

HEALTH PLAN POLICY	
Policy Title: Ground Ambulance Services - Non Emergent	Policy Number: MUM66 Revision: B
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): 10/05/2020, 09/29/2021

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.

Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services. In all cases, the appropriate documentation must be kept on file and, upon request, presented to the A/B MAC (A) or (B). It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made. In addition, the reason for the ambulance transport must be medically necessary. That is, the transport must be to obtain a Medicare covered service, or to return from such a service.

Rationale:

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

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REFERENCES:

- Medicare Benefit Policy Manual Section 10.2 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	10/09/2019	Initial release.	Executive Leadership
A	10/05/2020	Yearly review. No change to policy content.	Executive Leadership
B	09/29/2021	Yearly review. Updated from CMS Benefit Policy Manual.	Executive Leadership