

Medical Policy: Non-Emergent Transportation, Ambulance (Commercial)



POLICY NUMBER	LAST REVIEW DATE	APPROVED BY
M20200048	04/10/2020	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Definitions:

Air Ambulance Transport	A medically necessary air ambulance transport refers to transportation of a beneficiary by fixed wing (airplane) or rotary wing (helicopter) aircraft.
Fixed-Wing Aircraft	Air transportation provided by an airplane.
Long-Term Acute Care Facility (LTAC)	A facility or Hospital that provides care to people with complex medical needs requiring long-term Hospital stay in an acute or critical setting
Rotary-Wing Aircraft	Air transportation provided by a helicopter.

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Short-Term Acute Care Facility	A facility or hospital that provides care to people with medical needs requiring short-term hospital stay in an acute or critical setting such as for recovery following a surgery, care following sudden sickness, injury, or flare-up of a chronic sickness
Sub-Acute Facility	A facility that provides intermediate care on short-term or long-term basis.

Guideline:

For non-emergency ambulance transportation, transportation by ambulance is appropriate if the member is bed confined and it is documented that the member's medical condition is such that other methods of transportation are contraindicated, or if his or her medical condition, regardless of bed-confinement, is such that transportation by ambulance is medically required.

A member whose condition permits transport in any type of vehicle other than an ambulance would not qualify for services. **The member's condition at the time of the transport is the determining factor in whether medical necessity is met.**

- Coverage includes non-emergency ambulance transportation by a licensed ambulance service (either ground or Air Ambulance), between health care facilities only when the ambulance transportation is any of the following:
 - From a non-network hospital to the closest Network hospital
 - To the closest Network hospital or facility that provides covered health services that were not available at the original hospital
 - From a Short-Term Acute Care Facility to the closest Network Long-Term Acute Care Facility (LTAC), Network Inpatient Rehabilitation Facility, or other Network Sub-Acute facility.
 - When the member's condition requires treatment at another facility and another mode of transportation would endanger the member's medical condition.

2. **Must meet all of the following:**

A. Bed Confinement: A member is bed confined if he/she is:

- Unable to get up from bed without assistance
- Unable to ambulate; and
- Unable to sit in a chair or wheelchair

The term "bed confined" is not synonymous with "bed rest" or "nonambulatory". Bed -confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for ConnectiCare ambulance benefits. It is simply one element of the member's condition that may be taken into account in the intermediary's/ carrier's determination of whether means of transport other than an ambulance were contraindicated.

OR

B. Transportation by chair car is required because transportation in a private vehicle would be detrimental to the member's health.

Examples of situations in which patient's are bed-confined and cannot be moved by wheelchair, but must be moved by stretcher include:

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1. Unable to sit for transport without severe pain or risk to recent orthopedic injury
2. Patient with dementia or a psychiatric illness where ambulance transportation is necessary for safety issues.
3. Frail, debilitated, extreme muscle atrophy, risk of falling out of wheelchair while in motion
4. Comatose and requires trained personnel to monitor condition during transport
5. Seizure Prone and requires trained personnel to monitor condition during transport
6. Suffers from Paralysis: (Hemi, Semi, Quad)
7. Existence of decubitus ulcers or other wounds require extreme caution
8. Radiation therapy with medical necessity for ambulance documented in medical record
9. Dialysis round trip transportation with medical necessity for ambulance documented in medical record

Limitations and Exclusions:

The following services are not eligible for coverage:

- Ambulance transportation that is done for convenience of the patient is not covered.
- Ambulance services from providers that are not properly licensed to be performing the ambulance services rendered.
- Non-ambulance transportation. Examples include but are not limited to:
 - o Commercial or private airline or helicopter
 - o A police car ride to a hospital
 - o Medi-van or wheel-chair van transportation
 - o Taxi ride, bus ride, rideshare services such as Lyft and Uber, etc.
- Ambulance transportation when other mode of transportation is appropriate.
- Ambulance transportation for member convenience or other miscellaneous reasons for member and/or family. Examples include but are not limited to:
 - o Member wants to be at a certain hospital or facility for personal/preference reasons
 - o Member is in foreign country, or out of state, and wants to come home for a surgical procedure or treatment (this includes those recently discharged from inpatient care)
 - o Member is going for a routine service and is medically able to use another mode of transportation
 - o Member is deceased, and family wants transportation to the coroner's office or mortuary
- Ambulance transportation deemed not appropriate. Examples include but are not limited to:
 - o Hospital to home
 - o Home to physician's office.
 - o Home (e.g., residence, nursing home, domiciliary or custodial facility) to a hospital for a scheduled service
- If the member is at a Skilled Nursing Facility/Inpatient Rehabilitation Facility and has met the annual day/visit limit on Skilled Nursing Facility/Inpatient Rehabilitation Facility Services, ambulance transports (during the noncovered days) are not eligible.

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Applicable Coding:

To access the codes, please download the policy **to your computer, and click on the paperclip icon within the policy**



Ambulance claims are billed with the following modifiers. The first digit indicates the place of origin, and the destination is indicated by the second digit. The modifiers most commonly used are:

- D - Diagnostic or therapeutic site other than 'P' or 'H'
- E - Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)
- G - Hospital-based dialysis facility (hospital or hospital-related)
- H - Hospital
- I - Site of transfer (for example, airport or helicopter pad) between types of ambulance
- J - Non-hospital-based dialysis facility
- N - Skilled nursing facility (SNF)
- P - Physician's office (includes HMO non-hospital facility, clinic, etc.)
- R - Residence
- S - Scene of accident or acute event
- X - Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.)

Note: Modifier X can only be used as a destination code in the second position of a modifier.

References:

1. Centers for Medicare & Medicaid Services. Pub. 100-102. Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services (Rev. 243, 04-13-18) Accessed 1/07/2020 at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
2. Medicare Claims Processing Manual. Chapter 15- Ambulance (Rev. 3893, 10-27-17) Accessed 02/13/2020 at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>
3. Medicare Ambulance Services. Medicare Learning Network. Centers for Medicare and Medicaid Services. December 2017. Accessed 02/13/2020 at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Ambulance-Transports-Booklet-ICN903194.pdf>

Revision history

DATE	REVISION
03/10/2020	<ul style="list-style-type: none">• Reformatted and reorganized policy, transferred content to new template with new Medical Policy Number• Added definitions• Updated guidelines• Added ambulance modifiers• Added exclusions and limitations section
07/06/2016	<ul style="list-style-type: none">• Review History-04/12/06,04/11/07,04/09/08,04/15/09, 04/21/10, 05/04/11, 05/16/12, 05/01/13, 05/07/14, 05/06/15, 07/06/16