Benefit Coverage

A. Preface
Transportation to medical appointments is a benefit for RItc 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 RItc Care members in agreement with the Rhode Island Public Transit Authority (RIPTA). Neighborhood’s Member 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.

Note: Non-emergency medically necessary transportation for RHP members is an out of plan benefit coordinated by NHPRI, but paid for by the state on a fee for service basis.

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 nonemergency 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 Member Services 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, Member Services will authorize transportation via the Ride Program. Transportation approval is based on an approved out of state medical service for Rite Care, Sub Care, CSN, and RHP members.

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.

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 Right Care, Sub Care, CSN
For these members Neighborhood’s Member Services 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 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 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:
Clinical Medical Policy
Ambulance Transportation

- 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.

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.

Table 1: Stretcher Ambulance Benefit Coverage (HCPC Codes and Modifiers) and Authorization Requirements

<table>
<thead>
<tr>
<th>Description</th>
<th>HCPCS Codes</th>
<th>Modifiers</th>
<th>Comments</th>
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<tr>
<td>Ambulance Stretcher Emergency Transportation</td>
<td>A0225, A0427, A0429, A0430, A0431</td>
<td>As appropriate per HCPCS Level II Transportation Modifiers</td>
<td>No authorization for any modifier combination</td>
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<td>Description</td>
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<td>Any modifier combination not listed above in row 2</td>
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<td>Ambulance Additional Services</td>
<td>A0380, A0390, A0422 to A0425, A0435, A0436</td>
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<td>Ambulance Non-Emergency Transportation (Wheelchair Van) No Auth</td>
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<td>Paramedic Intercept</td>
<td>A0432</td>
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Table 2: Stretcher Ambulances Additional Services

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<td>A0424</td>
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<td>A0425</td>
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<td>A0435</td>
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<td>A0436</td>
<td>Rotary wing air mileage, per statute mile</td>
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### Table 3: Stretcher Ambulance Nonemergency Transportation Non-Covered Services

(nursing home or residence to domiciliary)

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**CMP Number:** CMP-031.02

**CMO Approval Dates:**

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