



Policy: Ambulance Transport Policy	Policy Number: UM-20
Department: Utilization Management	Original Issue Date: 01/01/2023
Approver: UM Committee Date Approved: 06/07/2023	<input type="checkbox"/> Date Last Reviewed / Revised _____ OR <input type="checkbox"/> Date Last Reviewed / No Revisions _____ OR <input checked="" type="checkbox"/> New Policy / New Requirements
Dependencies: •	Effective Date: 01/01/2023

I. PURPOSE

The purpose of this policy is to define Mass Advantage’s policy regarding coverage for emergency and nonemergency ambulance transport benefits

II. POLICY

Mass Advantage Health Plan covers emergency and nonemergency ambulance transport services when specific conditions are met, in accordance with the member’s benefits and CMS Regulations, and/or state guidelines, as applicable, and the information contained in this payment policy.

III. SCOPE

This policy applies to all lines of business and all employees and delegates of Mass Advantage.

IV. General Benefit & Payment Information

Ambulance services are reimbursed only to the nearest appropriate medical facility that provides the care medically necessary for the enrollee. If the enrollee chooses to be transported to a facility farther away, health plan reimbursement will be based on mileage to the closest facility that can deliver the care needed. If no local facilities can deliver the care needed, reimbursement will be made for transportation to the nearest facility outside the local area that can administer the necessary care.

Payment may be made for expenses incurred for ambulance service provided the conditions specified in the following subsections are met. Mass Advantage covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations:

- Hospital
- Critical Access Hospital (CAH)
- Skilled Nursing Facility (SNF)
- From a SNF to the nearest supplier of medically necessary acute services not available at the SNF where the beneficiary is a resident and not in a covered Part A stay, including the return trip
- Beneficiary’s home
- Dialysis facility for ESRD patient who requires dialysis

A physician’s office is not a covered destination. However, under special circumstances an ambulance transport may temporarily stop at a physician’s office without affecting the coverage status of the transport.

V. Prior Authorization Requirements

Ambulance Services: Land, Air, Water Prior Authorization Requirements	
Emergency transport less than 50 miles Non-emergency facility-to-facility transport and less than 50 miles Origin/ Destination (EH, HE, EN, NE, HH, HN, NH, SH)	Prior Authorization is NOT required.
Any Emergency or Non- Emergency transport greater than 50 miles Any Non-emergency transport that does not meet the above criteria.	Prior Authorization or Medical Necessity Review IS required

VI. References

[Medicare Benefit Policy Manual \(cms.gov\)](#)

Definitions:

Ambulance: Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in nonemergency situations, be capable of transporting beneficiaries with acute medical conditions. The vehicle must comply with State or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by State or local law. This should include, at a minimum, one 2-way voice radio or wireless telephone.

Air transportation- emergency ambulance transportation in an airplane or helicopter if enrollee's health condition requires immediate and rapid ambulance transportation that ground transportation cannot provide such as,

- The pickup location cannot be easily reached by ground transportation.
- Long distances or other obstacles, like heavy traffic, could prevent enrollee from getting necessary and timely care quickly if transported by ground ambulance

Emergency ambulance transportation - a sudden medical emergency where an Enrollees' health is in serious danger and Enrollee cannot be safely transported by other means

Non-emergency ambulance transportation- A nonemergency ambulance transport is a medical ambulance transport provided for an individual who does not require the urgency of emergency ambulance transport.

Ambulance services are covered under Medicare Part B, transport from a hospital, critical access hospital (CAH), or a skilled nursing facility (SNF). Ambulance services are covered only when any other transportation could endanger an enrollee's health. In some cases, ambulance services are covered for End-Stage Renal Disease (ESRD) when an Enrollee needs ambulance transportation to or from a dialysis facility.

Ambulance services are separately payable only under Part B. There are certain circumstances in which the service is covered and payable as a beneficiary transportation service under Part A; however, in this case the service cannot be classified and paid for as an ambulance service under Part B. (See §10.3.3 for a description of this exception. Also see §10.2.4 for the required documentation for ambulance services.)

Generally, only local transportation by ambulance is covered, and therefore, only mileage to the nearest appropriate facility equipped to treat the patient is covered. However, if two or more facilities that meet the destination requirements can treat the patient appropriately and the locality (see §10.3.5 below) of each facility encompasses the place where the ambulance transportation of the patient began, then the full mileage to any one of the facilities to which the beneficiary is taken is covered. Because all duly licensed hospitals and SNFs (Skilled Nursing Facility) are presumed to be appropriate sources of health care, only in exceptional situations where the ambulance transportation originates beyond the locality of the institution to which the beneficiary was transported, may full payment for mileage be considered. And then, only if the evidence clearly establishes that the

destination institution was the nearest one with appropriate facilities under the particular circumstances. (See §10.3.6 below.) The institution to which a patient is transported need not be a participating institution but must meet at least the requirements of §1861(e)(1) or §1861(j)(1) of the Social Security Act (the Act.) (See Pub. 100-01 Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, "Definitions," for an explanation of these requirements.)

When multiple ground and/or air ambulance providers/suppliers respond, payment may be made only to the ambulance provider/supplier that actually furnishes the transport.

VII. Version & Review History

Version #	Action (Original Issue, Reviewed, Revised)	Date Action Taken	Brief Summary of Revision, if applicable	Individual Taking Action	Effective Date	Date Approved and By Whom
1	Original Issue	06/07/2023	Policy Origination	Latoya Johnson	01/01/2023	06/07/2023 UM Committee