

Benefit Coverage

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| Covered Benefit for lines of business including: |
| Coverage for this benefit is specific for each line of business. Please refer to the policy coverage details. |
| Excluded from Coverage: |
| Extended Family Planning (EFP) |

The intent of this policy is to provide criteria to determine medical necessity for ambulance transportation when authorization is required.

Members are expected to provide their own transportation to medical appointments; however, there are services available for members who cannot access their own transportation. Neighborhood's Member Service team coordinates many transportation requests that can be fulfilled for members with a transportation benefit. For more information on the transportation available please refer to Neighborhood's Provider Manual, Member Handbook or contact Neighborhood's Member Service team.

Description and Access

Emergency Transportation

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:

- 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.
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Coverage Determination

Emergency transportation is a covered (No Prior Authorization) service for all covered lines of business excluding EFP.

Stretcher Ambulances

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

When emergency stretcher ambulance transportation is required, stretcher ambulance services are covered without prior authorization.

1. Any hospital-to-hospital transfer is considered emergent or meeting medical necessity criteria and does not require an authorization; including out of area.
2. Psychiatric transfers between acute care facilities are considered emergent

Air or Water Ambulances

Air or water ambulances are considered emergency transportation and do 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
- ☐ The air ambulance is a helicopter or fixed wing plane which is certified as an ambulance with the crew, aircraft, and maintenance support crew meeting the certification requirements and holding a certificate for an air ambulance operation under Part 135 of the Federal Aviation Administration (FAA) regulations.
- ☐ The water ambulance is a boat which is specially designed and equipped for transporting the sick or injured. It must also have such other safety and lifesaving equipment as per state and local regulation.

Non-Emergency Transportation Medicaid Members

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.

- ▶ Retrospective requests submitted (after the transportation has occurred) are accepted up to 3 (three) business days after the date of service.

A. Nonemergency Transportation for RIte Care (MED), Substitute Care (SUB), Children with Special Needs (CSN), and Health Benefit Exchange (HBE) members

When ambulance transportation is for conditions that do not meet the definition of an emergency, medical necessity criteria must be met for authorization of the services. 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.

Non-Emergency Stretcher Ambulances

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

- ☐ The medical condition prevents safe transportation by any other means, AND
- ☐ The transportation is for the member to receive medically necessary care, AND

- ☐ 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

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.

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

- ☐ The transportation is for the member to receive medically necessary care, AND
- ☐ 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
- ☐ There is no caretaker/family available to transport member or to bring them to the curb.

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 Management Department 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.

Ride Services

When a member has been approved by Neighborhood's Utilization Management department 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 (MED), Sub Care (SUB), Children with Special Needs (CSN), and Rhody Health Partners (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 Management Department will issue an authorization for the ambulance transfer.

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.

B. Non-Emergency Transportation for Rhody Health Partners (RHP), Medicare-Medicaid Plan Integrity (MMP), Rhody Health Expansion (RHE)

Non-emergency medically necessary transportation for RHP, RHE and MMP members is an out of plan benefit and is arranged by the Neighborhood contracted vendor. The Neighborhood contracted vendor does not handle setting up stretcher service. In the event that a member TRULY needs a stretcher to get to a medical service, then the plan or the doctor or the family can set it up. Stretcher service is conditionally covered requiring prior authorization and should always have medical documentation that supports that level of service - for example, the member can't bend at the waist, or cannot sit upright due to a medical condition.

Transportation for members being discharged from inpatient facilities to home or a less intensive setting are covered under certain situations. These situations include:

- Safety issues
- After hours discharge
- Lack of personal transportation
- Any member requiring ambulance or wheelchair van

Clinical documentation must be included with the "Ambulance Transportation Prior Auth Form," which is available on our website, and must be submitted for all requests for authorization.

Exclusions

The following are NOT covered for Rite Care (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), and Rhody Health Expansion (RHE)

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.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
 2. Click on "Resources & FAQ's"
 3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.
- [Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.

For More information on Coding please reference the [Authorization Quick Reference Guide](#)

CMP Cross Reference:

Created: 7/27/07
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 Medical Director Approval Dates: 3/11/08, 11/9/10, 9/20/11, 11/13/12, 3/26/13, 6/4/13, 6/20/14, 6/8/15, 5/25/16, 3/22/17, 6/7/17, 6/12/18, 1/9/19, 3/4/20, 3/10/21, 03/16/22, 3/8/23
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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, 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:

Rhode Island EOHHS. Ambulance Coverage Policy. Retrieved from: <http://www.dhs.ri.gov>. Accessed 04/20/2016

Center for Medicare Education. (2001). Medicare Ambulance Services. Retrieved from: www.MedicareEd.org. Issue Brief, Vol 2, No 6. Accessed 04/20/2016

Centers for Medicare and Medicaid Services (CMS). (6/15/2007). Medicare Payments for Ambulance Transports. Reference: Medlearn Matters Number: SE0724 revised, Published Online Accessed 4/20/16

Centers for Medicare and Medicaid Services (CMS). (n.d.). Paramedic Intercept Services. Medicare Benefit Policy Manual Chapter 10, Internet-Only Manual (IOM) 100-02. Section 30.1.1 Accessed 4/20/16