

	<h2 style="text-align: center;">Non-Emergency Ambulance Guideline</h2>	
<p style="text-align: center;">Guideline # 6189</p>	<p style="text-align: center;">Categories Clinical → Care Coordination – Utilization management</p>	<p style="text-align: center;">This Guideline Applies To: Texas Children's Health Plan</p>
		<p style="text-align: center;">Document Owner Lisa Fuller</p>

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of non-emergency ambulance transportation to determine medical eligibility for the service.

DEFINITIONS:

Non-emergency transport: ambulance transport provided for a Medicaid member to or from a scheduled medical appointment, to or from a licensed facility for treatment, or to the member's home after discharge from a hospital when the member has a medical condition such that the use of an ambulance is medically required, e.g., bed confinement, when alternate means of transport may endanger the member's health.

Ambulance transport: includes advanced life-support (ALS), basic life-support (BLS), wheelchair van, or air ambulance services.

PRIOR AUTHORIZATION GUIDELINE

1. Requests for prior authorization for non-emergency ambulance transport are processed during normal business hours.
2. Requests for prior authorization for non-emergency ambulance transport shall originate from a member's physician, nursing facility, healthcare provider or other responsible party.
3. TCHP does not accept authorization requests from ambulance or medical transportation vendors for non-emergency transport.
 - o Non-emergency Ambulance Prior Authorization request forms must be signed and dated by a Medicaid-enrolled requesting provider (physician, nursing agency or other Medicaid provider).
4. Requests for the provision of transportation for only one day can be submitted the day before the transport takes place. In the event that it is not feasible – they may be submitted on the next business day following the transport.

5. Recurring requests or requests for more than one day must be submitted 7 days before the scheduled transport.
6. For requests meeting criteria for approval, TCHP will add up to one unscheduled trip per month to the authorization request, if no unscheduled trips are requested, to allow for access to transport for unscheduled trips.
 - If the request includes unscheduled trips, these may be approved when deemed medically necessary.
7. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the non-emergency transportation by ambulance as an eligible service.
8. To request prior authorization for non-emergency ambulance transport, the following documentation should be provided:
 - Documentation of the member's physical condition that establishes the medical necessity for transport.
 - The necessary equipment, treatment, or personnel to be used during the transport.
 - The scheduled appointment dates, time and locations including origination and destination points of the member's scheduled transport to support the number of trips and miles requested.
 - The method of transport
 - Documentation whether the member is currently an inpatient in a hospital (transports during a hospital stay are not covered, except for one-time transports immediately after discharge to home)
9. The following codes may be submitted for prior authorization (Multiply units by 2 if round trip):
 - A0425 (mileage) = 1 unit = 1 mile
 - A0426 - ALS (Advanced life support) truck (1 unit for each trip)
 - A0428 - BLS (Basic life support) truck (1 unit for each trip)
 - A0422 - supplies for oxygen administration (1 unit for each trip)
 - A0382/A0398 - supplies for transport (1 unit for each trip)
10. Examples of medical conditions that contraindicate transport by other means includes:
 - Behavioral or cognitive risk such that member requires an attendant to monitor for safety and assure that member does not try to exit the ambulance prematurely
 - Abnormal mental status, drug withdrawal, suicidal, homicidal, hallucinations, violent, disoriented, withdrawal symptoms
 - Psychiatric/behavioral threat to self or others

- Exacerbation of paranoia or disruptive behavior
 - Member's physical condition is such that member risks injury during vehicle movement despite restraints
 - Ventilator management, airway control, positioning, suctioning required during transport
 - Third party assistance, attendant required to monitor, apply, administer, regulate or adjust oxygen during transport. (This does not apply to patients who are generally mobile and capable of self-administration of portable oxygen in the home. Member must require oxygen therapy and be so frail as to require assistance.)
 - Cardiac/hemodynamic monitoring
 - Member with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure
 - Major orthopedic device, which includes body cast (spica cast), backboard, halo traction, use of pins and traction, etc. which significantly hampers transport by wheelchair, van or other vehicle and where movement needs to be controlled
 - IV meds required during transport (does not apply to self-administered IV medications)
11. Air ambulance transport services, by means of either fixed or rotary wing aircraft, and other specialized emergency medical services vehicles may be covered only if **one** of the following conditions exists:
- The member's medical condition requires immediate and rapid ambulance transportation that could not have been provided by standard automotive ground ambulance.
 - The point of member pickup is inaccessible by standard automotive ground vehicle.
 - Great distances or other obstacles are involved in transporting the member to the nearest appropriate facility.
12. Non-emergency ambulance transports between a member's home and a Prescribed Pediatric Extended Care Center (PPECC) are not covered.
13. Requests identified as primarily for the convenience of the member, member's family or physician, or for the purpose of receiving a service considered NOT medically necessary will be referred to a Medical Director/Physician Reviewer and the Denial Policy followed.
14. If a request for transportation is submitted for a member who either receives Private Duty Nursing services or has a tracheostomy status with ventilator dependence, the authorization may be approved for all trips requested provided that the purpose of the trips meet the requirements of this guideline.
15. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and

exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedure Manual, Accessed February 2023

http://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2023/2023-02-feb/2_Ambulance_Services.pdf

American College of Emergency Physicians (ACEP) Position Statement. Appropriate Interfacility Patient Transfer. January 2022 <https://www.acep.org/globalassets/new-pdfs/policy-statements/appropriate-interfacility-patient-transfer.pdf>

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