

## Regional Non-Emergent Ambulance Transportation Review Criteria Georgia Region

DEPARTMENT <b>Quality Resource Management (QRM)/Emergency Case Management (ECM) Hub</b>	CRITERIA NUMBER	01-17
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POLICY TYPE <b><u>New</u>                      X Reviewed                      Revised</b>	PAGE NUMBER	

### PURPOSE

This review criterion has been developed based on guidelines from CMS regarding Ambulance Coverage (**for Non-Emergency**) and will be used by the above department in determining ambulance appropriateness.

### Certification Criteria

#### Medical Necessity

Ambulance transport in “**non-emergency**” situations must meet medical necessity guidelines as outlined below AND the “Origin and Destination Criteria”.

#### **Medical Necessity Criteria (Must include the first 3 items and/or the 4<sup>th</sup> item)**

A Beneficiary is bed-confined if he/she meets items 1-3 below:

1. Be confined to bed; unable to get up from bed **without** assistance **and**
2. Unable to walk **and**
3. Unable to sit in a chair or a wheelchair
4. **Or** need vital medical services during the trip that are only available in an ambulance
  - i. (Example: administration of medications or monitoring of vital functions)

Medicare covers ground ambulance transportation when you need to be transported to a hospital, critical access hospital, or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health.

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We reserve the right to review open authorizations every 30 days to determine continued medical appropriateness and medical necessity.

The term "bed confined" is not synonymous with "bed rest" or "nonambulatory". Bed-confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for Medicare ambulance benefits. It is simply one element of the beneficiary's condition that may be considered in the intermediary's/carrier's determination of whether a means of transport other than an ambulance is contraindicated.

### **Destination**

The following is a list of covered destinations for “**non-emergency**” transportation:  
Ambulance Transport Origin and Destination

Origin	Destination	Medicare	Commercial	Auth # of Transports	Auth End Date
ACC/CDU	SNF/Rehab/LTAC	Yes	Yes	1	DOS
ACC/CDU	Inpatient Hospice	Yes	Yes	1	DOS
ACC/CDU	Dialysis for Dialysis care	Yes	Yes	2	DOSs
SNF/Rehab	Home	Yes	Yes	1	DOS
SNF/Rehab	Hospital ( <i>includes for Outpatient Procedures</i> )	Yes	Yes	Series	DOS Range
SNF/Rehab	Dialysis for Dialysis care***	Yes	Yes	Series	DOS Range
SNF/Rehab	ACC/CDU	Yes	Yes	2	DOSs
SNF/Rehab	Outpatient Surgery Center ( <i>includes KP Facilities</i> )	Yes	Yes	2	DOSs
SNF/Rehab	MD Office - Wound care	Yes	Yes	Series	DOS Range
SNF/Rehab	MD Office- Post surgical services	Yes	Yes	2	DOSs
SNF/Rehab	MD Office - Post surgical services - Neurosurgery	Yes	Yes	2	DOSs
MOB	Hospital	Yes	Yes	1	DOS
MOB	ACC/CDU	Yes	Yes	1	DOS
MOB	Inpatient Hospice	Yes	Yes	1	DOS
LTAC	Hospital	Yes	Yes	1	DOS
LTAC	SNF/Rehab	Yes	Yes	1	DOS
LTAC	Home	Yes	Yes	1	DOS
LTAC	Hospice	Yes	Yes	1	DOS
Home	Hospital ( <i>includes LTAC</i> )	Yes	Yes	1	DOS
Home	Hospital/Outpatient Surgery Center ( <i>Outpatient Procedures</i> )	Yes	Yes	Series	DOS Range
Home	ACC/CDU	Yes	Yes	2	DOSs
Home	SNF	Yes	Yes	1	DOS
Home	Dialysis for Dialysis care	Yes	Yes	Series	DOS Range
Home	Inpatient Hospice	Yes	Yes	1	DOS
Home	MD Office - Wound care* <i>Special circumstance</i>	Yes	Yes	Series	DOS Range
Hospital	Home	Yes	Yes	1	DOSs
Hospital	ACC/CDU	Yes	Yes	1	DOS
Hospital	Hospital ( <i>includes Inpatient Psyche</i> )	Yes	Yes	1	DOS
Hospital	SNF/Rehab/LTAC	Yes	Yes	1	DOS
Hospital	Inpatient Hospice	Yes	Yes	1	DOS
Hospital	Dialysis for Dialysis care	Yes	Yes	Series	DOS Range
ACC/CDU	Home	Yes	Yes	1	DOS
ACC/CDU	Hospital	Yes	Yes	1	
	*** Is transportation van available through the SNF for OP Dialysis?				

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Ambulance transportation is a covered benefit for patients that meet the medical necessity criteria (*i.e. require the use of ambulance personnel due to medical condition AND meets the origin and destination requirement from CMS*). **Lack of Alternative Transportation Services DOES NOT create a Medical Necessity for Ambulance Services.**

### **Non-Ambulance Exclusion**

Transportation by car, taxi, bus, gurney van, wheelchair van, minivan, and any other type of transportation (other than a licensed ambulance in the circumstances described above), is not covered, even if it is the only way to travel to a facility.

### **Ambulance Services**

We cover the Services of a licensed ambulance only if, (i) your condition requires the use of services that only a licensed ambulance can provide; (ii) the use of other means of transportation would endanger your health; and (iii) you will receive services at your destination. We will not cover ambulance services in any other circumstances, even if no other transportation is available.

## **REFERENCES**

The criterion outlined in this document is directly based on guidelines outlined by CMS and have been adopted by KPGA. Medicare Benefits Manual – <http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>

**Reviewed on 1/30/23 by Karen Goodlett MD**

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