



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). 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.

Most non-emergency medically necessary transportation for RHP members is arranged by Logisticare (HP.) However, Neighborhood provides medically necessary urgent transportation and non-emergent stretcher ambulance transportation for RHP members.

B. Benefit

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

Non-emergency ambulance transportation is a conditional benefit; stretcher ambulances and wheelchair ambulances providing non-emergency transportation may require an authorization based on the origin and destination. Refer to Table I "*Ambulance Authorization Requirements (HCPCS Codes and Modifiers.)*"

When a prior authorization is required, the decision is based on whether or not the ambulance transport 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 when authorization is required. 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.

When a member has been approved by Neighborhood's Utilization Management area for services out of state, and the member has no other means of transportation, Customer Service will authorize a wheelchair ambulance for transport.

When an ambulance transfer is required to transfer a member from an inpatient hospital to a nursing home, or from home (or other place of residence) to a nursing home, and the nursing home stay has been authorized by Neighborhood, Clinical Coordinators in Utilization/Clinical Medical Policy area will issue an authorization for the ambulance transfer.



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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.

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. Logisticare for non-emergency wheelchair transport within forty eight hours.
NOTE: Customer Service coordinates transportation.
 - Members who are unable to get to the curb do not qualify for wheelchair van program
 - Medical Review by the UM/CMP staff is required for non-emergency wheelchair transport when not available through Logisticare; see criteria below.
2. Neighborhood for all stretcher ambulances
 - Medical Review by the UM/CMP staff is 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:

- RIde is not always able to accommodate urgent requests (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 for non-emergency wheelchair transport when not available through the Ride program; see criteria below.

Stretcher Ambulances

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

- Stretcher ambulances providing emergency transportation services do not require authorization. Emergency transportation may be distinguished by the HCPCS



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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).
- Psychiatric transfers between acute care facilities are considered emergent.

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. Refer to criteria below and Table I.

Ambulance Transport for Behavioral Health/Substance Abuse Evaluations or Treatment

Ambulance transport to a hospital setting for evaluation or treatment of behavioral health related diagnoses does not require prior authorization.

Ambulance transport to other evaluation/treatment sites are considered medically necessary as well. Phone notification by the ambulance company to the Utilization Management (UM) area within three (3) business days of the trip will be accepted. Clinical Coordinators in the Utilization/Clinical Medical Policy area will issue an authorization for the ambulance transfer.

Paramedic intercept is conditionally covered (authorization required) when provided, per CMS guidelines. It may be payable separate from the ambulance transport when the following requirements are met:

- Furnished in a rural area
- Furnished under a contract with one or more volunteer ambulance services and
- Medically necessary based on the condition of the beneficiary receiving the ambulance service (see medical necessity criteria described in this policy.)

Non-Emergency Ambulance Transportation for Residents of Nursing Homes

Ambulance services should only be utilized when the member cannot be transported by any other means and when the required medical service cannot be provided within the facility (i.e. some



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portable x-ray services can be provided in a facility setting.) If a member can be transported by a vehicle other than an ambulance, it is the responsibility of the facility to ensure that the patient is transported by alternative means whenever possible.

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 what does and does not require authorization. Neighborhood's "*Ambulance Transportation Prior Auth Form*" is available on our website, and must be submitted for all requests for authorization. Retrospective requests submitted (after the transportation has occurred) are accepted up to 3 business days after the date of service.

Criteria for Non-emergency Stretcher Ambulance Transportation:

When ambulance transportation is for conditions that do not meet the definition of an emergency, and the origin/destination modifiers are on the "authorization required" list below in Table 1, medical necessity criteria must be met for authorization of the services.

All three (3) of the following criteria must be met for all non-emergency stretcher 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

Criteria for Non-emergency Wheelchair Ambulance Transportation:

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

1. The transportation is for the member to receive medically necessary care.
2. The member can tolerate a wheelchair but has no capacity to mobilize outside of the house to the curb for EDS transportation pick up, and
3. There is no caretaker/family available to transport member or to bring them to the curb.

Table 1: Ambulance Authorization Requirements (HCPCS Modifier Combinations)



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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

Description	Modifiers (Point of origin/destination)	Comments
Ambulance Stretcher <u>Emergency</u> Transportation		No authorization for any modifier combination.
Ambulance Stretcher <u>Non Emergency</u> Transportation	DE, DN, DR, ED, EJ, EN, GR, HE, HN, HR, II, JE, JR, NR, PD, PE, PG, PJ, PN, PP, PR, RD, RJ, RN	Authorization required. <i>Any other modifier combinations not listed, do not require an auth.</i>
Ambulance Wheelchair Van <u>Non Emergency</u> Transportation	DE, DN, DR, ED, EJ, EN, GR, HE, HN, HR, II, JE, JR, NR, PD, PE, PG, PJ, PN, PP, PR, RD, RJ, RN	Authorization required. <i>Any other modifier combinations not listed, do not require an auth.</i>
Paramedic Intercept HCPC A0432	(All)	Authorization required.
Ambulance Additional Services HCPC A0422 to A0425, A0435, A0436	None	No authorization requirements

Exclusions:

1. Air or ground ambulance transportation provided for patient convenience.
 2. Air or ground ambulance transportation for the purpose of receiving an excluded or non-covered service.
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CMP Number: CMP-031.01

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, Vol 2, No 6, 2001.

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

Centers for Medicare and Medicaid Services (CMS) Internet-Only Manual (IOM) 100-02, Medicare Benefit Policy Manual Chapter 10, Section 30.1.1, Paramedic Intercept Services.

DHS Ambulance Coverage Policy, Provider Manual, <http://www.dhs.ri.gov>

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