



## Ambulance Transportation (ground and air) and Non-Emergency Medical Transportation (NEMT) Medical Coverage Policy

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### UTILIZATION \* ALERT\*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
  - For Medicare members, please refer to Medicare Coverage Database requirements.
  - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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### I. Procedure: Ground and Air Ambulance and Non-Emergency Medical Transportation

- A.** KPMAS covers emergency ambulance, ground, air, and water transport services. Coverage for ambulance transport is limited to medically necessary ambulance transportation services and supplies of a licensed ground or air ambulance, when the member's medical condition requires basic life support (BLS), advanced life support (ALS), or critical care life support capabilities of an ambulance to a hospital facility or inter-hospital facilities.
1. Coverage is also provided for emergent, medically necessary transportation due to a 911 call.
  2. Ambulance services are covered only within the KPMAS service area except those covered under the emergency service provision specified in each contract.
- B.** Non-emergency ambulance and Non-Emergency Medical Transportation (NEMT) services are covered when the member meets **any** of the medically necessity *requirements cited in section II-B or section III*.

### II. Clinical Guidelines for Ground Ambulance

**A. Emergency Ambulance Transport Medical Necessity**

An Ambulance transport is clinically indicated when there is an emergency medical circumstance such that the use of any other method of transportation is contraindicated and would endanger the member's health, as attributed to **any** of the following:

1. Needs to be transported in an emergency, such as an accident, injury, or acute illness, or
2. Needs to be restrained to prevent injury to themselves or others; or
3. Is unconscious or in shock; or
  - a. Requires high flow rate oxygen of 2 liters or more or other emergency treatment which is not available during other types of transport to the nearest appropriate facility; or
  - b. Exhibits signs and symptoms of acute respiratory distress or cardiac distress such as

**Ambulance Transportation (ground and air)  
and  
Non-Emergency Medical Transportation (NEMT)  
Medical Coverage Policy**

- shortness of breath or chest pain; or
- c. Exhibits signs and symptoms that indicate the possibility of acute stroke; or
- d. Needs to remain immobile because of a fracture that had not been set, or manifesting signs and symptoms of a potential fracture and /or dislocation; or
- e. Is experiencing severe hemorrhage; or
- f. When a member requires care at an alternate acute care Medical Facility, including further care coordination, as determined by the treating provider and/or a MAPMG Provider.

**B. Non-Emergency Ambulance Transport**

A non-emergency ground ambulance transport is medically necessary when the member is to be transported from the hospital to **any** of the following destinations and purposes:

1. Skilled Nursing facility (SNF) or acute rehabilitation facility for the purpose of admission; or
2. Another hospital when the facility cannot adequately care for the member, needs a higher level of care, or needs to be transported to an affiliated or Core facility; or
3. A free-standing facility or provider to obtain medically necessary diagnostic or therapeutic services not provided by the hospital; or
4. A KPMAS medical facility for ongoing care, if the patient is determined to be stable for hospital discharge per the treating physician; or
5. Members' home if ambulance transport is medically indicated.

**III. Clinical Guidelines for Non-Emergency Medical Transport (i.e., Ambulette, Paratransit)**

Services for Non-Emergency Medical Transport (NEMT) modalities, such as "Ambulettes" which are not licensed as ambulances, are considered medically necessary when there is an established need to transport members for continuance of care and to improve the coordinated delivery of care. Licensed and contracted NEMTs are indicated when only a safe mode of transportation is needed to provide ongoing, coordinated care **and** when the treating provider determines that the full clinical support of a BLS ambulance is not necessary during transport.

A safe mode of transportation is defined as a transportation modality for those members requiring direct assistance with mobility from their point of origin to their destination. They must be unable to ride in a standard vehicle without assistance and require help by at least one person to get to the vehicle, into the vehicle, out of the vehicle or to their destination. They must be able to sit upright, assist the transporter with transfers if needed and not require any medical intervention during transport.

**Ambulance Transportation (ground and air)  
and  
Non-Emergency Medical Transportation (NEMT)  
Medical Coverage Policy**

The medical necessity of a non-ambulance transport is established when the member meets any of the following originations and purposes:

**A. From Hospital:**

1. For discharges from the hospital to a SNF, when medical monitoring and medical care is not needed; or
2. To a KPMAS Medical Center or another ambulatory care provider for members unable to be safely transported by private or public transportation.

**B. From Skilled Nursing Facility or Acute Rehab to:**

1. Hospital for the purpose of non-emergency admission, evaluation, or testing; or
2. Outside provider, including a KPMAS medical center, to obtain medically necessary diagnostic or therapeutic services not provided by the SNF or acute Rehab; or
3. Another SNF or Acute Rehab when the facility cannot adequately care for the member; or
4. An external dialysis facility, if only safe transport is needed; or
5. Members' home, if only safe transport is needed.

**C. From a KPMAS Medical Center for safe transport when no medical observation or care is needed during transport:**

1. Hospital for the purpose of non-emergency inpatient admission; or
2. SNF for the purpose of admission; or
3. A KPMAS medical center for continuity and coordination of ongoing medical care when services are not available at the sending KPMAS medical center; or
4. A KPMAS Medical Imaging Center(s), for imaging not available at the sending KPMAS office or medical center; or
5. Member's home if transport is indicated for safety

**D. From home to the following outpatient care facilities, if the member cannot be safely transported by self, family or care givers, or public transportation.**

1. A stand-alone dialysis facility, if transport is for special, short-term circumstances when member has no other safe transport options; or
2. A facility for medical care, including a KPMAS Medical Center, if member is unable to be safely transported by private or public transportation.

**IV. Exclusions and Limitations for Ground Ambulance and Non-Medical Transport**

**A. Ambulance transportation is NOT indicated for:**



## Ambulance Transportation (ground and air) and Non-Emergency Medical Transportation (NEMT) Medical Coverage Policy

1. Dialysis or oncology treatments for members who do not need medical care or monitoring during transportation; or
2. Transportation from one custodial care facility to another; or
3. Transportation from or to the physician's office for routine services; or
4. Transportation from or to a member's home and a custodial care facility; or
5. Ambulance transport from a hospital capable of treating the member to another hospital because the member or the member's family prefers a specific hospital or physician.

### **B. Exclusions for both Ground Ambulance and Non-Emergency Medical Transportation**

Any request for non-emergency medical transport that does not meet the medical necessity or coordination of care requirements are not covered.

### **V. Clinical Guidelines for Air Ambulance**

Emergency air transport is clinically indicated when the member's condition is such that the time needed to transport a member by ground, or the instability of transportation by ground, poses a threat to the member's survival or seriously endangers the member's health.<sup>1</sup> Air ambulance transportation services, either by means of a helicopter or fixed wing aircraft, is medically necessary on **any** the following:

#### **A. Community to Hospital Air Transport**

An air transport from the community to a hospital is clinically indicated if **all** of the following criteria are met:

1. When the member's medical condition requires immediate and rapid ambulance transportation that cannot be provided by ground ambulance due to **either** of the following:
  - a. The point of pickup is inaccessible by ground vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States); **or**
  - b. Great distances or other obstacles prevent the timely transport of the member to the nearest hospital with appropriate facilities; and
2. The member must be alive at the time of the air ambulance's departure from their origination site **except** when a member is pronounced dead before being loaded onto the ambulance for

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<sup>1</sup> The following is an advisory list of examples for which air ambulance could be justified. The list is not inclusive of all circumstances or member conditions, nor is it intended to justify emergency air transport in all locales for these conditions: Intracranial bleeding - requiring neurosurgical intervention; Cardiogenic shock; Burns requiring treatment in a burn center; Urgent and emergent conditions requiring treatment in a Hyperbaric Oxygen Unit; Multiple severe injuries; or Life-threatening trauma.

**Ambulance Transportation (ground and air)  
and  
Non-Emergency Medical Transportation (NEMT)  
Medical Coverage Policy**

transport (either before or after the ambulance arrives on the scene) and meets **all** of the following:

- a. The air ambulance service would otherwise have been medically necessary; **and**
  - b. The pronouncement of death is made by an individual authorized under state law to make such pronouncements.
3. As a general guideline, air transportation is appropriate when ground ambulance is predicted to exceed 30-60 minutes to transport a member whose medical condition requires immediate and rapid transport due to the nature and/or severity of the illness/injury. However, differing statewide Emergency Medical Services (EMS) systems determine the amount and level of basic and advanced life support ground transportation available. **and**
  4. The aircraft and crew must meet the ambulance requirements listed in Sections V, VI and VII. Ambulance Vehicle and Crew Requirements; **and**
  5. All cardiac air ambulance transports require the review and authorization of the on-duty MAPMG Emergency Care Management (ECM) Physician. Cardiac conditions, requiring medically necessary urgent/emergent air transport services can be authorized by ECM Physicians in conjunction with MAPMG Cardiologists.


**Please call the Kaiser Permanente paging system at (703) 359 7460 to access the on-duty MAPMG Emergency Care Management (ECM) Physician or MAPMG Cardiologist on-call.**

**B. Hospital to Hospital Air Transport**

An air ambulance transport from one hospital to another hospital is clinically indicated if **all** of the following criteria are met:

1. If transportation by ground ambulance would endanger the member's health and the transferring hospital does not have adequate facilities to provide the medical services needed by the member; and
2. If the hospital to which the member is transferred is the nearest one with appropriate facilities or is a contracted hospital for special services.
  - a. Examples of specialized medical services not available at all facilities may include but not limited to burn care, cardiac care, neurosurgical care, neurointerventional care, trauma care, and critical care.

**VI. Exclusions / Requirements for Air Ambulance**

 <b>KAISER PERMANENTE</b> Mid Atlantic States	<b>Ambulance Transportation (ground and air)          and          Non-Emergency Medical Transportation (NEMT)          Medical Coverage Policy</b>
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An air ambulance transport is considered **NOT** medically necessary in the presence of **any** of the following:

- A. When the air ambulance dispatcher is notified of the member’s death and there was a reasonable opportunity to notify the pilot to abort the flight. This includes when an air ambulance has been cleared for takeoff or taxied but has not actually lifted off; or
- B. Services that are considered non-critical care. Air transport services are not covered for transport to a facility that is not an acute care hospital, such as a nursing facility, physician’s office, or a member’s home; or
- C. When the air ambulance transport is from a hospital capable of treating the member to another hospital because the member or the member’s family prefer a specific hospital or physician; or
- D. Cardiac conditions without cardiogenic shock require review and authorization by a MAPMG provider. (See section **V. A-5**)


**VII. Air and Ground Ambulance Vehicle and Crew Requirements**

Ambulance <sup>2</sup> transport must comply with **all** of the following requirements:

- A. Any vehicle or aircraft used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting members with acute medical conditions; and
- B. The vehicle or aircraft must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle; and
- C. Basic Life Support (BLS) ambulances must be staffed by at least two people, at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life sustaining equipment on board the vehicle; or

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<sup>2</sup> There are seven (7) categories of ground ambulance described in the Medicare Benefit Policy Manual, Chapter 10-Ambulance Services. “Ground” refers to both land and water transportation. Detailed and specific definition of the various ground ambulance services (BLS, ALS, etc.) is described in Section 30.1: Categories: [Ambulance Services - Medicare Benefit Policy Manual Chapter 10](#)

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- D. Advanced Life Support (ALS) vehicles must be staffed by at least two people, at least one of whom must be certified by the State or local authority as an EMT-Intermediate or an EMT-Paramedic.

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**Ambulance Transportation (ground and air)  
and  
Non-Emergency Medical Transportation (NEMT)  
Medical Coverage Policy**

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**Approval History**

<b>Date approved by RUMC*</b>	<b>Date filed with the State of Maryland</b>	<b>Date of Implementation (Ten days after filing)</b>
10/30/2012	11/01/2012	11/12/2012
10/24/2013	11/01/2013	11/11/2013
11/24/2014	11/25/2014	12/05/2014
11/19/2015	11/23/2015	12/04/2015

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 <b>KAISER PERMANENTE</b> Mid Atlantic States	<b>Ambulance Transportation (ground and air)          and          Non-Emergency Medical Transportation (NEMT)          Medical Coverage Policy</b>
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Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC*	Date of Implementation
11/23/2016	11/23/2016
11/21/2017	11/21/2017
10/15/2018	10/15/2018
10/29/2019	10/29/2019
10/15/2020	10/15/2020
10/19/2021	10/19/2021
09/23/2022	09/23/2022
08/24/2023	08/24/2023
09/27/2023	09/27/2023
11/28/2023	11/28/2023
11/21/2024	11/21/2024

\*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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