

Effective: January 1, 2024

<p><b>Prior Authorization Required</b> 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><b>Notification Required</b> 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  
CareLink<sup>SM</sup> – 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; 866-874-0857
- 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**

The Plan utilizes this medical necessity guideline for the review of all non-emergency ground ambulance transportation. Ground ambulance transportation is defined as ambulance services provided by a motor vehicle over roadways.

**For Tufts Health Together Members:**

- Transportation to a service that is located outside a 50-mile radius of the Massachusetts border requires prior authorization from the plan.
- Services in-state or within 50 miles of the Massachusetts border or return trip farther than 50 miles of the Massachusetts border are covered as a wrap benefit by MassHealth. Refer to MassHealth at 800-841-2900 for prior authorization requirements.

**For Tufts Health One Care Members:**

- Transportation to a service that is located farther than 50 miles from the member's home or pickup address requires prior authorization from the plan.
- Refer to Tufts Health One Care at 855-393-3154 to request transportation to a service under 50 miles from the member's home or pick-up address.

**Note:** This policy does not apply to Tufts Health RITogether:

- All non-emergency transportation services are covered as a wrap benefit by Rhode Island Medicaid. Refer to Tufts Health Plan at 844-301-4093 for more information.

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## Clinical Guideline Coverage Criteria

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan Members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations where available. For **Tufts Health One Care** Members, the following criteria is used: [Medicare Benefit Policy Manual Chapter 10- Ambulance Services](#)

The Plan may cover non-emergency, basic or advanced life support, ground ambulance transportation when **ALL** of the following criteria are met:

1. The medical condition of the member prevents safe transportation by any other means; **and**
2. The transportation is for the transport to and/or from medically necessary care; **and**
3. The Member's condition prohibits other forms of transportation:
  - a. The Member is bed confined. (This is defined as: unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair.); **or**
  - b. Other means of transportation is contraindicated for medical reasons. Examples include but are not limited to the following:
    - i. The Member cannot safely sit upright while seated in a wheelchair.
    - ii. The Member can tolerate a wheelchair but is medically unstable.
    - iii. The Member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain.
    - iv. The Member requires skilled/trained monitoring during transport for the following:
      - The Member is comatose
      - The Member requires airway monitoring
      - The Member requires cardiac monitoring
      - The Member is dependent on a ventilator.

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## Limitations

1. For Tufts Health Plan Commercial and Direct, the plan will not cover chair car or wheelchair van transportation. For Tufts Health Together and One Care, chair car or wheelchair van transportation are covered.
2. Tufts Health Plan will not cover an ambulance when an alternative means of transportation other than an ambulance could be utilized without endangering the member's health, whether or not such other transportation is available or is a covered benefit.
3. Tufts Health Plan will not cover transportation for the purpose of receiving an excluded or noncovered service.

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## Codes

The following code(s) require prior authorization and may be subject to retrospective review for medical necessity:

**Table 1: CPT/HCPCS Codes**

Code	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0428	Ambulance services, basic life support, non-emergency transport (BLS)

## References:

1. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual Chapter 10 - Ambulance Services, 2018. Medicare Benefit Policy Manual (cms.gov). Accessed November 23, 2023.

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## Approval And Revision History

November 18, 2020: Reviewed by IMPAC, added exception for Tufts Health Freedom members for interfacility transportation effective July 29, 2020

Subsequent endorsement date(s) and changes made:

- December 1, 2020: Fax number for Unify updated
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC) for integration purposes with Harvard Pilgrim Health Care. In the Overview section, clarified prior authorization for Tufts Health Together and Unify and removed Tufts Health RITogether from this policy as transportation services are covered as a wrap benefit by Rhode Island Medicaid
- February 1, 2022: Template Updated
- December 1, 2022: Reviewed by MPAC, renewed without changes
- July 24, 2023: Language regarding wheelchair vans clarified for Unify
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care and updated One Care criteria effective January 1, 2024

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## 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.