



## **Ambulance service payment policy**

### ***Description of procedure/service***

This policy defines Fallon Community Health Plan's (FCHP) payment policy for ambulance services. In some instances, FCHP contracts with providers may include the provision of ambulance transportation as defined in this policy.

### ***Policy***

Ambulance services are covered by the plan when ambulance services are medically necessary and reasonable based on the coverage requirements listed below.

Fallon Community Health Plan's definition of emergency is: "A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of prompt medical attention to result in: (1) serious jeopardy to the health of the member or another person, or, in the case of a pregnant woman, the health of the woman or her unborn child; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part."

### ***Benefits application***

- FCHP Direct Care / FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct / Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

### ***Coverage and reimbursement criteria***

Fallon Community Health Plan will reimburse for emergent transports and non-emergent transports when:

- The member's clinical condition at the time of transport requires the presence of medically trained personnel\* to accompany the member to assure safety during transport.
  - (i) To meet medical necessity, the trip record must reflect that a member required the attendance of medically trained personnel during the transport or to assess the patient on-scene. This *must be evident and documented* in the EMT trip report and be consistent with other supporting documentation.
  - (ii) The trip sheet and the Physician Certification Statement should be legible, include the evidence to support medical necessity, and should be available upon request. It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all coverage criteria in order for payment to be made.
- The use of any other method of transportation would be contraindicated, endangering the member's health.

\* “Medically trained personnel” refers to individuals who have fulfilled state training and educational requirements and are certified or licensed by their respective state to provide BLS and/or ALS Emergency Medical Technician (EMT) level services.

### ***Reasons for denial***

- A denial will occur if:
  - Ambulance service does not meet FCHP requirements for ambulance services. FCHP utilizes criteria based on Medicare Coverage Policies and the Medicare Benefit Policy Manual Chapter 10-Ambulance Services.
  - Documentation on the trip sheet does not support medical necessity.
  - Documentation on the trip sheet and on the Physician Certification Statement is contradictory.
  - The member’s condition does not warrant ambulance transport, either because the member could have been safely transported by another means of transportation, independent of whether or not ambulance transport was available, or if the member’s condition did not require the skills of specially trained staff or equipment.
  - The member has signed a personal responsibility statement accepting financial responsibility for transport and medical criteria have not been met.
  
- Noncovered transports will be denied unless prior authorization has been given by the plan. The following are examples of noncovered transports.
  - Returning physician to the transferring hospital
  - Transfer for convenience of doctor, staff or family
  - Routine outpatient clinic visits
  - Transportation of deceased member. \*\*
  - Transportation other than ambulance: (wheelchair vans or medivans do not meet the above criteria for Medicare coverage. An FCHP Care Management Operations representative can be contacted for assistance with requests for van transport. A member who is dually eligible for Medicare and Medicaid may be covered for wheelchair van transportation.)
  - Transportation of correctional inmates
  - Air transportation to return to the Plan service area for a member who becomes ill or injured while outside the Plan service area.
  - Intracampus transports are not separately reimbursed.
  - Ambulance Service to a Physician's Office is not covered, except in situations where, in the course of transporting a patient to a hospital the ambulance stops at a physician's office because of the patient's dire need for professional attention and immediately thereafter the ambulance continues the trip to the hospital. In such cases, the patient will be deemed not to have been transported to the physician's office and payment may be made for the entire trip where payment may be made for a single transport and the entire mileage of the transport, including any additional mileage traveled because of the stop at the physician’s office.

Note: This list is not all-inclusive.

\*\* Coverage of ambulance service furnished to a deceased member—An individual is considered to have expired as of the time he is pronounced dead by a person who is legally authorized to make such a pronouncement, usually a physician. Therefore, if the member was pronounced dead by a legally authorized individual before the ambulance was called, no plan payment is made. Where the member was pronounced dead after the ambulance was called but before pickup, the service to the point of pickup is covered. If otherwise covered ambulance services were furnished to a member who was pronounced dead while en route to or upon arrival at the destination, the entire ambulance services are covered.

### ***Covered items***

#### **Emergencies**

Ambulance service is covered for medical emergencies.

The following is a list of examples for which ambulance services would be considered medically necessary and reasonable:

- An emergency situation exists (accident, injury or acute illness).
- Member needed to be restrained.
- Member is unconscious or in shock
- Member required oxygen or other emergency treatment (administered enroute).
- Member exhibits signs and symptoms of acute respiratory distress or cardiac distress such as shortness of breath or chest pain
- Member exhibits signs and symptoms that indicate the possibility of acute stroke
- Member must remain immobile because of a fracture that had not been set or possibility of a fracture
- Member is experiencing severe hemorrhage
- Member could only be moved by stretcher

Transportation is covered via the most appropriate means, for transport to the nearest appropriate facility. The type of ambulance used must be appropriate to the medical necessity and geographic conditions as determined by the plan.

If a BLS provider transports a member that requires and received ALS services from another provider, the BLS provider may bill for the upgraded services as an ALS transport. In the event that the ALS and the BLS services are rendered by different providers, it is the responsibility of the transporting provider to reimburse the other provider.

#### **Air ambulance transportation**

Air ambulance transportation is covered if it meets the following criteria:

- Ambulance company documents that a member's medical condition required "immediate and rapid ambulance transportation that could not have been provided by land ambulance."
- The point of pickup was inaccessible by land ambulance.
- Great distance or other obstacles were involved in getting the member to the nearest hospital with appropriate facilities.

#### **Nonemergency**

Nonemergency, medically necessary ambulance transportation may be for scheduled or unscheduled medical treatment. For nonemergency ambulance transportation, the following criteria must be met to ensure that ambulance transportation is covered:

- Medical condition of the member contraindicates any other form of transportation.
- Referred by a contracted facility or provider, unless the member has signed a personal responsibility statement for transport.
- Authorized by the plan
- Be medically necessary
  - (i) Be bed confined:
    - The member is unable to get up from bed without assistance.
    - The member is unable to ambulate.
    - The member is unable to sit in a chair or wheelchair.

The above-listed components must be met in order for the member to meet the requirements of the definition of "bed-confined." The term applies to individuals who are unable to tolerate any activity out of bed. This term is not synonymous with "bed rest or non-ambulatory."

- (ii) Being bed-confined is not the sole criterion to be used in determining medical necessity. It is one factor to consider when making medical necessity determinations. Claims should provide additional criteria beyond “bed-confined” as justification for the ambulance trip.
  - ❑ Requires medical assistance: suctioning/ventilator assistance/oxygen that require third party assistance/attendant to apply, administer or regulate or adjust oxygen en route member must require oxygen therapy and be so frail as to require assistance
  - ❑ Requires isolation due to communicable disease/hazard material exposure (e.g., MRSA/VRE:Methicillin Resistant StaphAureus/Vancomycin Resistant Enterococcus)
  - ❑ Major orthopedic device. Examples include backboard, halo-traction, and use of pins and traction. Orthopedic device must significantly hamper transport by wheelchair, van or other vehicle.
  - ❑ Position requires special handling. Includes members who require frequent position changes to avoid further injury (e.g., decubiti on buttocks); generally, will not apply in shorter transports (e.g., less than one hour). Includes members who cannot physically be positioned in a chair or wheelchair or standard vehicle because of contractures, recent or post-op hip fracture, member’s size, severe pain, or more than one person for physical assistance in the transfer.
  - ❑ Is a danger to self or others.

### **Scheduled services**

Some nonemergency services are scheduled. They require preauthorization by the plan and must meet medical necessity criteria based on Medicare guidelines. Scheduled services may be repetitive or non-repetitive. Repetitive scheduled services are regularly provided transportation for the diagnosis or treatment of a member’s medical condition, e.g., transportation for dialysis.

- Destination coverage—examples:
  - (i) Home to institution
  - (ii) Institution to member’s home
  - (iii) Institution to institution
  - (iv) Round-trip for specialized services
  - (v) Home or institution to outpatient dialysis services
- ❑ Institution to member's home—Ambulance service from an institution to the member’s home is covered when the home is within the locality of such institution or where the member’s home is outside of the locality of such institution and the institution, in relation to the home, is the nearest one with appropriate facilities.
- ❑ Institution to institution—If the institution to which the member is initially taken is found to have inadequate or unavailable facilities to provide the required care and the member is then transported to a second institution having appropriate facilities, transportation by ambulance to both institutions would be covered to the extent of the mileage to be the nearest institution with appropriate facilities.-
- ❑ Round-trip for specialized services—Round-trip ambulance service is covered to the nearest hospital or non-hospital treatment facility, i.e., a clinic, therapy center, or physician’s office to obtain necessary diagnostic and/or therapeutic services (such as a

CT scan or cobalt therapy) not available at home or the institution where the member is an inpatient. It is limited to those cases where the transportation of the patient is less costly than bringing the services to the patient.

- ❑ Ambulance transportation to a renal dialysis facility located on premises of a hospital or to non-hospital-based dialysis facilities

#### **Behavioral health**

Fallon Community Health Plan is responsible for providing coverage for ambulance transport for behavioral health admissions and emergent medical evaluations during an inpatient behavioral health stay, regardless of the plan's liability for the behavioral health inpatient stay.

### ***Preauthorization requirements***

Preauthorization is not required for emergency transport and coverage shall be determined based on Medicare Coverage Policies and the Medicare Benefit Policy manual chapter 10-Ambulance Services, and the Coverage and Reimbursement Criteria outlines above. Non-emergent transport requires prior authorization by an approved plan representative, noted in an approved referral, or as a separate referral.

### ***Billing/coding guidelines***

Fallon Community Health Plan requests all ambulance services be submitted on a CMS-1500 claims form or HIPAA-standard electronic format per industry standard guidelines.

### ***Place of service***

This policy applies to services rendered at all places of services.

### ***Policy implementation***

<b>Policy number:</b>	ADM0025
<b>Origination:</b>	11/07/2001
<b>Last review:</b>	03/16/2005
<b>Next review:</b>	03/16/2006
<b>Effective:</b>	11/07/2001
<b>Revision date(s):</b>	02/18/2004, 03/16/2005

*This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.*