

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.203.MH
Last Review Date: 11/14/2019
Effective Date: 01/01/2020

PA.203.MH – Non-Emergent Ambulance Transportation

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Non-Emergent Ambulance Transportation** medically necessary for the following indications (see modifiers in Codes Section):

- Facility to facility transfers (coordinated by the transferring facility. See MP.202.MH Facility to Facility transfers for additional information.)
- Requests for non-emergency transportation assistance may not only be due to a member's lack of access to means of transportation but may be due to other circumstances. This includes:
 - Urgent care is required. If the member is unable to obtain this care, his/her health care status may be in jeopardy and may require emergency care as a result.
 - The current medical condition of the member prohibits transportation by routine means or without professional assistance in getting the member safely from his/her home to a transportation vehicle.

SEE ALSO:

PA.200.MH – Air Ambulance and MP.202.MH – Facility to Facility Transportation

Limitations

- A physician's office is not a covered destination
- As a general rule, only local transportation by ambulance is covered. However, payment may be made for an ambulance transfer to an out-of-locality institution if it is the nearest one with appropriate facilities.
- Program payment will not be made when other transportation could be utilized without endangering the patient's health, whether such means of transportation is actually available.
- A physician's order for a transport does not necessarily prove whether the transport is medically necessary

Skilled Nursing Facility (SNF)

- If the beneficiary is a resident of a SNF and must be transported by ambulance to receive dialysis or certain other high-end outpatient hospital services, the ambulance transport may be covered.

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- Ambulance transports to and from a covered destination (i.e., two 1 way trips) furnished to a beneficiary who is not an inpatient of a provider for the purpose of obtaining covered medical services are covered, if all program requirements for coverage are met. In addition, coverage of ambulance transports to and from a destination under these circumstances is limited to those cases where the transportation of the patient is less costly than bringing

SNF Ambulance services that are not part of the covered benefit:

- Ambulance trip to discharge beneficiary from a SNF when it occurs in connection with:
 - An inpatient admission to a Medicare participating hospital or Critical Access Hospital (CAH)
 - A trip to the beneficiary's home to receive services from a Medicare-participating home health agency
 - A trip to a Medicare-participating hospital or CAH for the specific purpose of receiving emergency services
 - A discharge or other departure from the SNF that is not followed by readmission to that or another SNF by midnight of the same day
 - Transport from the SNF to an outpatient hospital for:
 - Cardiac catheterization
 - CT scan
 - MRI services
 - Ambulatory surgery involving the use of an operating room
 - Emergency room services
 - Radiation therapy
 - Angiography
 - Lymphatic and venous procedures

Background

Non-emergency medical transport via ambulance may be necessary if a member's condition is such that any other form of transportation would be medically contraindicated such as being bed-confined (unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair) and can only be moved by stretcher or is unable to remain upright.

Codes:

| HCPCS Codes | |
|-------------|---|
| Code | Description |
| A0130 | Non-emergency transportation: wheel-chair van |

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| | |
|-------|---|
| A0426 | Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1) |
| A0428 | Ambulance service, basic life support, non-emergency transport (BLS) |
| A0434 | Specialty care transport (SCT) |

Allow the following modifiers for non-emergent transport:

Not Diagnosis Specific

- Commercial products:
 - Non-emergent billed with modifier: HN, NH, HH, HI, IH, IN, NI, or SI

| Billing Modifiers | |
|-------------------|--|
| Modifier | Description |
| D | Diagnostic or Therapeutic Site other than P or H |
| E | Residential domiciliary, custodial facility |
| G | Hospital-based dialysis facility |
| H | Hospital |
| I | Site of transfer (airport, helicopter pad) |
| J | Non-hospital based dialysis facility |
| N | Skilled Nursing Facility |
| P | Physician's office |
| R | Residence |

References

1. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L37697. Non-Emergency Ground Ambulance Services. Revision effective 02/19/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37697&ver=14&Date=&DocID=L37697&bc=iAAAABAAAAA&A&>
2. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L35162. Ambulance Services (Ground Ambulance). Revision effective 03/21/2019 <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35162&ver=58&Date=&DocID=L35162&bc=iAAAABAAAAA&A&>
3. Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual. Chapter 15 – Ambulance. Revision 01/18/2019.

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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>

Disclaimer:

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