Medical Necessity Guidelines: Nonemergency Ambulance Transportation – Ground

Effective: August 9, 2017

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Applies to:

- ☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
- ☒ Tufts Health Direct – Health Connector; Fax: 888.415.9055
- ☒ Tufts Health Together – A MassHealth Plan; Fax: 888.415.9055
- ☐ Tufts Health Unify – OneCare Plan; Fax: 781.393.2607
- ☒ Tufts Health RITogether — A Rhode Island Medicaid Plan; Fax: 857.304.6404
- ☒ Tufts Health Freedom Plan products; Fax: 617.972.9409

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW
Tufts Health Plan utilizes this medical necessity guideline for the review of all nonemergency ground ambulance transportation. Ground ambulance transportation is defined as ambulance services provided by a motor vehicle over roadways.

COVERAGE GUIDELINES
Tufts Health Plan may cover nonemergency, basic or advanced life support, ground ambulance transportation when all of the following criteria are met:

- The medical condition of the Member prevents safe transportation by any other means.
- The transportation is for the transport to and/or from medically necessary care.
- The Member’s condition prohibits other forms of transportation.
  - The Member is bed confined. (This is defined as: unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair.)
  - Other means of transportation is contraindicated for medical reasons. Examples include but are not limited to the following:
    - a. The Member cannot safely sit upright while seated in a wheelchair.
    - b. The Member can tolerate a wheelchair, but is medically unstable.
    - c. The Member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain.
    - d. The Member requires skilled/trained monitoring during transport for the following:
      - e. The Member is comatose.
      - f. The Member requires airway monitoring.
      - g. The Member requires cardiac monitoring.
      - h. The Member is dependent on a ventilator.

LIMITATIONS

- Tufts Health Plan will not cover chair car or wheelchair van transportation.
- Tufts Health Plan will not cover an ambulance when an alternative means of transportation other than an ambulance could be utilized without endangering the Member’s health, whether or not such other transportation is available or is a covered benefit.
- Tufts Health Plan will not cover transportation for the purpose of receiving an excluded or non-covered service.
CODES
The following HCPCS codes may be subject to retrospective review for medical necessity:

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>A0425</td>
<td>Ground mileage, per statute mile</td>
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<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, non-emergency transport, level 1</td>
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<tr>
<td>A0428</td>
<td>Ambulance service, basic life support, non-emergency transport (BLS)</td>
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REFERENCES

APPROVAL HISTORY
July 14, 2006: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:
- October 1, 2007: Reviewed and renewed without changes
- October 1, 2008: The Medical Necessity Guideline for Non-emergency Ambulance Transport (ID# 2099126) has been separated into two Medical Necessity Guidelines; the Medical Necessity Guideline for Non-emergency Ambulance Transport: Ground and the Medical Necessity Guideline for Non-emergency Ambulance Transport – Air.
- October 7, 2009: HCPCS Code A0425 added to list of codes requiring prior authorization
- December 2009: Reviewed by Medical Policy, no changes
- December 16, 2009: HCPCS code may be subject to retrospective review for medical necessity
- December 2010: Reviewed by Medical Policy, no changes
- December 14, 2011: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC), no changes
- December 12, 2012: Reviewed by IMPAC, no changes
- December 11, 2013: Reviewed by IMPAC, renewed without changes
- November 19, 2014: Reviewed by IMPAC, renewed without changes
- August 12, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- September 14, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- August 9, 2017: Reviewed by IMPAC, renewed without changes

Background, Product and Disclaimer Information
Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and
a self-insured Member’s benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates or other requirements will take precedence. For CareLink℠ Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of these guidelines is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.