

Effective: July 1, 2024

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Notification Required IF <u>REQUIRED</u>, concurrent review may apply</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
- CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 888-609-0692
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Consistent and reliable patient access to care is essential for patient wellness and chronic care management. Non-emergency medical transportation (NEMT) includes transportation services offered to patients who face barriers getting to their medical appointments. Those barriers can include not having a valid driver’s license, not having a working vehicle in the household, being unable to travel or wait for services alone, or having a physical, cognitive, mental, or developmental limitation. NEMT services are intended for medical appointments or other forms of non-emergency care. Non-emergency medical transportation differs from emergency transportation in that NEMT is intended:

- For members’ whose medical need is NOT immediate. Symptoms are neither severe, life-threatening (e.g. a heart attack), nor due to a serious event (e.g. car accident); AND
- To ensure members are able to attend necessary medical appointments; AND
- To ensure the most appropriate mode of transportation is used for the Member’s health condition.

Depending on the Member’s medical condition, non-emergency ambulance transportation (air or ground) may or may not be appropriate. In addition to non-emergency ambulance services, other modes of transportation covered by NEMT are listed below.

- Stretcher Van: Rides for patients who are bed-bound or who must travel while lying down. Vehicles are equipped with gurneys/stretchers and specialized equipment.
- Wheelchair Van: Rides for patients who must travel in their wheelchair. Vehicles are specially equipped for accessibility.

These vehicles may also be referred to as Ambulettes, Ambi-Buses, or Mobility Assistance Vehicles.

- Door-to-Door: Rides for ambulatory patients who need help getting from their home or medical appointment to the vehicle and vice versa.

These alternative modes of transportation are not considered the same as ambulance transportation, even if provided by an ambulance company, and may not be used interchangeably with ambulance transportation.

Medicare covers ambulance services only for beneficiaries whose medical condition is such that use of any other means of transportation is contraindicated. The beneficiary's condition must require both the ambulance transportation itself and the level of service provided in order to be considered medically necessary.

Note: Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for ALL non-emergency medical transportation (NEMT), with the following exceptions:

- Ambulance transportation (air or ground) when both the origin and destination modifiers are H. See Table 1 for accepted types of facilities for this modifier.
- Ambulance transportation (air or ground) when the origin modifier is H and the destination modifier is N, or vice versa. See Table 1 for accepted types of facilities for these modifiers.
- Curb-to-curb (C2C) transportation when covered by the Member's plan as a supplemental benefit.

Note: C2C transportation covers rides for ambulatory patients who do not need help getting from their home or medical appointment to the vehicle and vice versa. Not all Harvard Pilgrim StrideSM (HMO) Medicare Advantage plans offer C2C transportation services. Please refer to the Member's plan-specific documents (i.e., Evidence of Coverage and Transportation Flyer).

Prior authorization is not required for emergency transportation services that are reasonable and medically necessary to ensure the Member's safe passage to the nearest medical provider capable of furnishing emergency care. Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not review or deny coverage for transportation provided to a member in a medical emergency.

Note: For emergency air transport (i.e., airplane or helicopter) Harvard Pilgrim StrideSM (HMO) Medicare Advantage accepts post-service notification (confirming the emergent nature of the situation) to facilitate appropriate claims payment.

Clinical Guideline Coverage Criteria

Harvard Pilgrim Health Care uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations where available. [Medicare Benefit Policy Manual Chapter 10- Ambulance Services](#) is being supplemented to provide additional detail regarding medical necessity for its Medicare Advantage plan members.

For the service of Medical Transport, evidence is sufficient for coverage. In addition to the criteria in the Medicare Benefit Policy Manual for non-emergency medical transport via ambulance, evidence is also sufficient for the use of wheelchair vans and stretcher vans as a form of medical transportation to ensure access to safe and reliable transportation options.

The use of this supplemented criteria in the utilization management process will ensure access to evidence based clinically appropriate care. See References section below for all evidence accessed in the development of these criteria.

Non-Ambulance NEMT for Wheelchair Vans and Stretcher Cars

Non-ambulance modes of non-emergency medical transportation (NEMT) are ideal for patients who are not in immediate danger but do require assistance walking or getting into or out of the vehicle. Personal assistance includes opening and closing doors; moving stretchers, wheelchairs, or other medical equipment; transferring to a vehicle from a wheelchair, and vice versa, or otherwise aiding the patient in ambulating; removing obstacles that could hinder safe movement; and help climbing or descending stairs.

These alternative modes of NEMT (door-to-door, wheelchair van, and stretcher van) may be covered when Harvard Pilgrim StrideSM (HMO) Medicare Advantage determines the member could be safely transported without an ambulance. Members eligible for non-ambulance NEMT are those who require transportation from or to any of the locations listed in Table 3 AND:

1. Are unable to ambulate with or without assistance; OR
2. Are unable to ambulate with or without an assistive device; OR
3. Require assistance getting into, or out of, a vehicle.

Harvard Pilgrim StrideSM (HMO) Medicare Advantage only covers non-ambulance NEMT from origins or to destinations listed in Table 3. Even when medical necessity criteria are otherwise met, if the locations requested do not appear in Table 3, Harvard Pilgrim StrideSM (HMO) Medicare Advantage will not cover the non-ambulance NEMT

Limitations

Harvard Pilgrim StrideSM (HMO) Medicare Advantage considers non-emergency, ground or air, medical transportation (NEMT) as not a covered benefit when:

1. It is not medically necessary (e.g., for patient/family convenience or preference); **OR**
2. An alternate mode of transportation (e.g., taxicab, public transportation, personal car) is available; **OR**
3. Mode of transportation is not in accordance with applicable local, state, and federal regulatory, certification, and licensing requirements; **OR**
4. Medical personnel present during transport are not in accordance with applicable local, state, and federal regulatory, certification, and licensing requirements.

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

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

Table 2: Modifiers

Code	Description
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 (i.e., airport or heliport) between ambulance types
J	Non-hospital-based dialysis facility
N	Skilled Nursing Facility (SNF)
P	Physician's office
R	Residence
X	Intermediate stop at physician's office on the way to the hospital (Use only as destination code)

Table 3: Plan Approved Locations for Non-Emergency Ambulance Transportation

Place of Service (POS)	Origin (From)*	Destination (To)*
Member's home or place of residence (e.g., private residence/domicile, assisted living facility, long-term care facility, or skilled nursing facility at a custodial level of care)	Covered	Covered
An acute care hospital (including behavioral health hospital), inpatient rehabilitation facility (IRF), or long-term acute care (LTAC) hospital	Covered	Covered
Inpatient hospice	Covered	Covered

Place of Service (POS)	Origin (From)*	Destination (To)*
Skilled nursing or sub-acute facility	Covered	Covered
Dialysis facility (<u>only</u> when the individual's condition at the time of transport requires ambulance services)	Covered	Covered
Physician's office or outpatient facility (<u>only</u> when transportation's origin is a facility where the Member is being treated at a skilled level of care, such as a skilled nursing or sub-acute facility, an acute rehabilitation facility or a LTAC hospital)	Not Covered	Covered

*Origins and destinations are listed in no particular order.

Table 4: Plan Approved Locations for Non-Ambulance Non-Emergency Medical Transportation

Place of Service (POS)	Origin (From)*	Destination (To)*
Ambulatory Surgical Center (POS 24)	Covered	Covered
Assisted Living Facility (POS 13)	Covered	Covered
Birthing Center (POS 25)	Covered	Covered
Community Mental Health Center (POS 53)	Covered	Covered
Comprehensive Inpatient Rehabilitation Facility (POS 61)	Covered	Covered
Comprehensive Outpatient Rehabilitation Facility (POS 62)	Covered	Covered
Emergency Room-Hospital (POS 23)	Covered	Covered
End Stage Renal Disease Treatment Facility (POS 65)	Covered	Covered
Federally Qualified Health Center (POS 50)	Covered	Covered
Group Home (POS 14)	Covered	Covered
Hospice (POS 34)	Covered	Covered
Independent Clinic (POS 49)	Covered	Covered
Independent Laboratory (POS 81)	Covered	Covered
Indian Health Service Free-Standing Facility (POS 05)	Covered	Covered
Indian Health Service Provider-Based Facility (POS 06)	Covered	Covered
Inpatient Hospital (POS 21)	Covered	Covered
Inpatient Psychiatric Facility (POS 51)	Covered	Covered
Intermediate Care Facility (POS 54)	Covered	Covered
Mass Immunization Center (POS 60)	Covered	Covered
Military Treatment Facility (POS 26)	Covered	Covered
Mobile Unit (POS 15)	Covered	Covered
Non-Residential Substance Abuse Treatment Facility (POS 57)	Covered	Covered
Nursing Facility (POS 32)	Covered	Covered
Office (POS 11)	Covered	Covered
Outpatient Hospital - Off Campus (POS 19)	Covered	Covered
Outpatient Hospital - On Campus (POS 22)	Covered	Covered
Private Residence (POS 12)	Covered	Covered
Psychiatric Facility - Partial Hospitalization (POS 52)	Covered	Covered
Psychiatric Residential Treatment Center (POS 56)	Covered	Covered
Residential Substance Abuse Treatment Facility (POS 55)	Covered	Covered

Place of Service (POS)	Origin (From)*	Destination (To)*
Rural Health Clinic (POS 72)	Covered	Covered
Skilled Nursing Facility (POS 31)	Covered	Covered
State or Local Public Health Clinic (POS 71)	Covered	Covered
Tribal 638 Free-Standing Facility (POS 07)	Covered	Covered
Tribal 638 Provider-Based Facility (POS 08)	Covered	Covered
Urgent Care Facility (POS 20)	Covered	Covered
Walk-in Retail Health Clinic (POS 17)	Covered	Covered

*Origins and destinations are listed in no particular order.

Approval And Revision History

September 2020: Reviewed by the Medical Policy Clinical Committee (MPCC); criteria updates

Subsequent endorsement date(s) and changes made:

- April 21, 2021: Reviewed by the MPCC, renewed without changes
- April 20, 2022: Reviewed by the Medical Policy Approval Committee; renewed without changes
- November 16, 2023: Reviewed by MPAC, template updated, updated criteria, effective January 1, 2024
- December 1, 2023: reviewed and approved by UM Committee effective January 1, 2024
- June 13, 2024: Reviewed by UM Committee, updated Medicare Manual link in overview effective July 1, 2024
- June 20, 2024: Reviewed by MPAC, updated Medicare manual link in overview effective July 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.