attendant's salary.

### Examples of Non-Covered Benefits

1. Transportation services for patient convenience.
2. Transportation benefit does not include transportation of beneficiaries by passenger care, taxicabs or other forms of public or private conveyances.

**See:** **Ambulance**

## **Tuberculosis (TB)**

### **Benefit Coverage**

TB screening, diagnosis, initial treatment and follow-up are covered benefits. All active or highly suspected tuberculosis will be referred to the Local Health Department for diagnostic and treatment services.

### **Benefit Exclusion**

Direct Observed Therapy (DOT) and other services related to investigation and disease control.

### **Examples of Covered Benefits**

1. TB screening, including Mantoux skin test, for adults and children.
2. INH preventive therapy as indicated for skin test positive patients.
3. Treatment of patients with active tuberculosis.

### **Examples of Non-Covered Benefits**

1. Patients who need to be referred to DOT as noted in “Benefit Exclusion” above.