



765 The City Drive South, Orange Ca 92868

P&P #: 035	Ambulance Services	Page 1 of 4
TITLE:	Astiva Health Utilization Management Policy for Emergent and Non-Emergent Ambulance Services	
APPROVED:	12/06/2023	
APPROVED:	Jason Chung MD, Chief Medical Officer	
APPROVED:	Utilization Management Committee	
DEPARTMENT:	Utilization Management Department	
<input checked="" type="checkbox"/> MEDICARE	<input checked="" type="checkbox"/> MEDI-CAL	

POLICY:

Covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they are furnished to a beneficiary whose medical condition is such that other means of transportation could endanger the person’s health or if authorized by the plan. If the covered ambulance services are not for an emergency, it should be documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required. The use of an ambulance is covered without prior authorization when the member reasonably believes there is an emergency medical or psychiatric condition that requires ambulance transport to access emergency health care Services.

SCOPE:

Stakeholder(s)	Line(s) of Business	Other
X Workforce Member ¹	X Medicare	<input type="checkbox"/>
X Contractor/Vendor	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/>
X Delegate	X Dual	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Commercial	<input type="checkbox"/>

PURPOSE:

Ambulance services for transport of a member to and/or from a healthcare facility.

DEFINITIONS:



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- CMS** The Centers for Medicare & Medicaid Services oversees the federally and state funded insurance programs for seniors, persons with disabilities (Medicare) and low income (Medicaid) who are deemed eligible for these benefits.
- NCQA** National Committee for Quality Assurance is an accreditation body that is highly respected in the industry and has been appointed by Congress to aid in developing standards for Special Needs Plans (SNPs) including but not limited to the SNP Model of Care requirements. Additionally, health plans and providers who voluntarily request NCQA Accreditation undergo an in-depth review and survey of their operations and quality improvement processes and results to prove their value to consumers and other purchasers of insurance. Accreditation may or may not be granted. When granted the accreditation is for specified functional areas and is for a specified timeframe.
- FWA** FWA is Fraud, Waste, and Abuse (a term used to reference the entire gamut of inappropriate behavior, activities, practices, etc. related to perpetrating crimes against members or related to government funding)
- HHS** The United States Department of Health and Human Services (HHS), is a cabinet-level executive branch department of the U.S. federal government created to protect the health of all Americans and providing essential human services. Its motto is "Improving the health, safety, and well-being of America. Various States also have a Health & Human Services Department for the citizens of their State.

Coverage

Emergent Ambulance Transportation:

Ground Ambulance Transportation using a basic life support or an advanced life support ambulance for the following transfers is covered when medical necessity for ground ambulance is met for:

- Inter-hospital or skilled nursing facility transfers;
- Hospital and renal dialysis facility;
- Skilled nursing facility and dialysis facility (skilled care only);
- Skilled nursing facility and radiation therapy (skilled care only);
- Skilled nursing facility (SNF) and hospital and member's home.



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Medical necessity is defined as having an illness or injury, which contraindicates transportation by other means. See Appendix A for details.

Air Ambulance Transportation is a covered benefit only when:

- The member’s destination is an acute care hospital;
- The member’s condition is such that the ground ambulance would endanger the member’s life or health;
- Inaccessibility to ground ambulance or extended length of time required to transport the member via ground transport would endanger the member;

Non-Emergent Gurney Transportation by Ambulance:

Prior authorization is required for all non-emergent gurney transportation of bed-bound/bed-confined patients. All non-emergent requests submitted by a provider will be reviewed for medical necessity. The patient’s mobility status and transportation purpose will be required upon submission of a request in order to be approved.

Ambulance services not meeting the above criteria are not covered.

Resources:

Medicare Benefit Policy Manual, Ch. 10
Astiva Health EOC PBP 001
Astiva Health EOC PBP 007
Astiva Health EOC PBP 008
Astiva Health EOC PBP 010

Reviews, Revisions, and Approvals	Date	Approval Date
New policy	12/6/2023	
Approved by UM Committee	12/6/2023	12/6/2023



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Appendix A: Medical Necessity Elements

This requirement is met if the submitted documentation indicates that the patient:

- Was transported in an emergency situation, e.g., as a result of an accident, injury or acute illness, or
- Needed to be restrained to prevent injury to the beneficiary or others; or
- Was unconscious or in shock; or
- Required oxygen or other emergency treatment during transport to the nearest appropriate facility; or
- Exhibits signs and symptoms of acute respiratory distress or cardiac distress such as shortness of breath or chest pain; or
- Exhibits signs and symptoms that indicate the possibility of acute stroke; or
- Had to remain immobile because of a fracture that had not been set or the possibility of a fracture; or
- Was experiencing severe hemorrhage; or
- Could be moved only by stretcher; or
- Was bed-confined before and after the ambulance trip.

In the absence of any of the conditions listed above additional documentation should be obtained to establish medical need where the evidence indicates the existence of the circumstances listed below:

- (i) Patient's condition would not ordinarily require movement by stretcher, or
- (ii) The individual was not admitted as a hospital inpatient (except in accident cases), or
- (iii) The ambulance was used solely because other means of transportation were unavailable, or
- (iv) The individual merely needed assistance in getting from his room or home to a vehicle.

Source: Medicare Benefit Policy Manual, Ch. 10