

**STRIDE<sup>SM</sup> (HMO) MEDICARE ADVANTAGE****Subject: Medical Transportation**

**Authorization:** Prior authorization from Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage is required for ALL non-emergent transportation, including non-emergent (fixed-wing) air and ground transportation (i.e., ambulance, wheelchair van).

- Prior authorization is not required for emergency transportation that is reasonable and medically necessary to ensure the member's safe transport to the nearest medical provider capable of furnishing covered services.
- Prior authorization is not required when both the origin and destination modifiers are H. See the modifier grid below for accepted types of facilities for this modifier.
- Prior authorization is not required for H-N modifiers. See the modifier grid below for accepted types of facilities for this modifier.

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not review, or deny coverage for, services provided to a member in a medical emergency, but accepts post-service notification (confirming the emergent nature of the situation) to facilitate appropriate claims payment for EMERGENT fixed wing air transport.

**Policy and Coverage Criteria:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage covers medical air ambulance and ground transportation that is medically necessary to ensure a member's safe transport to/from hospitals and other covered facilities (e.g., hospitals). The determination of medical necessity is based on medical information received at the time of the request for the service.

- Covered services, including emergent and non-emergent air and ground transportation, must be reasonable and medically necessary (based on the member's condition), and rendered by appropriately licensed providers who are certified in accordance with relevant state and local laws.
- The member's health condition at the time of transport must be such that the use of any other method of transportation (e.g., taxicab, private car) would be medically contraindicated or endanger the member's medical condition, and the member must require the presence of medical personnel who are certified and/or licensed to provide monitoring and/or interventional medical services.

**Non-Emergent Fixed-Wing Air Ambulance**

Non-emergent air ambulance transportation is authorized when Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage determines that fixed-wing air ambulance transportation is reasonable and necessary to ensure the member's safe transfer to the nearest medical facility capable of furnishing medically necessary care, and documentation confirms ALL the following:

- The use of ground or water ambulance transportation is medically contraindicated, or inappropriate to ensure the member's safe transfer;
- The benefits of air ambulance transport outweigh the potential risks;
- Clinical documentation confirms applicable criteria (below) are met:
  - The member's medical condition is stable, and the member can be safely transported via air ambulance;
  - The member requires medical attention/supervision during transport and meets ANY of the following:
    - Requires medical assistance (e.g., suctioning, ventilator assistance, regulation of oxygen therapy);
    - Requires isolation due to a communicable disease or hazardous material exposure;
    - Requires a major orthopedic device (e.g., backboard, halo-traction, use of pins and traction) that significantly limits his/her ability to be safely transported by other means;

- Is bed-confined due to a medical condition (i.e., unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair), and/or requires special assistance with positioning to avoid further injury (e.g. member cannot be safely positioned in a chair or standard vehicle due to recent or unstable fractures, severe pain, contractures, size, etc.);
- Member is considered a danger to self or others.

**NOTE:** Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage may authorize commercial airline transport in lieu of air ambulance services in limited situations where air ambulance transport criteria are met, and a Utilization Management physician or designee determines the member could be safely transported on a commercial (public) airline accompanied by appropriate licensed medical personnel. Authorization for coverage of commercial airline transportation is limited to charges for transporting the member and necessary medical personnel only.

**Non-Emergent Ground Transportation:**

Non-emergent ground transportation may be authorized when:

- The PCP or attending provider determines such transportation is reasonable and medically necessary (based on the patient’s medical condition), and the use of less restrictive methods of transportation (e.g., private car, taxi) is contraindicated or likely to endanger the member’s health; AND
- Harvard Pilgrim determines non-emergent ground transportation is reasonable and medically necessary to ensure the member’s safe transport **ONLY** from an origin to a destination listed in table below.

Origin	Destinations
<ul style="list-style-type: none"> <li>• Member’s home/ place of residence (e.g., private residence/domicile, assisted living facility, long-term care facility, skilled nursing facility at a custodial level of care).</li> <li>• An acute care hospital, inpatient rehabilitation facility (IRF), or long term acute care hospital (LTAC)</li> <li>• Inpatient hospice</li> <li>• Skilled nursing or subacute facility</li> <li>• Dialysis facility (<u>only</u> when the individual's condition at the time of transport requires ambulance services).</li> </ul> <p><b>NOTE:</b> The presence of end-stage renal disease and/or the requirement for chronic hemodialysis alone do not meet criteria for ambulance transport services. To be considered reasonable and necessary, members transported to and from hemodialysis centers must have other conditions such as those described within this policy.</p>	<ul style="list-style-type: none"> <li>• Member’s home</li> <li>• An acute care hospital, inpatient rehabilitation facility (IRF), or long term acute care hospital LTAC</li> <li>• Inpatient hospice</li> <li>• Skilled or subacute nursing facility</li> <li>• Dialysis facility (<u>only</u> when the individual's condition at the time of transport requires ambulance services).</li> </ul> <p>In addition, medically necessary transportation to a physician’s office or free-standing facility may be covered only when transportation origin is a skilled nursing or sub-acute facility, or an acute rehabilitation facility or LTAC where the member is being treated at a skilled level of care.</p>

**Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover non-emergent air or ground transportation to/from origins or destinations not listed above, even if medical necessity criteria are otherwise met. Examples of medical conditions that satisfy Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage medical necessity requirements include:**

- Member is bed-confined before and after transport (may include members who are bed-confined due to morbid obesity), or must remain in a supine or prone position (i.e.: Z74.01);
- Member is unable to sit in a chair or wheelchair for the duration of the transport;
- Member requires physical restraint during transportation (i.e.: Z78.1);

*Harvard Pilgrim Stride<sup>SM</sup> (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.*

- Member is dependent on other enabling machines and devices (i.e.: Z99.89);
- Member is in a body cast or spica cast, or must remain immobile because of a fracture that has not been set, or the possibility of a fracture (e.g., hip fracture);
- Member has lower extremity contractures of such degree that they prohibit sitting in a wheelchair (severe fixed contractures at or proximal to the knee);
- Member has a health condition that would be exacerbated by transport in a vehicle other than an ambulance;
- Member must be moved by stretcher because of a specific physical condition or limitation. (Per the American Academy of Orthopaedic Surgeons, most individuals s/p hip replacement may sit in a chair slightly higher than the average seat (e.g., wheelchair), and most individuals s/p knee replacement should be able to bend their knee approximately 90 degrees at the time of discharge. In most cases, these conditions alone do not satisfy the medical necessity requirement);
- Member requires maintenance of medical isolation precautions for an active infectious process;
- Member requires a skilled service during transport (e.g., ventilator care, nursing), or oxygen therapy that cannot be safely self-administered during transport (may include members who require the continuation of oxygen therapy initiated during the hospitalization from which the transport is being requested when he/she does not have portable oxygen equipment) (i.e.: Z74.3).

**Stair safety concerns, or the member's inability to negotiate stairs, in the absence of another medical condition that meets medical necessity criteria, does not satisfy the medical necessity requirement.**

- When medically necessary services can be provided quickly, as safely, and more cost efficiently than by nonemergency ambulance transport, the transportation is not considered to be reasonable (e.g., transportation to receive wound care is not considered reasonable if medically necessary care can be safely and more cost-effectively provided at the member's bedside).

**Wheelchair Van Transportation**

Wheelchair van transportation may be covered in lieu of ambulance transportation when Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage determines such transport is reasonable and medically necessary to safely transport (to medical appointments) a wheelchair-dependent member who:

- Is unable to ambulate with or without assistance, and with or without an assistive device;
- Is unable to safely transfer from a wheelchair to a private vehicle, with or without assistance;
- Requires medical transportation whenever he/she accesses the community for any purpose, and cannot be safely transported by private car or taxi.

**Exclusions:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover non-emergent air or ground transportation when criteria listed within this policy are not met, including in the following situations:

- Medical transportation (including ambulance or wheelchair van) is not medically necessary (e.g., for patient/family convenience or preference);
- An alternate mode of transportation (e.g., taxicab, bus, personal car) is unavailable, or the member is unable to drive;
- The member is not transported ( even if medical services are provided);
- The type of vehicle used for the transport, or the medical personnel present during transport, do not meet local, state, and federal regulatory, certification, and licensing requirements.

**Coding:**

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

Code	Description
A0130	Non-emergency transportation; wheelchair van
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport level 1 (ALS1)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0435	Fixed wing air mileage, per statute mile
A0999	Unlisted ambulance service
S0209	Wheelchair van mileage, per mile

Modifier	Modifier Descriptor
D	Diagnostic or therapeutic site other than -P or -H when these are used as origin codes
E	Residential, domiciliary, custodial facility
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Non-hospital-based dialysis facility
N	Skilled Nursing Facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on the way to the hospital—use as a destination code only

**References:**

- Code of Federal Regulations: Title 42 - Public Health Chapter IV - CENTERS FOR MEDICARE & MEDICAID SERVICES- DEPARTMENT OF HEALTH AND HUMAN SERVICES, Subchapter B - MEDICARE PROGRAM Part 410 - SUPPLEMENTARY MEDICAL INSURANCE BENEFITS, Subpart B - Medical and Other Health Services: Section 410.40 – Coverage of Ambulance Services.

**Summary of Changes:**

Date	Revision
5/19	Policy updated coding to reflect origin and destination modifiers. Updated authorization requirements to remove authorization when both the origin and destination modifiers are H and for H-N modifiers (hospital to SNF).
1/17	Update language and format. Update coding (delete A0160, A0427, A0429, A0431, A0433, A0434, A0436, A0998).
10/16	Add examples of medically necessary conditions. Clarify origin/destination coverage limitations.
8/16	Corrected coding profile (delete A0080, add A0130).
6/16	Annual review. Add PA requirement for all non-emergent transport. Minor language changes.
8/15	New policy, effective 1/1/16.

**Approved by Medical Policy Committee: 5/14/2019**

**Approved by Clinical Policy Operational Committee: 6/16, 10/16, 12/16, 5/19**

**Policy Effective Date: 6/5/2019**

**Initiated: 8/12/15**