

Benefit Coverage

Covered Benefit for lines of business including:
INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Excluded from Coverage:
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Extended Family Planning (EFP)

Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

Description

An ambulance is a specially equipped vehicle designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions. Ambulance transport services involve the use of specially designed and equipped vehicles to transport ill or injured individuals. Proper equipment may include ventilation and airway equipment, cardiac equipment (monitoring and defibrillation), immobilization devices, bandages, communication equipment, obstetrical kits, infection control, injury prevention equipment, vascular access equipment, and medications.

Air ambulance service means transportation by a helicopter or fixed wing plane. The aircraft must be a certified ambulance. The crew, maintenance support crew and aircraft must meet the certification requirements and hold a certificate for air ambulance operators under Part 135 of the Federal Aviation Administration (FAA) regulations.

Although wheelchair vans are specially equipped to accommodate physically challenged individuals, they do not have the proper equipment to qualify as an ambulance and are not addressed in this document.

Prior authorization is not required for urgent/emergent ambulance transports, including air ambulance.

Definitions:

Bed-confined	<p>A member is bed-confined if he/she is:</p> <ul style="list-style-type: none"> • Unable to get up from bed without assistance; • Unable to ambulate; and • Unable to sit in a chair or wheelchair. <p>The term "bed confined" is not synonymous with "bed rest" or "nonambulatory".</p>
Emergency Ambulance Trip	<p>An ambulance trip made because of an emergency which has as its destination:</p> <ol style="list-style-type: none"> 1. Hospital emergency room; 2. General hospital or psychiatric facility where a nonscheduled admission results; 3. General hospital or psychiatric facility where an emergency admission results after qualified transportation recipients were seen at a hospital emergency room; or, 4. Second facility because an emergency medical service was not available at the original emergency room.
Emergency Condition	<p>Behavioral Health: A situation in which a Member presents as being at imminent risk of behaving in a way that could result in serious harm or death to self or others.</p> <p>Dental: A dental condition requiring immediate treatment to control hemorrhage, relieve acute pain, and eliminate acute infection, pulpal death, or loss of teeth.</p> <p>Medical: A medical, mental or physical, 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:</p> <ol style="list-style-type: none"> 1. Placing the health of the individual (or, for a pregnant individual, the health of the woman or her unborn child) in serious jeopardy. 2. Serious impairment to bodily functions. 3. Serious dysfunction of any bodily organ or part. [42 CFR § 438.114(a)] <p>Emergency medical condition status is not affected if a later medical review found no actual emergency present.</p>

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Emergency Services	Covered inpatient and outpatient services that are: 1. Furnished by a provider that is qualified to furnish emergency services; and 2. Needed to evaluate or stabilize an Emergency Medical Condition. [42 CFR § 438.114(a)]
Point of Pickup	The location (based on zip code) of the beneficiary at the time he or she is placed on board the ambulance.
Urgently Needed Services	Are covered services that are not emergency services provided when a member is temporarily absent from Neighborhood's service area, or provided when the member is in the service or continuation area but Neighborhood's provider network is temporarily unavailable or inaccessible, when the services are medically necessary and immediately required: <ul style="list-style-type: none"> • As a result of an unforeseen illness, injury, or condition; and • It was not reasonable given the circumstances to obtain the services through Neighborhood.

Coverage Determination

Non-emergency transport services require physician's orders include the member's medical condition and why ambulance transportation is required. This statement must be kept on file by the Ambulance provider and must be readily available to Neighborhood. If the non-emergency transportation is on-going (such as for kidney dialysis), one statement can be used for a period of one year. It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary.

The transportation by ambulance must be medically necessary, i.e., the member's medical condition is such that other forms of transportation are medically contraindicated. Additionally, the transport must be to obtain a covered service, or to return from such a service. The type of trip (emergency/non-emergency) must be consistent with the diagnosis of the member transported.

Coverage of ambulance transports to and from a destination is limited to those cases where the transportation of the member is less costly than bringing the service to the member.

Ambulance providers/suppliers must meet all applicable vehicle, staffing, billing, and reporting requirements.

Ground Ambulance

Non-emergency ground ambulance services are considered medically necessary when the following criteria are met (A, B, **and** C must be met):

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- A. The ambulance must have the necessary equipment and supplies to address the needs of the member; **and**
- B. The member's condition must be such that any other form of transportation would be medically contraindicated (i.e. The member is bed-confined (see definition above); **and**
- C. The requested transfer is from an acute care facility to the member's home.

Air Ambulance

Non-emergency air ambulance services are considered medically necessary when (Must meet A, and B or C):

- A. The time needed to transport the member by land or the instability of transportation by land poses a threat to the member's condition or survival; **and**
- B. The member can't be reached by ground transport; **or**
- C. Long distances and/or heavy traffic could prevent the member from getting care soon enough if transported by ground.

Deceased Members

Non-emergency ground and air ambulance services for deceased members are considered **medically necessary** when the criteria above have been met and when either of the following is present:

- A. The member was pronounced dead while in route or upon arrival at the hospital or final destination; **or**
- B. The member was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, but prior to pick-up.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

Limitations and Exclusions

1. The following services are considered included in the reimbursement rate for the transport and are not reimbursed separately:
 - Oxygen
 - Supplies
 - EKG services
 2. Any modifier combination other than; EG, EI, GE, GN, GR, HE, HH, HJ, HN, HR, JE, JN, JR, NG, NH, NJ, NR, RG, RJ
 3. Air ambulance is not covered by Rhode Island Medicaid.
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CMP Number:	CMP # I-010
CMP Cross Reference:	
Created:	December 2025
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Revision Dates	12/10/25
CMC Review Date:	12/10/25
Medical Director Approval Dates:	12/10/25
Effective Dates:	1/1/26

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology,

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and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

- Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services-10.4-Air Ambulance Services. 2.
- Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual Chapter 15 – Ambulance.
- Rhode Island Executive Office of Health and Human Services. Medicaid Provider Manual – Ambulance Coverage Guidelines.