

	<h2 style="text-align: center;">Non-Emergency Ambulance Guideline</h2>	
<p style="text-align: center;"><b>Guideline #</b> 6189</p>	<p style="text-align: center;"><b>Categories</b> Clinical → Utilization Management UM</p>	<p style="text-align: center;"><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

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

**DEFINITIONS:**

**Nonemergency transport** is defined as 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 the only appropriate means of transportation.

Medical necessity must be established through prior authorization for all nonemergency ambulance transports

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, health care provider or other responsible party.
3. TCHP does not accept authorization requests from ambulance/medical transportation vendors for non-emergency transport.
  - 3.1. 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 should be submitted 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 in advance of the scheduled transport.
  - 5.1. 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.
  - 5.2. If the request includes unscheduled trips these may be approved when deemed medically necessary to provide access to transport.
6. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the nonemergency transportation by ambulance as an eligible service.
7. To request prior authorization for non-emergency ambulance transport, the following documentation should be provided:
  - 7.1. Documentation of the member's physical condition that establishes the medical necessity for transport. The documentation must clearly state the member's condition requiring transport by ambulance.
  - 7.2. The necessary equipment, treatment, or personnel to be used during the transport.
  - 7.3. 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.
  - 7.4. The method of transport
  - 7.5. The following codes may be submitted for prior authorization:
    - 7.5.1. A0425 (mileage) = 1 unit = 1 mile if round trip multiply by 2
    - 7.5.2. A0426 – ALS (Advanced life support) truck (1 unit for each trip) if round trip multiply by 2
    - 7.5.3. A0428 - BLS (Basic life support) truck (1 unit for each trip) if round trip multiply by 2
    - 7.5.4. A0422 - supplies for oxygen administration (1 unit for each trip) if round trip multiply by 2
    - 7.5.5. A0382/A0398 - supplies for transport (1 unit for each trip) if round trip multiply by 2
8. To qualify as a covered benefit, the Member must have a medical condition(s) at the time of transport that contraindicates any other mode of transportation (such as automobile, taxi, wheelchair, van, invalid coach, bus, etc.) without endangering the patient's health or special handling enroute requires the attendance of medically trained personnel.
  - 8.1. Examples of medical conditions that contraindicate transport by other means includes:
    - 8.1.1. Behavioral or cognitive risk such that patient requires an attendant to monitor for safety and assure that patient does not try to exit the ambulance prematurely
    - 8.1.2. Abnormal mental status; drug withdrawal; suicidal, homicidal, hallucinations, violent, Disoriented, DT's, withdrawal symptoms
    - 8.1.3. Psychiatric/behavioral threat to self or others
    - 8.1.4. Exacerbation of paranoia, or disruptive behavior
    - 8.1.5. Patient's physical condition is such that patient risks injury during vehicle movement despite restraints
    - 8.1.6. Ventilator management / airway control / positioning / suctioning required enroute

- 8.1.7. Third party assistance/attendant required to monitor, apply, administer, regulate or adjust oxygen enroute. (This does not apply to patients who are generally mobile and capable of self-administration of portable oxygen in the home. Patient must require oxygen therapy and be so frail as to require assistance.)
  - 8.1.8. Cardiac/hemodynamic monitoring required enroute
  - 8.1.9. Includes patients with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure
  - 8.1.10. Major orthopedic device, which includes body cast (spica cast), backboard, halotraction, use of pins and traction, etc. which significantly hampers transport by wheelchair, van or other vehicle and where movement needs to be controlled
  - 8.1.11. IV meds required enroute (does not apply to self-administered IV medications)
9. To qualify as a covered benefit, the transportation meets any of the following criteria:
- 9.1. Transport of a member to or from a scheduled medical appointment
  - 9.2. Transport of a member to or from a licensed facility for treatment
  - 9.3. Transport of a member to the member's home after discharge from a hospital or facility
10. 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:
- 10.1. The member's medical condition requires immediate and rapid ambulance transportation that could not have been provided by standard automotive ground ambulance.
  - 10.2. The point of member pick up is inaccessible by standard automotive ground vehicle.
  - 10.3. Great distances or other obstacles are involved in transporting the client to the nearest appropriate facility.
11. Non-emergency ambulance transports between a member's home and a PPECC are not covered.
12. Requests identified as primarily for the convenience of the patient, patient's family or physician or for the purpose of receiving a service considered NOT medically necessary, even if the destination is an appropriate facility, will be referred to a Medical Director/Physician Reviewer and the Denial Policy followed.
13. 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.
14. 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:**

American College of Emergency Physicians (ACEP) Position Statement. Appropriate Interfacility Patient Transfer. January 2016 Accessed at <https://www.acep.org/patient-care/policy-statements/appropriate-interfacility-patient-transfer/>

Texas Medicaid Provider Procedure Manual. Accessed 4/2/21:  
<https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/cshcn/2020-10-oct/Ambulance.pdf>

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