



Clinical Medical Policy Transportation-Ambulance

Benefit Coverage:

A. Preface

Transportation to medical appointments is a benefit for RIte Care, Sub Care, CSN, and RHP members. Members are expected to provide their own transportation to medical appointments; however there are services available for members who cannot access their own transportation.

The State has developed a centralized non-emergency transportation service for all RIte Care members in agreement with the Rhode Island Public Transit Authority (RIPTA). Qualifying RIte Care members are offered either a Rhody 10 bus pass or 30-day bus pass and, when necessary, transport on other types of non-emergency medical vehicles. Neighborhood's Customer Service Specialists are available to arrange transportation for members through this centralized service, when a means of transport other than by bus is medically necessary.

The DHS benefit for Rhody Health Partners includes a free RIPTA No Fare bus pass, the Ride program, or non-emergency wheelchair van services authorized and ordered by the EDS Hotline when members are eligible per DHS requirements. This service can also be arranged through Neighborhood's Customer Service Specialists.

B. Benefit

Emergency transportation is a covered benefit and no prior authorization or review is required.

Non-emergency ambulance transportation is a conditional benefit; prior authorization is required and coverage is based on review of medical necessity documentation.

Stretcher ambulance transportation is covered when it is medically necessary and other means of transportation cannot be used because of a member's medical condition.

This policy's intent is to provide criteria to determine medical necessity of non-emergency ambulance transportation. This clinical medical policy does not address criteria for the non-emergency transportation services arranged by Neighborhood's Customer Service Specialists; but it does address emergency and non-emergency stretcher ambulance services.

Description and Access:

Emergency Transportation

When emergency stretcher ambulance transportation is required, stretcher ambulance services are covered without prior authorization. The definition of "emergency medical condition" is defined below.



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An emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the following:

- (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;*
- (2) serious impairment to bodily functions; or*
- (3) serious dysfunction of any bodily organ or part.*

Non-emergency Transportation RHP members

For RHP members, non-emergency transportation is considered in this order:

1. The EDS Hotline for non-emergency transport within two weeks notice.
2. The Ride program for non-emergency vehicles including wheelchair vans with more than a two week notice.

NOTE: Customer Service coordinates transportation; the EDS Hotline issues

the authorization and contacts the ambulance companies.

3. Neighborhood for approval of wheelchair van if “urgent”
 - EDS is not always able to accommodate urgent requests (EDS cannot accommodate requests after 3 PM for same day or next day transportation).
 - Members who are unable to get to the curb do not qualify for Ride wheelchair van program
 - Medical Review is required, see criteria below
4. Neighborhood for all stretcher ambulances; the EDS Hotline has no contracts for stretcher ambulance services; only wheelchair van services.
 - Medical Review required, see criteria below

Non-emergency Transportation RIte Care, Sub Care, CSN

For these members Neighborhood’s Customer Service team arranges non-emergency transportation through the Ride program, **with the following exception:**

- **EDS is not always able to accommodate urgent requests (EDS cannot accommodate requests after 3 PM for same day or next day transportation).**
- **Members who are unable to get to the curb do not qualify for Ride wheelchair van program**
- **Medical Review by the UM/CMP staff is required; see criteria below**

Stretcher Ambulances

Stretcher ambulances may provide emergency and non-emergency transportation to members when medically necessary.



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- Stretcher ambulances providing emergency transportation services do not require authorization. Emergency transportation may be distinguished by the HCPCS code and/or the origin-destination modifier combinations accompanying the HCPCS code. (See Table 1)
- Any hospital to hospital transfer is considered emergent or meeting medical necessity criteria and does not require an authorization; including out of area.
- Stretcher ambulances providing nonemergency transportation may require an authorization based on the origin and destination (See Table 1).
- Stretcher ambulance transport for behavioral health admissions and emergent medical or behavioral evaluations, are considered emergency transportation and therefore do not require prior authorization.

Air Ambulance

Air ambulance is considered emergency transportation and **does not require prior authorization** when the following conditions are met:

- Member's medical condition requires immediate and rapid ambulance transportation that could not have been provided by land ambulance, or
- The point of pickup was inaccessible by land ambulance, or
- Distance or other obstacles would have prevented getting the member to the nearest hospital with appropriate facilities

Wheelchair Ambulances

Ambulances that use "wheelchair vans" to provide non-emergency transportation may also be subject to prior authorization depending on the place of origin and destination. (See Table 2-TO BE DEVELOPED).

Coverage Determination:

All claims are to be submitted with the two-digit HCPCS Ambulance service modifiers. The first digit identifies the ambulance's place of origin; the second digit identifies the destination.

Table 1 indicates those HCPCS codes which are considered emergency and non-emergency transportation, and based on the modifier combinations, what does and does not require authorization. A reference is provided below the table for the HCPCS modifier codes.

Criteria for Non-emergency Stretcher Ambulance Transportation:

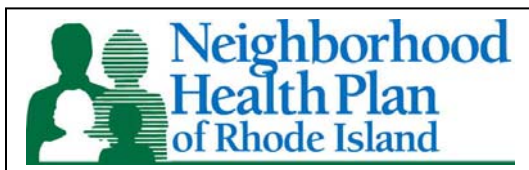


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Ambulance transportation for conditions that do not meet the definition of an emergency, but are considered medically necessary, is covered. *Prior authorization and medical review is required.*

All three (3) of the following criteria must be met for all non-emergency ambulance transportation to be considered medically necessary:

1. The medical condition prevents safe transportation by any other means.
2. The transportation is for the member to receive medically necessary care.
3. The member's condition prohibits other forms of transportation. Examples include but are not limited to:
 - Confined to bed (unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair), or
 - Unable to safely sit upright while in a wheelchair, or
 - Can tolerate a wheelchair but is medically unstable, or
 - Requires specialized monitoring of mental status, airway monitoring, and/or cardiac monitoring, or
 - Requires isolation due to disease or other exposure, or
 - Is a danger to self or others



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Table 1: Stretcher Ambulance Benefit Coverage (HCPCS Codes and Modifiers)

Column A	Column B	Column C	Column D	Column E
Emergency Transportation No Authorization Required for any Code Modifier Combination	Specialty Transportation which may be Emergency or Nonemergency ¹	Nonemergency Transportation Authorization May Be Required (See Column D and E)	Combinations Which Require Authorization	Combinations No Authorization Required
A0225 A0427 A0429	A0433 A0434	A0426 A0428	A0426DE A0426DN A0426DR A0426ED A0426EI A0426EJ A0426EN A0426GR A0426HE A0426HN A0426HR A0426II A0426JE A0426JR A0426NR A0426PD A0426PE A0426PG A0426PJ A0426PN A0426PP A0426PR A0426RD A0426RJ A0426RN A0428DE A0428DN A0428DR A0428ED A0428EI A0428EJ A0428EN A0428GR A0428HE A0428HN A0428HR	A0426EH A0426HH A0426IH A0426JJ A0426RH A0427DH A0427EI A0427GH A0427II A0427JG A0427JH A0427NH A0427PH A0427SH A0427SI A0427EH A0427HH A0427IH A0427JJ A0427RH A0428EH A0428HH A0428IH A0428JJ A0428RH A0429DH A0429EI A0429GH A0429II A0429JG A0429JH A0429NH A0429PH A0429SH A0429SI A0429EH



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			A0428II A0428JE A0428JR A0428NR A0428PD A0428PE A0428PG A0428PJ A0428PN A0428PP A0428PR A0428RD A0428RJ A0428RN A0429HN A0433DE A0433DN A0433ED A0433EJ A0433EN A0433GR A0433HE A0433HN A0433HR A0433II A0433JE A0433JR A0433NR A0433PD A0433PE A0433PG A0433PJ A0433PN A0433PP A0433PR A0433RD A0433RJ A0433RN A0434DE A0434DN A0434ED A0434EJ A0434EN A0434GR A0434HN A0434HR A0434II A0434JE		A0429HH A0429IH A0429JJ A0429RH A0431II A0431SI A0431HH A0431IH A0433DH A0433EI A0433GH A0433JG A0433JH A0433NH A0433PH A0433SH A0433SI A0433EH A0433HH A0433IH A0433JJ A0433RH A0434EI A0434GH A0434JG A0434JH A0434NH A0434PH A0434SH A0434SI A0434EH A0434HH A0434IH A0434JJ A0434RH
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			A0434JR A0434NR A0434PD A0434PE A0434PG A0434PJ A0434PN A0434PP A0434PR A0434RD A0434RJ A0434RN	
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HCPCS Modifier Reference

- D = Diagnostic or therapeutic site other than physician’s office or Hospital
- E = Residential, domiciliary, custodial facility (not SNF)
- G = Hospital-based dialysis facility
- H = Hospital
- I = Site of transfer (i.e. helicopter pad between types of ambulance)
- J = Non-hospital-based dialysis facility
- N = Skilled Nursing Facility (SNF)
- P = Physician’s office (includes clinic)
- R = Residence
- S = Scene of accident or acute event

Note: Clinical Coordinators are allowed to issue an authorization for an ambulance transfer from an inpatient hospital to a nursing home and from home (or other place of residence) to a nursing home if the nursing home stay has been authorized by the Medical Review Nurse.

Exclusions:

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- Ambulance transportation for a resident of a nursing facility from the nursing facility to other facilities, including outpatient hospital services , and the return trip are the responsibility of the nursing facility not Neighborhood.
 - Air or ground ambulance transportation provided for patient convenience.
 - Air or ground ambulance transportation for the purpose of receiving an excluded or non-covered service.
 - Extra attendants accompanying a member en route are not covered. (Note: Physician services when accompanying critically ill patients from one hospital to another hospital is a covered benefit for members with a transportation benefit.)
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CMP Number: CMP-028.00



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CMP Cross Reference:

References:

Rhode Island DHS Ambulance Coverage Policy

<http://www.dhs.state.ri.us/dhs/heacre/provsvcs/manuals/ambulance/ambpol.htm>

Center for Medicare Education: Medicare Ambulance Services, Issue Brief, Vo 2, No 6, 2001.

www.MedicareEd.org

Internet Article: Medicare Payments for Ambulance Transports Reference: Medlearn Matters
Number: SE0724, Published Online: 6/15/2007

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