

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.203.MH
Last Review Date: 08/04/2016
Effective Date: 09/01/2016

PA.203.MH – Non-Emergent Ambulance Transportation

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ 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.

Limitations

- Medicare covers non-emergent ambulance transports only to the following destinations:
 - 1) Hospital
 - 2) Skilled Nursing Facility (SNF)
 - 3) Beneficiary's home
 - 4) Dialysis facility for End-Stage-Renal Disease (ESRD) patient who requires dialysis

Note: Wheelchair van transport will only be covered for the same Medicare covered destinations as described above

- 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

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transport is medically necessary

Medicare - Medical Necessity Requirements

Ambulance Services are covered only if they are furnished to a beneficiary whose medical condition is such that other means of transportation are contraindicated. To satisfy the medical necessity requirement, the beneficiary's condition must require *both* the ambulance transportation itself and the level of service provided. In addition:

- The reason for ambulance transport must be medically necessary. The transport must be to obtain a Medicare covered service or return from such a service.
- For nonemergency transportation, medical necessity is satisfied if either (1) the beneficiary is bed-confined and it is documented that other methods of transportation are contraindicated, or (2) the beneficiary's medical condition, regardless of bed confinement, is such that ambulance transportation is medically required.
 - Bed confinement by itself is neither sufficient nor is it necessary to determine coverage for Medicare ambulance benefits.
 - Bed-confined is defined as the inability to get up from bed without assistance, the inability to ambulate and the inability to sit in a chair, including a wheelchair. All three components must be met in order for the patient to meet the requirements of the definition of "bed confined". Bed confined is not synonymous with bed rest or nonambulatory
- *Scheduled nonemergency services* are covered if the ambulance provider or supplier, before furnishing the service, obtains a written order from the beneficiary's attending physician certifying the medical necessity requirements are met. The physician's orders must be dated no earlier than 60 days before the date the service is furnished
- *Unscheduled nonemergency ambulance transportation* or nonemergency ambulance services scheduled on a non-repetitive basis are covered if the beneficiary's attending physician certifies within 48 hours after the transport that the medical necessity requirements were met. For a beneficiary residing at home, or a beneficiary residing in a facility who is not under the direct care of a physician, nonemergency services are covered if medical necessity requirements are met without requiring physician certification.

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.
- Ambulance transports to and from a covered destination (i.e., two 1 way trips)

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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
- Medicare/SNP products:
 - Non-emergent billed with modifier: HN, NH, HH, NE, EN, NR, RN, NG, GN, NJ, JN, RG, GR, EG, GE, EJ, JE, RJ, JR, ND, DN, HE, HR, RH ,

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

- HI, NI, IH, IN, SI

References

1. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L29953. Non-Emergency Ground Ambulance Services. Revision effective 06/30/2009. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=29953&ContrId=370&ver=6&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=ambulance&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&>
2. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L30022. Transportation Services: Ambulance. Revision

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effective 08/01/2012 <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30022&ContrId=215&ver=25&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=ambulance&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAAA%3d%3d&>

3. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L35162. Ambulance Services (Ground Ambulance). Revision Effective Date: 10/01/2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35162&ContrId=324&ver=25&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Maryland&Keyword=ambulance+services&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAAA%3d%3d&>
4. Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual. Chapter 15 – Ambulance. Revision 04/24/2015. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>

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