Non-Emergent Ambulance Transport

State(s):	LOB(s):
☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:	☒ Commercial ☐ Medicare ☐ Medicaid

Commercial Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

PacificSource allows benefits for ground or air ambulance services when private transportation is medically inappropriate because the acute medical condition of the member requires paramedic support.

Urgent/ Emergent ambulance (see definitions below) service and/or transport to the nearest facility capable of treating the medical condition do not require prior authorization.

Notes: For transplant related travel please refer to the appropriate state or group transplant travel policy.
Refer to plan document (contract) or the Facets Benefit Summary (BSBS) for plan-specific limitations.
Non-transport ambulance claims (e.g., ambulance called but member refuses transport, A0998) are payable under the member's ambulance benefit.

Criteria

Preauthorization is required for ground or air ambulance transports between medical facilities for non-emergent transfers only.

Non-Emergent Ground Ambulance:

Ground ambulance transport between facilities may be covered when the member's condition could be jeopardized by any lessor level of transport and one of following criteria is met:

- Members requiring cardiac monitoring, intravenous medications, and/or oxygen
- Members requiring immobility due to known or suspected fracture

- Members transferring from an emergency service setting to an intensive care unit or is transferring between intensive care units
- Members requiring services which are not available at the transferring facility (e.g. neonatal ICU, hyperbaric chamber, cardiovascular interventions)
- The member is unable to sit up due to pain, debility, or disease process
- The member needs to be restrained or closely observed in order to prevent injury to themselves or others

Non-Emergent Ground Ambulance Coverage under Individual Benefits

Under individual benefit management, utilization management clinicians may authorize coverage of non-urgent ground ambulance transport to facilitate a member's progression to a lower level of care. Examples include transfer from acute care to skilled nursing facilities, transfer between dialysis centers and skilled nursing facilities.

- The member's plan must have individual benefits language for coverage

Non-Emergent Air Ambulance:

Non-emergent air ambulance transport may be covered when the following criteria are met:

- The transferring facility is unable to provide the necessary medical services
- The member's condition would be adversely impacted by transportation by ground ambulance

Utilization managers should facilitate use of contracted air transport providers whenever possible. If use of a contracted air ambulance provider is not possible an OTA or NNA should be reviewed to decrease potential member financial responsibility.

Any requests not meeting the above criteria or for the following situations are not covered and require MD review.

- Non-emergent transportation to other destinations (e.g. hospital to home, home to physician office) is not coverable
- *G*round or air transport from a hospital capable of treating the patient because the patient and/or the patient's family prefer a different hospital or physician is not coverable. Coverage for transfers between facilities which are primarily for the convenience of the member, the physician or the transferring facility are not covered. In-hospital transports (transport from one section of the hospital to another) are not covered.

Coding Information

No ambulance codes are set in the system to require PA. Member pend is recommended to be sure claims adjudicate as per utilization review decisions.

Facets will deny these codes as not covered:

A0090	Nonemergency transportation, per mile, vehicle provided by individual with vested interest

A0100	Nonemergency transportation, taxi
A0110	Nonemergency transportation and bus, intra- or interstate carrier
A0120	Nonemergency transportation, mini-bus, mountain area transports or other area transportation systems
A0130	Nonemergency transportation: wheelchair van
A0140	Non-emergency transportation and air travel (private or commercial) intra- or interstate
A0160	Non-emergency transportation: per mile, caseworker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Non-emergency transportation: ancillary: lodging - recipient
A0190	Non-emergency transportation: ancillary: meals - recipient
A0200	Non-emergency transportation: ancillary: lodging - escort
A0210	Non-emergency transportation: ancillary: meals - escort
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Definitions

- **Air Ambulance** service refers to transportation provided by a fixed wing aircraft, conventional air ambulance or critical care helicopter which is staffed at the BLS or ALS level.
- **Emergency Medical Condition** is an acute symptom of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate health care attention to result in placing the health of the individual or the health of an unborn child in serious jeopardy; or serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.
- **Ground Ambulance** service refers to a vehicle staffed and equipped to respond to a medical emergency. For purposes of this procedure, the care level provided can be either Basic Life Support (BLS) such as that provided by an Emergency Medical Technician (EMT) or Advanced Life support (ALS) provided by paramedics.
- **Facility** refers to a hospital, skilled nursing facility, inpatient rehabilitation or behavioral health inpatient or residential setting.
- **Urgent Care Services** are health services that are medically appropriate and immediately required to prevent serious deterioration of a member's health that are a result of unforeseen illness or injury. This includes physical, mental, and/or dental health. (For commercial plans refer to the Denied Emergency Room Claims policy)
- **Wheelchair or stretcher van** service refers to non-emergency transportation in a vehicle which accommodates wheelchairs and stretchers but does not provide skilled medical services en route. Wheelchair/stretcher vans may be the least costly alternative to ambulance. For purposes of this procedure, use the ground ambulance criteria to determine medical necessity.
- **Urgently Needed Services** are covered services that are not emergency health care services, and are medically necessary and immediately required as a result of an unforeseen illness, injury, or condition.

Appendix

Policy Number: Commercial

Effective: 5/1/2020 **Next review:** 5/1/2021

Policy type: Commercial

Depts: Commercial Health Services

Applicable regulation(s): N/A

External entities affected: N/A