

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS24.06
		<i>Effective Date</i>	02/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Non-Emergency Ambulance Transportation	<i>Supersedes Date</i>	02/01/2022
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This document applies to the following Participating Organizations:

Advantage MD EHP Priority Partners US Family Health Plan

Keywords: Ambulance, Medical transportation, Non-emergency transport

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I. ACTION

	New Policy	
X	Revising Policy Number	CMS24.06
	Superseding Policy Number	
	Archiving Policy Number	
	Retiring Policy Number	

II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators’ clinical guidelines that supersede the information outlined in this policy.


III. POLICY

Cross Reference: *(Reimbursement Policy in Development)*

For Advantage MD refer to: [Medicare Coverage Database](#)

- No Local Coverage Determinations (LCD) or National Coverage Determinations for Non-Emergency Ambulance Transportation identified, (Accessed 10/09/2023).
- Medicare Benefit Policy Manual Chapter 10 - Ambulance Services [Medicare Manual Ambulance Services](#)

For Employer Health Programs (EHP) refer to:

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- Plan specific Summary Plan Descriptions (SPD's)

For Johns Hopkins Health Plan of Virginia Inc. (JHHPVA) refer to: [Medicare Coverage Database](#)

- Local Coverage Determination (LCD) L34549 Ambulance Services
- Local Coverage Article A56468 Billing and Coding: Ambulance Services
- Medicare Benefit Policy Manual Chapter 10 - Ambulance Services [Medicare Manual Ambulance Services](#)

For Priority Partners (PPMCO) refer to: [Code of Maryland Regulations](#)


- Code of Maryland Regulations (COMAR) Maryland Medicaid Managed Care Program: Non-Capitated Covered Services 10.67.08.03 [Nonbehavioral Health Fee-For-Service Benefits](#)

For US Family Health Plan (USFHP) refer to: [Tricare Policy Manuals](#)

- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 8, Section 1.1 Ambulance Services
- TRICARE Reimbursement Manual 6010.64-M, April 1, 2021, Chapter 1, Section 14 Ambulance Services

IV. POLICY CRITERIA

- A. General Considerations: When benefits are provided under the member's contract, JHHP considers non-emergency (basic or advanced life support) ground or air/water ambulance services medically necessary when the following conditions are met:
 1. The member's condition is such that the use of any other method of transportation (such as: taxi, private car, wheelchair van, or other type of vehicle) is contraindicated, AND;
 2. Criteria in section B or C are met, AND;
 3. The documentation requirements outlined in section D below are met, AND;
 4. The indication for ambulance transport is not listed in section E, Limitations
- B. Ground Non-Emergency Ambulance Transport: This service is considered medically necessary when ONE of the following criteria is met:
 1. Transport of the member requires specialized medical services and close supervision during transport to the nearest appropriate facility (e.g., ventilator dependent, cardiac/hemodynamic monitoring, physical restraints), OR;
 2. Transfer from one in-network hospital to the nearest appropriate in-network hospital when services required for treatment are not available at the original hospital, OR;
 3. Transfer from an out-of-network hospital to the nearest appropriate in-network hospital, OR;
 4. Transport directly from an acute inpatient hospital (in-network or out of network) to the nearest appropriate in-network skilled nursing/rehabilitation facility (SNF), inpatient rehabilitation facility (IRF), or long-term care hospital (LTCH), or to home, OR;
 5. Transport of the member to the nearest place of service to receive medically necessary and covered diagnostic/therapeutic/palliative services (e.g., MRI, CT scan, radiation therapy, hospice) when the following criteria are met:
 - a. The member is bed confined:
 - i. Cannot get up from bed without assistance, AND;
 - ii. Unable to ambulate, AND;
 - iii. Unable to sit in a wheelchair, OR;
 - b. Other means of transportation are medically contraindicated or not feasible/safe, AND;
 - c. The services cannot be provided at the point of origin to treat the patient's specific injury or illness.

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- C. Air (Fixed Wing/Rotary Wing), or Water Non-Emergency Ambulance Transport: These services are considered medically necessary when the criteria for ground ambulance transport outlined in section B above are met and ANY of the following circumstances are present:
- The point of pickup is inaccessible by a ground ambulance, OR;
 - Great distances or other obstacles are involved in getting the individual to the nearest hospital with appropriate facilities if transport by ground ambulance is not feasible, OR;
 - Ground ambulance transport would hinder timely and appropriate medical care.
- D. Documentation Requirements: The documentation to determine medical necessity should include the following:
- Order for ambulance transport from the physician or authorized provider directly responsible for the member's care at the time of transport.
 - Physician or other healthcare professional (e.g., physician assistance, nurse practitioner, registered nurse, social worker) certification statement of member's medical condition and supporting clinical documentation for members who are under direct care of the physician.
 - Origin (point of pick up) and destination of transport.
 - For scheduled repetitive transports (furnished three or more times during a 10-day period or at least once per week for at least three weeks), physician certification must be signed/dated within 60 days in advance of the transport.
- E. Limitations: Unless specific benefits are provided under the member's contract, JHHP considers non-emergency ambulance transportation not medically necessary for the following:
- Ambulance services provided by non-licensed or improperly licensed providers.
 - When an alternative means of transportation, other than an ambulance, can be utilized without endangering the member's health, whether or not such other transportation is available or a covered benefit.
 - For the purpose of receiving a service that could have been safely and effectively provided at the point of origin (e.g., transport from a residence to a hospital for a service that can be performed more economically at the member's residence).
 - For the purpose of receiving non-covered or not medically necessary services.
 - When transportation is requested primarily for the convenience of the member, member's family or member's physician without documented medical necessity (e.g., member wants to be at a certain facility for personal preferences; member is deceased and family wants transportation to a coroner's office or mortuary).

V. DEFINITIONS


Appropriate Facilities: The term "appropriate facilities" means that the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved (CMS, 2018).

Non-emergency Ambulance Services: Non-emergency ambulance services are those that are scheduled in advance - scheduled services being repetitive or non-repetitive. (CMS, 2020).

Repetitive Ambulance Services: A repetitive ambulance service defined as medically necessary ambulance transportation that is furnished three or more times during a 10-day period; or at least once per week for at least three weeks (Novitas, 2020).

Bed-Confined Status: Bed-confinement includes all of the three conditions: unable to get up from bed without help, unable to walk, and unable to sit in a chair or wheelchair. The term "bed confined" is not synonymous with "bed rest" or "non-ambulatory". Bed-confinement, by itself, is neither sufficient, nor is it necessary to determine the coverage for non-emergency ambulance benefits. It is simply one element of the individual's condition that may be taken into consideration when determining whether use of an ambulance for non-emergent transport is appropriate (CMS, 2018).

Fixed Wing Air Ambulance: Transportation by a fixed wing aircraft that is certified as a fixed wing air ambulance and such services and supplies as may be medically necessary (CFR, 2023).

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Rotary Wing Air Ambulance: Transportation by a helicopter that is certified as an ambulance and such services and supplies as may be medically necessary (CFR, 2023).

VI. BACKGROUND

Ambulance services typically involve the assessment of and administration of care to an ill or injured patient by specially trained personnel and the transportation of the patient in a specially designed and equipped ground vehicle, aircraft (fixed wing or rotary wing) or boat within an appropriate, safe and monitored environment. Ambulance services must have the necessary permits and licenses in compliance with all the local, state and federal laws and regulations.

Candidates for non-emergency medical transportation may be medically stable, but still in need of medical support. For example, a resident of a nursing home who has just spent some time in the hospital might need non-emergency medical transport to get back to the nursing home so that nurses or paramedics can monitor the patient's condition and any medical equipment required by the patient. Likewise, a chronically ill patient might need medical transport to get to a treatment center.

When non-emergency ambulance transportation is not a covered benefit, the individual residing in Maryland (or a healthcare professional advocating for the individual) is advised to contact the Maryland Department of Health, Division of Community Support Services. This department offers a Non-Emergency Transportation (NEMT) program servicing qualified individuals who have no other means of getting to their medical appointments. The transportation provided is only for Medicaid covered health services. Transportation services are furnished by the local jurisdictions through grants to transportation companies and must be arranged in advance. Contact and additional information is available on the [NEMT web page](#).

Per Medicare guidelines, when billing for non-emergency ambulance transport, providers should report the most appropriate ICD-10 code that adequately describes the patient's medical condition at the time of transport as a primary diagnosis. In addition, a secondary diagnosis is required to be reported along with the primary diagnosis. The current list of required secondary diagnoses includes:

- Z74.01 Bed confinement status
- Z74.3 Need for continuous supervision (used to denote cardiac/hemodynamic monitoring requirements en route)
- Z78.1 Physical restraint status (to denote patient safety: danger to self/others; monitoring other and unspecified reactive psychosis)
- Z99.89 Dependence of other enabling machines and devices (to denote need for continuous IV fluids; active airway management; need for multiple machines/devices) (Novitas, 2020).


VII. CODING DISCLAIMER

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Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

Adherence to the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

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Advantage MD: Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Employer Health Programs (EHP): Specific Summary Plan Descriptions (SPDs) supersedes JHHP Medical Policy. If there are no criteria in the SPD, apply the Medical Policy criteria.

Johns Hopkins Health Plan of Virginia Inc. (JHHPVA): Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

VIII. CODING INFORMATION

HCPCS CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
HCPCS CODES	DESCRIPTION
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0430	Ambulance services, conventional air services, transport, one way (fixed wing)
A0431	Ambulance services, conventional air services, transport, one way (rotary wing)

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

X. REFERENCES


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XI. APPROVALS

Historical Effective Dates: 02/01/2022, 02/01/2024