

Clinical Policy: Non-Emergent Ambulance Transportation

Reference Number: TX.CP.MP.507

Last Review Date: 09/23

[Coding Implications](#)

[Revision Log](#)

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Description

Non-emergent ambulance transport is defined as 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.

All non-emergent ambulance transportation requires prior authorization. If the member's condition meets the definition of an emergency medical condition, as per 1 TAC §353.2, prior authorization is not required.

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.

Note: Emergency Triage, Treat & Transport (ET3) services do not require prior authorization (PA).

This policy applies to the following products: STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP.

Policy/Criteria

- I. It is the policy of Superior Health Plan that non-emergent ground ambulance transport is medically necessary if one of the following criteria is met:
 - A. The member is bed-confined before, during and after the trip and alternate means of transport is medically contraindicated and would endanger the member's health. The functional, physical, and mental limitations that have rendered the member bed-confined must be documented; *or*
 - *Note: Bed-confined is defined as a member who is unable to stand, ambulate, and sit in a chair or wheelchair.*
 - B. The member's medical or mental health condition is such that alternate means of the transport is medically contraindicated and would endanger the member's health. Examples may include: cardiac, airway or oxygen saturation monitoring or the need for tracheal suctioning; *or*

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- C. The member is a direct threat to himself or herself or others, which requires the use of restraints (chemical or physical) or trained medical personnel during transport for member and staff safety.

➤ *Note: If the member could be transported by means other than ambulance such as via wheelchair van, automobile, Medical Transportation Program, etc. without endangering the member's health, then medical necessity for non-emergent ambulance transport is not present.*

II. Non-Emergent Air Ambulance Transport

It is the policy of Superior HealthPlan that non-emergent air ambulance transport services are medical necessary if the submitted documentation fulfills the following criterion: Great distances or other obstacles are involved in transporting the member to the nearest appropriate facility.

➤ *Note: All requests for non-emergent air transportation must be sent for medical director review.*

III. Ambulance Transportation Limitations

If medical necessity criteria are met, a member can be approved for six round trips over a three month span or twelve round trips over a six month span.

Requests for services beyond these limitations should be sent for medical director review.

IV. Documentation Requirements

- A. 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.

➤ *Note: "Other responsible party" is defined as staff working with a health care service provider submitting prior authorizations on behalf of the provider or facility.*

1. One of the following documents, with a physician or physician-extender signature, is required and **must** be submitted with the prior authorization request:
 - a. Prior authorization form; *or*
 - b. Physician or physician-extender order for non-emergent ambulance transport
- B. The supporting documentation should include:
 - a. The medical condition that necessitates the transportation; *and*
 - b. The reason the member cannot be transported by any other mode; *and*
 - c. The dates scheduled—or anticipated—medical appointments and the provider with whom the appointments are scheduled.

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- B. Authorization requests for over the Texas Medicaid benefit limit :
 - a. Requests for trips over the benefit limit, six round trips over a three month span or twelve round trips over a six month span, should include a detailed list of planned appointments and an estimate of possible unanticipated appointments (example: sick visits).
- 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. For example, the ambulance provider may assist by providing necessary information such as NPI number, fax, and business address. The ambulance provider is ultimately responsible for ensuring that a prior authorization has been obtained prior to transport.

V. Non-emergent Ambulance Transport for STAR Health Members

- A. Reimbursement for transport of a STAR Health member from one foster care home to another is the responsibility of Child Protective Services.
- B. If a STAR Health member is identified as Primary Medical Needs (PMN) and requires an ambulance for transport to a new foster care home, Superior HealthPlan is responsible for reimbursement.
- C. A STAR Health member is considered PMN if he/she cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions. This includes:
 - 1. Inability to maintain an open airway without assistance, not including the use of inhalers for asthma
 - 2. Inability to be fed, except through a feeding tube, gastric tube or parental route
 - 3. Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination or prevent tissue breakdown
 - 4. Multiple physical disabilities including sensory impairments

VI. Non-covered services:

- A. Transport of nursing facility resident for rehabilitative therapy.
- B. Transport of nursing facility resident to physician office for recertification of nursing facility care.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2021, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for

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informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
N/A	

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
New Policy created, policy TX.UM.10.07 retired.	9/21	9/21
Annual review. References reviewed. Note added to description regarding Emergency Triage, Treat & Transport (ET3) not requiring PA. Grammatical corrections without impact to review criteria.	09/22	09/22
Annual review. References reviewed. Added IV B for documentation for over-the-limit requests.	09/23	09/23

References

- 1 TAC § 354.1111
- 1 TAC §353.2
- UniformManaged Care Contract: Section 8, Version 2.37
- TX.UM.05 Timeliness of UM Decisions and Notifications
- Texas Medicaid Provider Procedures Manual, Ambulance Services Handbook, 2.2.3Nonemergency Ambulance Transport Services August 2023

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health



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plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs,



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and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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