

HEALTH PLAN POLICY	
Policy Title: Ground Ambulance Services - Non Emergent	Policy Number: MUM66 Revision: New
Department: Medical Management	Sub-Department: Utilization Management
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 10/09/2019	
Reviewed Date(s):	Revision Date(s):

SCOPE:

This document addresses non-emergency ground ambulance transport.

DEFINITIONS AND ACRONYMS:

None

POLICY:

Medical necessity is established when the following three criteria are met:

- 1) The ambulance must have necessary special equipment and supplies to meet healthcare needs.
- 2) Any other form of transportation is medically contraindicated (bed bound, unable to sit).
- 3) Transport is from one medical facility to another or the patient's home.

Rationale:

Specifically, this does NOT include wheelchair vans. These vehicles do not have cardiopulmonary resuscitation equipment, immobilization devices, medications or obstetrical equipment.

REFERENCES:

American College of Emergency Physicians March 18, 2019

RELATED DOCUMENTS:


None

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Policy Title: Ground Ambulance Services - Non Emergent

Policy Number: MUM66

Revision: New



Nancy Horstmann
Chief Executive Officer Health Plans

10/18/19
Date



David Engleking, M.D.
Medical Director

10/15/19
Date

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	10/09/2019	Initial release.	Executive Leadership