Policy

DEPARTMENT: Utilization Management	**POLICY#: UM - 032**
TITLE: Ambulance and Non-Emergent Transport	**VERSION: 1.1**
APPROVED BY: UM Committee	**DATE:** 12/2/2022
DEPENDENCIES:	

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Purpose

Longevity Health allows reimbursement for transport to and from covered services and other services as available to our members, unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. This policy will outline Longevity Health's policy on ambulance and non-emergent transport of members.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LH	Longevity Health, the Plan
CMS	Centers for Medicare and Medicaid Services

Policy

The Medicare payment benefit for ambulance services is highly restricted. Ambulance transporters must understand the benefit and refrain from seeking Medicare payment for services that do not conform to the limited benefit requirements as stated in regulation. Physicians and other entities who order and certify medical necessity of ambulance transport and services must not only understand by also abide by the limitations of Medicare coverage of ambulance services.

Medicare will cover ambulance services only if they are furnished to a member whose medical condition is such that use of any other means of transportation is contraindicated. The condition at the time of transport determines whether medical necessity is met.

Emergent Ambulance Services (Ground)

Emergency response means responding immediately at the Basic Life Support or Advanced Life Support, Level 1 level of service to a 911 call or the equivalent in services areas that do not have a 911 call system.

Medicare will cover emergency ambulance services when the services are medically necessary, meet destination limits of the closest appropriate facility, and are provided by a state licensed ambulance provider.

1. Medical Reasonableness
   This is established if the member's condition is an emergency and the member is unable to be transported to the receiving facility by any other means. An emergency refers to a sudden onset of a medical condition, manifesting with acute signs and/or symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in one o more of the following:
   - Placing the member's health in serious jeopardy,
   - Serious impairment to bodily functions,
   - Serious dysfunction of any bodily organ or part

   Examples include:
   - An injury resulting from an accident such as hemorrhage, shock, chest pain, acute neurological symptoms, or respiratory distress,
   - The member requires restraints by professionally trained staff as a means of preventing injury to the member or others,
   - Oxygen is required by the member during transport related to conditions such as hypoxemia, syncope, airway obstruction, or chest pain,

- Immobilization of the member is necessary due to a suspected fracture, severe pain, or neurological injury

Emergency Medical Treatment and Labor Act (EMTALA)

In 1986, Congress enacted the Emergency Medical Treatment and Labor Act, abbreviated as EMTALA. This act was designed to ensure emergency care is provided to all patients, regardless of insurance status or ability to pay.

EMTALA defines 3 responsibilities of participating hospitals, defined as hospitals that accept Medicare Reimbursement.

1. Provide all patients with a medical screening examination (MSE)
2. Stabilize any patients with an emergent medical condition.
3. Transfer or accept appropriate patients as needed.

Hospitals may perform an appropriate transfer to a higher level of care if required by the patient's condition as required by EMTALA. To satisfy this aspect of the law, the transferring hospital must treat and stabilize the patient to the fullest extent of their resources, provide care en route to the transfer destination, contact the receiving hospital, who must have agreed to accept the patient, and transfer the patient with appropriate medical records. Transferring a patient without appropriate copies of the medical records is a violation of EMTALA. The law also mandates that the receiving hospital accept the patient as long as the appropriate resources are available to assume care.

Non-Emergency (Scheduled) Ambulance Services (Ground)

1. Three criteria determine whether a member has Medicare coverage for non-emergency ambulance services:
   - Transportation by any other means is contraindicated AND
   - Only to specific destinations AND
   - Only when certified as medically necessary by a physician directly responsible for the member's care

   Note: All 3 of the above criteria must be satisfied.

2. Medical Reasonableness
   Ambulance transport in non-emergency situations must meet medical necessity guidelines.

   Medical reasonableness is established for non-emergency ambulance services when the member's condition is such that the use of any other method of transportation is contraindicated, such as a taxi, private car, wheelchair van, or other type of vehicle.

   Bed confinement does not include a member who is restricted to bed rest on a physician instruction due to short term illness. By itself, it is neither sufficient nor is it necessary to determine coverage for Medicare ambulance benefits.

   Examples of bed confinement where a member cannot be moved by a wheelchair and must be moved by a stretcher include:
   - Contractures creating non-ambulatory status and the member is unable to sit
   - Severe generalized weakness

- Severe vertigo causing inability to remain in an upright position
- Immobility of the lower extremities and unable to be moved by a wheelchair

If some means of transportation other than an ambulance could be utilized without endangering the member's health, whether or not such other transportation is available, no payment may be made for ambulance transport.

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

If transportation is for the purpose of receiving a service that could have been provided safely and effectively at the point of origin, then the transportation is not covered even if the member could have only been transported via ambulance.

Ambulance transportation for services excluded from Skilled Nursing Facility consolidated billing must meet the criteria as reasonable and necessary.

Covered Destinations for Emergency Ambulance Services

Covered destinations for emergency ambulance services are limited to:

- Hospitals
- Physician offices ONLY if, during emergency transport to a hospital, the ambulance stops due to the member being in dire need of professional attention, and immediately thereafter, continues their route to the hospital.
- Site of transfer between modes of ambulance transport

Note: Where the use of other methods of transportation are not contraindicated by the member's condition, ambulance transport is not a benefit and payment is denied under Title XVIII of the Social Security Act, Section 1861(s)(7). When there is no benefit, the member is responsible for payment of the ambulance services.

Limitations

The following are considered not reasonable and necessary and will be denied:

- Transport to a funeral home
- Transport from one residence to another
- Transport from a hospital which has appropriate facilities and staff for treatment to another hospital
- Transportation via ambi-buses, ambulettes, stretcher vans, wheelchair vans, mobility assistance vehicles, medicabs, vans, privately owned vehicles, and taxicabs
- Transport to and from dialysis facilities unless the member's condition justifies the need for transport via ambulance
- Ambulance transport services covered under Medicare Part A
- Ambulance response and treatment without transport
- Member refusal of ambulance transport
- Transport for the purpose of receiving an excluded service
- Transport for the purpose of receiving a service that could have been safely and effectively provided in the point of origin

Utilization Guidelines

Most members who require ambulance transport have a short-term need related to acute illness or injury. Long term repetitive or frequent ambulance transport is medically necessary only for a small population of members.

Medicare expects that more than 8 covered ambulance trips annually will rarely be medically necessary and will cover no more than 12 ambulance trips per member per year without review of the member's medical records.

Transportation Provided by Longevity Health

Longevity Health provides transportation benefits to members. Please refer to the state specific explanation of benefits for details. These are available at www.longevityhealthplan.com.

Note: Any non-participating, non-contracted, ambulance provider must obtain prior authorization prior to providing non-emergency ambulance transportation to any member of Longevity Health.

Associated CPT Codes

Codes	Description	Auth Required
A0021-A0424	Ambulance	No
A0425	Ground Mileage	Yes
A0426	Ambulance Service	Yes
A0428	Ambulance Service	Yes
A0429-A0999	Ambulance	No

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		12/2/2022	Courtney Gonzales	NEW
1.1	Major	12/22/2022	Courtney Gonzales	Change from Ambulance Ground to Emergent Ambulance Ground; Addition of EMTALA

Appendices

LCD 34549.pdf LCD 37697.pdf LCD 35162.pdf