



# MASS ADVANTAGE

<b>Policy: Ambulance Transport Payment Policy</b>	<b>Policy Number: CL-03</b>
<b>Department: Claims</b> <b>Policy Owner: Melissa Heath, RN/Director, Utilization Management</b>	<b>Original Issue Date: 01/01/2023</b>
<b>Approving Committee: Melissa Heath, RN/Director, Utilization Management</b>	<input type="checkbox"/> <b>Date Last Reviewed / Revised [mm/dd/yyyy] OR</b> <input checked="" type="checkbox"/> <b>Date Last Reviewed / No Revisions [03/10/2025]</b> <b>OR</b> <input type="checkbox"/> <b>New Policy / N/A</b>
<b>Dependencies: Mass Advantage Mass Advantage Definitions, Abbreviations and Acronyms</b>	<b>Effective Date: 01/01/2025</b>
<b>Date Approved: 03/10/2025</b>	

## PURPOSE

This policy defines coverage and reimbursement methods for emergency and non-emergency ambulance transport benefits.

## POLICY

Mass Advantage covers emergency and non-emergency ambulance transport services when specific conditions are met, in accordance with the member’s benefits, CMS regulations, and/or state guidelines, as applicable, and in accordance with the payment methodology defined by the providers’ contract. In lieu of a contract, providers will be reimbursed according to the applicable payment methodology defined by CMS.

## SCOPE

This policy impacts the following departments and workflows:

**Departments:** Claims

**Workflows:** Claims

## PROCEDURES

Medicare covers 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. A member whose condition permits transport in any type of vehicle other than an ambulance would not qualify for services under Medicare. The member’s condition at the time of the transport is the determining factor in whether medical necessity is met. 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.



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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.

### REGULATORY CITATIONS AND POLICY REFERENCES

- Medicare Benefit Policy Manual, Chapter 10
- Medicare Claims Processing manual and related transmittals

### VERSION AND REVIEW HISTORY

Version #	Action (Original Issue, Reviewed, Revised)	Description of Changes	Policy Owner/ Business Lead Name/Title	Approving Committee Or Business Lead Approver	Committee or Business Lead Approval Date
v1	Original Issue	Policy origination	Latoya Johnson	UM Committee	06/07/2023
v2	Revised	Revised policy alignment.	Melissa Heath	Melissa Heath	5/22/2024
v3	Reviewed	Change formatting to current policy template.	Melissa Heath	Melissa Heath	3/10/2025