

Medical Policy: Non-Emergent Ambulance Services (Medicare)



POLICY NUMBER	LAST REVIEW DATE	APPROVED BY
M20200049	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.
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

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	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:

Ambulance transportation by ground or air to the nearest appropriate facility is covered when medically necessary and other means of transportation would be contraindicated. Ambulance transport in non-emergency situations must meet medical necessity guidelines.

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.

Must meet ALL of the following:

- A. Only when transportation by any other means of transportation (such as: taxi, private car, wheelchair van, or other type of vehicle) is contraindicated by the medical condition of the member.

1. If the condition contraindicating other means of transportation is "bed confined", the member must meet all the following criteria of "bed confined."

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

(It does not include a member who is restricted to bed rest on a physician's instructions due to a short-term illness.)

- B. Only to specific destinations; and

- C. Only when certified as medically necessary by a physician directly responsible for the member's care.

Note: 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.

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

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

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6. Suffers from Paralysis: (Hemi, Semi, Quad)
7. Existence of decubitus ulcers or other wounds require extreme caution

If some means of transportation other than an ambulance (such as: private car, wheelchair van, etc.) could be utilized without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance service.

If transportation is for the purpose of receiving an excluded service, then the transportation is also excluded even if the member could only have gone by ambulance.

If transportation is for the purpose of receiving a service that could have been safely and effectively provided in the point of origin, then the transport is not covered even if the member could only have gone by ambulance. Examples include (a) A transport from a residence to a hospital for a service that can be performed more economically in the beneficiary's home, and (b) A transport of a skilled nursing facility beneficiary to a hospital or to another SNF for a service that can be performed more economically in the first SNF.

Ambulance transports (that meet all other requirements for coverage) are covered only to and from the following destinations:

- a) Hospital
- b) Member's residence
- c) Skilled nursing facilities
- d) From a SNF to the nearest supplier of medically necessary services not available at the SNF where the member is a resident and not in a covered Part A stay, including the return trip;
- e) Critical Access Hospital (CAH)
- f) Member's home
Note: Ambulance service from an institution to the member's home is covered when the home is within the locality of such institution or where the member's home is outside of the locality of such institution but the institution, in relation to the home, is the nearest one with appropriate facilities.
- g) Dialysis center for ESRD patient who require dialysis
- h) Physician's offices only when:
 - The transport is en route to a Medicare-covered destination
 - The ambulance stops because of the beneficiary's dire need for professional attention and immediately thereafter, the ambulance continues to the covered destination

Limitations and Exclusions:

- Transportation in Ambi-buses, ambulettes (Mobility Assistance Vehicle (MAV)), Medi-cabs, vans, privately owned vehicles, taxicabs
- Transportation via Mobile Intensive Care Unit (MICU) (if billed under Part A)
- Parking fees
- Tolls for bridges, tunnels and highways

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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