

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Handling Authorizations for Transportation
PAGE: 1 of 5	REPLACES DOCUMENT: TX.PAR.02.22
APPROVED DATE: 03/09	RETIRED:
EFFECTIVE DATE: 03/09	REVIEWED/REVISED: 09/14; 02/15; 11/15; 4/16; 12/16; 12/17; 4/18; 12/18; 09/19
PRODUCT TYPE: STAR; STAR+PLUS; STAR+PLUS MMP; STAR Health; STAR Kids; CHIP	REFERENCE NUMBER: TX.UM.10.07

SCOPE:

Centene Company of Texas, LP (CCTX) – A Texas licensed Utilization Review Agent (URA), contracted with Superior HealthPlan to perform utilization review for members enrolled in Superior HealthPlan programs.

PURPOSE:

To provide guidelines for authorization of non-emergent ambulance transportation requests in the Prior Authorization Department.

POLICY:

- I. **Medical necessity and coverage of ambulance services** are not based solely upon the presence of a specific diagnosis. **Medical necessity** is established when the member's condition is clinically considered severely disabled that, as such, transportation by any other means is contraindicated.
 - A. A round trip transport from the member's home to a scheduled medical appointment is covered when the member's condition meets the definition of severely disabled, as determined by a CCTX medical director, upon review.
 - B. Non-emergency transports for nursing facility residents require prior authorization. This includes transportation for services not provided in the nursing facility or when a member is being returned to a nursing facility following a hospitalization. However, if the transport of nursing facility residents is for rehabilitative treatment or to physician's offices for recertification of nursing facility care, then these are not covered and authorization should be denied as not a benefit.
 - C. If a member is STAR+PLUS dual eligible, then services should be denied, as CCTX is not responsible for non-emergency ambulance transportation in these cases. It is the responsibility of the provider to obtain authorization and reimbursement from TMHP.
 - D. For STAR+PLUS MMP members, non-emergent transportation requests will be reviewed by the Plan only when:
 - a. the request is denied by Medicare (processed through Medicaid benefits); or
 - b. the request is a retrospective review (CMU – Centralized Medicare Unit does not process retrospective requests).
 - E. CCTX does **NOT** authorize ambulance transfers from one foster care home to another foster care home. Child Protective Services is responsible for paying for these services.
 - F. All **non-emergent air transportations** (current or retrospective) must go to a CCTX medical director.

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- II. For **long-term transportation requests for a member to travel to or from medical appointments**, three months can be approved with a maximum of six trips (or six months with a maximum of 12 trips), if the member requires monitoring by trained staff due to oxygen needs, airway maintenance, suctioning, and/or the member is comatose, on life support, or ventilator-dependent.
- III. For **transportation requests from a facility to home**, there are two options:
- A. If the service delivery area (SDA) receives a request for transportation, the SDA referral specialist (RS) will enter the authorization into TruCare and transfer the authorization to the concurrent review nurse (CRN). The CRN will review clinical documentation from the facility and complete the request.
 - B. If the Prior Authorization (PA) Department receives a request for transportation, the PA RS will enter the authorization in TruCare and transfer the authorization to the SDA CRN, who is following the member at the facility, **unless it will delay the member's discharge**. In cases where the CRN is unavailable and there will be a delay in authorization, the prior authorization nurse discharge coordinator will review the clinical to determine medical necessity.
- IV. For **transportation requests from one facility to another**:
- A. If the PA Department receives a request for a **non-emergent** transfer from one facility to another, the requests will go to the CRN, **unless it will delay the member's transfer**.
 - B. The CRN is responsible for determining medical necessity for the transfer and discussing it with a CCTX medical director if necessary.
 1. For non-emergent transfers from a behavioral health facility to a medical facility, the PA RS will enter authorization into TruCare and the PA nurse will review clinical documentation to determine medical necessity.
 2. For non-emergent transfers from a medical facility to a behavioral health facility, the RS will enter authorization into TruCare and the CRN will review clinical documentation to determine medical necessity.

NOTE: Ambulance transport from one facility to another (including emergency departments and inpatient levels of care) for the purposes of providing services that cannot be provided at the current facility, OR to a higher level of care than is available at

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the current facility OR when the member's clinical condition warrants immediate transfer does not require prior authorization.

- V. For **non-emergent ambulance transport requests:**
- A. Prior authorization is required for non-emergent ambulance transports.
 1. A Medicaid-enrolled physician, nursing facility, health-care provider, or other responsible party is required to obtain authorization before an ambulance is used to transport a member in circumstances not involving an emergency.
 2. Other responsible party is defined as staff working with a health care service provider submitting prior authorizations on behalf of the provider or facility.
 - B. When a prior authorization is requested, one of the below documents, with a physician or physician-extender signature, is required and **must** be submitted with the request.
 1. Prior authorization form
 2. Physician or physician-extender order for non-emergent ambulance transport
 - C. Ambulance providers **may not** request a prior authorization for non-emergent ambulance transports. However, they may coordinate the prior authorization request between the Medicaid-enrolled physician, health-care provider, and other responsible party.
 1. Ambulance provider may assist in providing necessary information such as NPI number, fax, and business address
 2. Ambulance provider is ultimately responsible for ensuring that a prior authorization has been obtained prior to transport
 3. Non-payment may result for services provided without a prior authorization or when the authorization request is denied by CCTX
- VI. A PA nurse/CRN/service manager can approve only non-emergent ground ambulance transportation and **ONLY if** the criteria below is met. All other requests for ground transportation **must** go to a CCTX medical director.
- A. Monitoring by trained staff because member requires:
 1. Oxygen
 2. Cardiac, airway, and/or life support
 3. Suctioning
 - B. Monitoring by trained staff because member is:
 1. Comatose
 2. Ventilator-dependent

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3. Poses immediate danger to self or others

- VII. All non-emergent ground ambulance transport requests that do not meet criteria above will require a medical necessity review by a CCTX medical director. This includes, but is not limited to, non-emergent transportation following a hospitalization, and/or, non-emergent hospital-to-hospital transports.
- VIII. The PA nurse/CRN will create a medical director review in TruCare.
- A. The CCTX medical director review must contain the member’s medical condition, from where the member is coming to where the member is going, and any other pertinent information which may assist the medical director in the decision-making process.
 - B. Once the decision has been made, the authorization process (*TX.UM.05 Timeliness of UM Decisions and Notifications*) is followed. If denied, an adverse determination letter is processed per Plan policy (*TX.UM.08 Appeals and Adverse Determination*), which contains information regarding the appeal of an adverse determination.

REFERENCES:

1. 1 TAC § 354.1111.
2. 1 TAC §353.2
3. Medicaid Managed Care Contracts. Available at:
4. <http://www.hhsc.state.tx.us/medicaid/managed-care/forms.shtml>
5. TX.UM.08 – Appeals of Adverse Determinations
6. TX.UM.05 - Timeliness of UM Decisions and Notifications
7. TX.UM.10.35 – Physician Peer-to-Peer
8. Texas Medicaid Provider Procedures Manual, September 2019, 5.1.8. Prior Authorization for Non-Emergency Ambulance Transport

DEFINITIONS:

Emergency medical condition: A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care to result in:

- (A) placing the patient's health in serious jeopardy;
- (B) serious impairment to bodily functions;
- (C) serious dysfunction of any bodily organ or part;

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<p>(D) serious disfigurement; or</p> <p>(E) serious jeopardy to the health of a pregnant woman or her unborn child</p> <p>Severely Disabled: Member's physical condition limits mobility and requires the member to be bed-confined at all times, unable to sit or stand unassisted at all times, or requires continuous life support systems, including oxygen and IV infusions.</p> <p>Medically Necessary: Those services which are appropriate and consistent with the diagnosis of the treating Provider and the omission of which could adversely affect the eligible member's medical Condition; compatible with the standards of acceptable medical practice in the community; provided in a safe, appropriate, and cost-effective setting given the nature of the diagnosis and the severity of the symptoms, not provided solely for the convenience of the member or the convenience of the Health Care Provider or hospital; and not primarily custodial care unless custodial care is a covered service or benefit under the member's evidence of coverage. There must be no other effective and more conservative or substantially less costly treatment, service, or setting available.</p> <p>Nonemergency Ambulance Transport: Ambulance transport provided for a member to or from a scheduled medical appointment, to or from a licensed facility for treatment, or to the member's home after discharge, when the member has a medical condition such that the use of an ambulance is the only appropriate means of transportation.</p> <p>Round Trip: In the clinical documentation system (TruCare), a round trip equals two units; one-way transport equals one unit.</p>
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REVISION LOG:	DATE
Added for all STAR Health or CHIP lines of business the PCN must follow the peer-to-peer work process before sending it for MD Review (<i>TX.UM.35Physician Peer-To-Peer Process</i>) under authorization process. Updated 2013 TMHP Reference to 2014 and added TX.UM.10.35. Updated signatories.	09/14
Removed work process and imbedded in attachment section.	02/15
Grammatical edits. Included an attachment (A) with the verbiage around HHSC updates requiring the provider to obtain prior authorization of non-emergent transports before transport, request must include the signature on physician or physician extender orders or PA form, and the ambulance provider may not submit the request. Removed work process. Added nonemergency ambulance transport definition as defined by HHSC. Updated References.	11/15

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Removed attachment (A) referenced in 11/15 revision and inserted into policy.	4/16
Updated products to include STAR Kids and removed service area references. Added the definition of round trip. Grammatical edits. Updated signatories.	12/16
Updated references. Grammatical edits.	12/17
Added STAR+PLUS MMP to the products and included information on non-emergent transportation requests for MMP members.	4/18
Updated references and signatories.	12/18
Added language under section IV. 'NOTE: Ambulance transport from one facility to another (including emergency departments and inpatient levels of care) for the purposes of providing services that cannot be provided at the current facility, OR to a higher level of care than is available at the current facility OR when the member's clinical condition warrants immediate transfer does not require prior authorization'. Added emergency medical condition definition. Updated references. Updated formatting.	09/19

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

Senior Medical Director: _____ Date: _____

Vice President of Medical Management: _____ Date: _____

Chief Medical Officer: _____ Date: _____