



Medical Policy
Non-Emergency Medically Necessary Transportation

Document Number: 034

	Commercial and Qualified Health Plans	MassHealth
Authorization required for non-emergency medically necessary transportation including: <ol style="list-style-type: none"> 1. Ground Ambulance 2. Chair Car 3. Air/Sea interfacility transportation 	X	X
No Prior Authorization <ol style="list-style-type: none"> 1. Emergency ambulance transportation 2. Emergency air ambulance transportation 3. Interfacility transfer for medically necessary ground transportation 	X	X
Not covered		X [‡]

[‡]Non-Emergency transportation is covered directly by MassHealth. AllWays Health Partners providers must submit to MassHealth under the PT-1 Program. Not all MassHealth plans provide coverage under the PT-1 Program.

Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical necessity for non-emergency transportation services for commercial and qualified health plan members.

Coverage Guidelines

AllWays Health Partners covers non-emergency medically necessary transportation services to the nearest location capable of providing the medically necessary care required by the member when medical criteria are met based on the conditions outlined in this document.*¹

Partners will consider coverage of outpatient chest physical therapy in members with any of the following clinically documented conditions:

Non-Emergency Medically Necessary Ground Ambulance Transportation

AllWays Health Partners covers non-emergency medically necessary ground ambulance transportation for covered medically necessary diagnostic and/or therapeutic services when the following criteria are met as specified below and when authorized by AllWays Health Partners.

*Note: AllWays Health Partners covers medically necessary emergency transportation without prior authorization. For further details please refer to AllWays Health Partners’ Payment Program Guidelines for Ambulance Transportation

¹ The management of non-emergency medically necessary transportation related to behavioral health services is governed by United Behavioral Health (Optum).



1. The member's medical condition prevents safe transportation by any other means (i.e. chair car) and this method of transportation is the least intensive, medically necessary method; and
2. The member's condition does not allow them to access a less restricted method of transportation (e.g. personal vehicle, taxi, public transportation, walking) when they normally access the community; and
3. The member meets at least one of the following additional criteria, as specified below in items a) through e):
 - a) The member is bed confined (unable to sit in a chair or a wheelchair); or
 - b) The member is confined to a wheelchair and resides in a home that prevents access via less restrictive transportation; or
 - c) The member's condition has resulted in confinement to the home (homebound) that prevents access via less restrictive transportation; or
 - d) The member is using equipment that necessitates ambulance transport; or
 - e) The member has an orthopedic device(s) and/or orthopedic casting that specifically precludes the member from sitting in a chair car during transport (i.e. backboard, halo-traction, total body cast, hip spicas or other casts that prevent flexion at the hip).

Non-Emergency Medically Necessary Chair Car Transportation

AllWays Health Partners covers non-emergency medically necessary chair car transportation for covered medically necessary diagnostic and/or therapeutic services when the following criteria are met as specified below and when authorized by AllWays Health Partners.

1. The member's medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; and
2. The member meets at least one of the following additional criteria, as specified below in items a) or b):
 - a) The members condition does not allow them to access a less restricted method of transportation (e.g. personal vehicle, taxi, public transportation, walking) when they normally access the community; or
 - b) The member is unable to safely transfer from a wheelchair to a vehicle with or without assistance.

Non-Emergency Medically Necessary Interfacility Air/Sea Ambulance Transportation

AllWays Health Partners covers non-emergency medically necessary interfacility air/sea ambulance transportation for medical treatments to a covered and authorized medically appropriate acute medical hospital, acute rehabilitation hospital, skilled nursing facility, and long-term acute care facility, when at least one of the following criteria are met as specified below and when authorized by AllWays Health Partners.

1. The member's medical condition requires medical attention during transport and at least one of the following criteria is met, as specified in item a or item b:
 - a) The use of ground transportation is contraindicated or inappropriate to ensure the member's safe transfer; or



- b) A ground ambulance cannot be used to access the member (i.e., the point of pick up is not accessible by a land vehicle); or
2. An ill or injured member who received urgent or emergency care outside the service area is determined to be medically stable for transport back to the plan service area but requires medical attention during transport to ensure a safe return; (the health plan determines if it is medically necessary and appropriate to transport the member back into the plan service area); or
3. There is inadequate time to safely transport the member by land without posing a threat to the member's condition.

Note: All non-emergency medically necessary air/sea ambulance services other than authorized interfacility transportation is not covered.

Note: Repatriation is not covered. Repatriation is defined as transportation of a member to a facility of their choice or to return the member to the United States, which may be referred to as repatriation or medical evacuation.

Non-Emergency Medically Necessary Interfacility Ground Transportation

AllWays Health Partners covers both non-emergency medically necessary ground ambulance and non-emergency medically necessary chair car interfacility transportation to and from an acute medical hospital, acute rehabilitation hospital, skilled nursing facility, and long-term acute care facility when the plan has authorized the admission and the following criteria are met as specified below. No authorization is required.

1. Services necessitating non-emergency medically necessary transportation are:
 - a) Related to the member's current reason for care; or
 - b) Pertinent to the advancement of the member's care; or
 - c) For diagnostic services that if delayed until after discharge could cause harm; and
2. The least intensive type of transportation that meets the member's medical condition must be used independent of availability.²

Note: AllWays Health Partners does not cover interfacility transportation when services are for routine visits, examinations, or preventive health care services that are not pertinent to the care and treatment of the member's current admission.

Documentation

In order for all non-emergency transportation services to be covered, they must be medically necessary and reasonable. Medical necessity is established when the patient's condition is such that the use of any other method of transportation is contraindicated.

A completed Physician Certification Statement (PCS) for Non-Emergency Ambulance Services is required for all forms (ground, sea, air) of non-emergency transportation and provides the information necessary to make the medical necessity determinations for the transportation. All documents must be

² In cases where the member can travel by chair car and only an ambulance is available, coverage is only provided for the cost of the chair car.



legible and in English. In all cases of transportation, the driver/pilot of the vehicle must hold a valid license as a medically trained professional consistent with the type of transportation required, and the vehicle must be equipped with appropriate level of technology to treat the member during transportation.

Exclusions

1. All forms of transportation that does not meet any of the criteria listed above;
2. All forms of transportation provided by a company that is not licensed or by non-licensed personnel;
3. All forms of transportation for the purpose of seeking a non-covered service;
4. Waiting time;
5. Ambulance, air or sea, transport when an alternative method of transportation is available and can be utilized without endangering the member's health status;
6. In any case in which some means of transportation other than ambulance, air, or sea, could be used without endangering the member's health, whether or not such transportation is actually available, no coverage will be made for ambulance services (i.e. in a case where the member can travel by chair car and only an ambulance is available, coverage for the higher ambulance charge will not be allowed);
7. Cost of a more intensive method of transportation when the member can safely be transported by a different method (i.e. ambulance transport is utilized because a chair car is not available when the member can safely travel by chair car.)
8. Interfacility transportation when services are for routine visits, examinations, or preventive health care services that are not pertinent to the care and treatment of the member's current admission;
9. Transportation to a site solely for the convenience and/or preference of the member, provider, facility, staff, family, or authorized representative;
10. Discharge home from an inpatient facility when the member does not meet the above criteria
11. Transportation to/from any of the following:
 - a) Child day-care centers and nurseries;
 - b) Schools;
 - c) Summer camps;
 - d) Recreational programs;
 - e) Pharmacies to obtain medications;
 - f) Adult day health programs;
 - g) Government agency offices;
12. Transportation to a medical facility or provider's office for the sole purpose of obtaining a medical recommendation for homemaker/chore services;
13. Transportation by taxi or public transportation;
14. Transportation to a destination or for services that is not covered by the health plan;
15. Ancillary transportation fees including parking fees and tolls, or other associated fees for lodging or meals for either the recipient or an escort;
16. Ambulance transport if the patient is deceased before the ambulance is called (i.e., transport to the coroner's office or mortuary);



- 17. Repatriation, as defined as transportation of a member to a facility of their choice or to return the member to the United States, which may be referred to as repatriation or medical evacuation; and
- 18. Non-Emergency air/sea ambulance transportation services other than interfacility transportation³.

Definitions

Chair Car: A wheelchair van or motorized vehicle that is specifically equipped to carry a person that is handicapped by mobility or using a wheelchair. The chair car is intended to be used for, and is maintained and operated for, the transportation of sick, injured, or disabled persons; a valid certificate of inspection and license are required.

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy; serious impairment to body function; or serious dysfunction of any body organ or part.

Ground, Sea, and Air Ambulance Transportation: An aircraft, boat, motor vehicle, or other means of transportation, including a dual-purpose vehicle, whether privately or publicly owned, that is intended to be used for and is maintained and operated for the transportation of sick or injured persons and that has in force a valid certificate of inspection and license.

Interfacility: Transportation from an acute medical hospital, acute rehabilitation hospital, long-term acute care (LTAC) facility, or skilled nursing facility (SNF) to another such facility; where the facility that sends the patient has a different provider number than the facility which receives the patient.

Regulations

105 CMR 170.000 of M.G.L. c. 111C

Codes

Authorized Codes	Code Description
A0130	Nonemergency transportation: wheelchair van
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0434	Specialty care transport (SCT)
A0380	BLS mileage (per mile)
A0425	Ground mileage, per statute mile

³ Non-Emergency medically necessary interfacility air/sea ambulance transportation is covered with prior authorization and when criteria are met.



A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

Effective

November 2018: Annual update.

May 2018: Added codes.

April 2017: Added emergency air transportation as not requiring prior authorization.

October 2016: New Policy.

References

130 CMR 407. Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series. Transportation Manual. Accessed at: <http://www.mass.gov/courts/docs/lawlib/116-130cmr/130cmr407.pdf>

114.3 CMR 27.00: Division of Health Care Finance and Policy (DHCFP). Ambulance Services. Accessed at: <http://www.mass.gov/courts/docs/lawlib/111-115cmr/114-3cmr27.pdf>

Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services. Rev. 187, 05-01-14 and Rev. 190, 07-11-14.