Medical Policy

Ambulance and Transportation Services

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Product Applicability

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Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.
Δ As required by state regulations and/or benefit coverage, different Plan medical criteria are specified for BMC HealthNet Plan products, Senior Care Options products, and Well Sense Health Plan products. See the applicable Medical Policy Statement section for medical criteria.

Policy Summary

The Plan considers ambulance and transportation services to be medically necessary when Plan medical criteria are met. Ambulance transportation to the nearest medical facility for emergency medical care does not require prior authorization, but most non-emergent ambulance and transportation services do require prior authorization by the Plan for BMC HealthNet Plan products (including Senior Care Options) and Well Sense Health Plan products.

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
For the Well Sense Health Plan products and the Senior Care Options product only, Coordinated Transportation Solutions, Inc. (CTS) manages the travel arrangements for non-emergency sea transport, non-emergency air transport, non-emergency ground transportation; CTS may be contacted at 1-800-492-9928. For all BMC HealthNet Plan products (including Senior Care Options products) and Well Sense Health Plan products, the Plan determines the medical necessity of transportation services according to the following notification guidelines:

1. **BMC HealthNet Plan Members (Except Senior Care Options Members):** Contact the Plan for prior authorization requests for non-emergency sea transport, non-emergency air transport, non-emergency chair car/wheelchair van transport, and/or non-emergency ground ambulance transport, services for BMC HealthNet Plan members (including both member and provider requests for service).

2. **Senior Care Options Members:** Contact the Plan rather than Coordinated Transportation Solutions, Inc. (CTS) for prior authorization requests for non-emergency sea transport, non-emergency air transport, non-emergency chair car/wheelchair van transport, non-emergency ground ambulance transport, and/or medically necessary general transportation services for Senior Care Options members, including requests from members or providers. CTS will manage the travel arrangements for non-emergency ambulance and transportation services after the Plan has determined the medical necessity of treatment with the prior authorization process.

3. **Well Sense Health Plan Members:** Contact Coordinated Transportation Solutions, Inc. (CTS) at 1-800-492-9928 directly (rather than the Plan) for requests for non-emergency sea transport, non-emergency air transport, non-emergency chair car/wheelchair van transport, non-emergency ground ambulance transport, and/or medically necessary general transportation services for Well Sense Health Plan members, including both member and provider requests for service.

It will be determined during the Plan’s prior authorization process if the ambulance transport is considered medically necessary for the requested service. See the Plan’s policy, *Medically Necessary* (policy number OCA 3.14), for the product-specific definitions of medically necessary service.

Guidelines for ambulance and transportation services have been updated at the time of the Plan’s most recent review of this medical policy. To determine the most up-to-date coverage guidelines for each of mode of transportation, always review the member’s applicable benefit documents (rather than this Plan policy) at the time of the authorization request. Coverage for non-emergency ambulance services, chair car/wheelchair van transport, and general transportation services varies by Plan product type and may or may not be a covered service for a Plan member. See the member’s applicable benefit document available at [www.bmchp.org](http://www.bmchp.org) for benefit coverage for a BMC HealthNet Plan member, [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) for a Senior Care Options member, and [www.wellsense.org](http://www.wellsense.org) for benefit coverage for a Well Sense Health Plan member.
Description of Item or Service

The following descriptions apply to BMC HealthNet Plan products (including Senior Care Options) and the Well Sense Health Plan products.

Chair Car: A wheelchair van or motorized vehicle that is specifically equipped to carry a person that is handicapped by mobility or using a wheelchair. The chair car is intended to be used for, and is maintained and operated for, the transportation of sick, injured, or disabled persons; a valid certificate of inspection and license are required.

Ground, Sea, and Air Ambulance: An aircraft, boat, motor vehicle, or other means of transportation, including a dual-purpose vehicle, privately or publicly owned, that is intended to be used for, and is maintained and operated for, the transportation of sick, injured, or disabled persons; a valid certificate of inspection and license are required.

Medical Policy Statement for BMC HealthNet Plan Products (Except Senior Care Options Products) ∆

Contact the Plan for prior authorization requests for non-emergency ambulance and transportation services for BMC HealthNet Plan members, including both member and provider requests for service. (See the Medical Policy Statement for Senior Care Options Products section for medical criteria applicable for Senior Care Options members rather than this section.) The Plan considers ambulance and transportation services to be medically necessary when it is a covered service for the member and the following applicable Plan criteria are met, as specified in item A for scenarios that do NOT require prior authorization or item B for scenarios that do REQUIRE prior authorization:

A. Prior Authorization is NOT Required:

The Plan covers ANY of the following scenarios without prior authorization for a member enrolled in a BMC HealthNet Plan product, as specified below in item 1, item 2, or item 3:

1. The Plan covers ground ambulance transportation to the nearest acute care medical facility for emergency medical care (as defined in the Definitions section of this policy); OR

2. Air transportation or sea ambulance transportation is covered for emergency medical care when ONE (1) of the following criteria is met, as specified below in item a or item b:

   a. Ground ambulance cannot be used to access the member for an emergency medical condition; OR

   b. Air transport or sea ambulance transport is medically necessary to manage the member’s emergency medical condition; OR
3. Ground ambulance transport is covered when a member is transported between two (2) inpatient facilities where the admission to each inpatient facility is authorized by the Plan; OR †

† Note: For MassHealth Plan members, non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport a member to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border are covered directly by MassHealth (rather than the Plan) and may require authorization directly from MassHealth; however the Plan will assist in the coordination of these services. All other covered ambulance and transportation services that require prior authorization are managed by the Plan. (This MassHealth coverage guideline does NOT apply to Senior Care Options members with MassHealth benefits.)

B. Prior Authorization is REQUIRED:

The Plan determines the medical necessity of transportation services based on the Plan medical criteria specified in this section.

All transportation scenarios not specified in item A above require prior authorization by the Plan, including but not limited to ANY of the following, as specified below in item 1 or item 2:

1. Non-Emergent Sea Transportation or Non-Emergent Air Transportation:

The following applicable criteria must be met, as specified below:

a. Criteria for All Boston Medical Center HealthNet Plan Products:

Non-emergent sea transportation or non-emergent air ** transportation to and/or from medically necessary care is covered when BOTH of the following criteria are met, as specified below in item (1) and item (2):

(1) Transport is to a contracted or Plan authorized medically appropriate acute care medical facility predetermined and authorized by the Plan; AND

** Note: Public airline charges may be authorized for the member in lieu of air ambulance services only when the Plan determines that the member could be safely and less expensively transported on a public airline accompanied by necessary medical attendants.

(2) At least ONE (1) of the following criteria is met, as specified below in item (a), item (b), or item (c):

(a) The member’s medical condition requires medical attention during transport and at least ONE (1) of the following criteria is met, as specified in item i or item ii:

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i. The use of ground transportation is contraindicated or inappropriate to ensure the member’s safe transfer; OR

ii. A ground ambulance cannot be used to access the member (i.e., the point of pick up is not accessible by a land vehicle); OR

(b) An ill or injured member who received urgent or emergent care outside the service area is determined to be medically stable for transport back to the Plan service area but requires medical attention during transport to ensure a safe return; OR

(c) The time needed to provide transport for a patient by land, or the instability of transportation by land, poses a threat to the member’s condition or survival; OR

2. Other Types of Plan Authorized Non-Emergency Transportation: ¶

ONE (1) of the following applicable criteria is met for covered non-emergent transportation, as specified below in item a (for non-emergent chair car or non-emergent wheelchair van transport) or item b (for non-emergent ground ambulance transport):

a. Non-Emergent Chair Car or Non-Emergent Wheelchair Van Transportation:

ALL of the following Plan criteria must be met for non-emergent chair car transportation or non-emergent wheelchair van transportation, as specified below in items (1) through (4):

(1) The member requires transportation to and/or from a covered medical service (e.g., clinic, therapy center, physician’s office, or dialysis center), dental service, and/or behavioral health service (including transport from an inpatient facility when the Plan has authorized the admission unless the reason for the transport is that the originating facility does not have the medically necessary diagnostic and/or therapeutic service, as specified otherwise in the Limitations section of this Plan policy), with coverage for non-emergent transportation services specified in the member’s applicable benefit document available at www.bmchp.org; AND

(2) The member’s medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; AND

(3) The member is unable to safely transfer from a wheelchair to a vehicle with or without assistance; AND

(4) The member is unable to ambulate with or without assistance or a device; OR

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b. **Non-Emergent Ground Ambulance Transportation:**

ALL of the following Plan criteria must be met for non-emergent ground ambulance transport, as specified below in items (1) through (3):

(1) The member requires transportation to and/or from a covered medical service (e.g., clinic, therapy center, physician’s office, dialysis center, or emergency department), dental service, and/or behavioral health service (including transport from an inpatient facility when the Plan has authorized the admission unless the reason for the transport is that the originating facility does not have the medically necessary diagnostic and/or therapeutic service, as specified otherwise in the Limitations section of this Plan policy), with coverage for non-emergent transportation services specified in the member’s applicable benefit document available at [www.bmchp.org](http://www.bmchp.org); AND

(2) The member’s medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; AND

(3) The member meets at least ONE (1) of the following additional criteria, as specified below in items (a) through (h):

   (a) The member is bed confined (defined as unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair); OR

   (b) The member cannot safely sit upright while seated in a wheelchair; OR

   (c) The member can tolerate a wheelchair but is medically unstable; OR

   (d) 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; OR

   (e) The member requires isolation due to communicable disease or hazardous material exposure; OR

   (f) The member has a major orthopedic device that specifically precludes the member from sitting in a wheelchair van or chair car; examples may include backboard, halo-traction, spica cast, use of pins and traction; OR

   (g) The member requires special positioning to prevent further injury (i.e., decubiti or other wound, contracture, post-op hip fracture, severe pain, or the member’s size and/or medical condition is such that more than one person is needed for transfer); OR
(h) The member is at risk of harming him/herself or others

† Note: For MassHealth Plan members, non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport a member to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border are covered directly by MassHealth (rather than the Plan) and may require authorization directly from MassHealth; however the Plan will assist in the coordination of these services. All other covered ambulance and transportation services that require prior authorization are managed by the Plan. (This MassHealth coverage guideline does NOT apply to Senior Care Options members with MassHealth benefits.)

Medical Policy Statement for Senior Care Options Products

Contact the Plan for prior authorization requests for non-emergency ambulance and transportation services for Senior Care Options members (including both member and provider requests for service). The Plan will authorize and oversee medically necessary covered non-emergency transport for the Senior Care Options member. After Plan approval, Coordinated Transportation Solutions, Inc. (CTS) may serve as the Plan designee to coordinate the travel arrangements for covered non-emergent sea transport, non-emergent air transport, non-emergent chair car/wheelchair van transport, non-emergent ground ambulance transport, and/or general transportation services when medically necessary and a component of the member’s individualized care plan.

The Plan determines the medical necessity of transportation services based on the Plan medical criteria specified in this section. The Plan considers ambulance and transportation services to be medically necessary when it is a covered service for the member and the following applicable Plan criteria are met, as specified in item A for scenarios that do NOT require prior authorization or item B for scenarios that do REQUIRE prior authorization:

A. Prior Authorization is NOT Required:

The Plan covers ANY of the following scenarios without prior authorization for a member enrolled in a Senior Care Options product, as specified below in item 1, item 2, or item 3:

1. The Plan covers ground ambulance transportation to the nearest acute care medical facility for emergency medical care (as defined in the Definitions section of this policy); OR

2. Air transportation or sea ambulance transportation is covered for emergency medical care when ONE (1) of the following criteria is met, as specified below in item a or item b:
   
   a. Ground ambulance cannot be used to access the member for an emergency medical condition; OR
b. Air transport or sea ambulance transport is medically necessary to manage the member’s emergency medical condition; OR

3. Ground ambulance transport is covered when a member is transported between two (2) inpatient facilities where the admission to each inpatient facility is authorized by the Plan; OR

B. Prior Authorization is REQUIRED:

ONE (1) of the following applicable criteria must be met for a Senior Care Options member, as specified below in item 1 or item 2:

1. Non-Emergent Sea Transportation or Non-Emergent Air Transportation:

   BOTH of the following criteria must be met for Plan authorized non-emergent sea transportation or non-emergent air transportation (unless stated otherwise in the Limitations section of this Plan policy), as specified below in items a and b:

   a. The non-emergent sea transportation or non-emergent air transportation is prescribed by the member’s primary care provider or treating provider; AND

   b. Ground transportation is contraindicated, inappropriate to ensure the member’s safe transfer, or cannot be used to access the member; OR

2. Other Types of Plan Authorized Non-Emergency Transportation:

   ONE (1) of the following applicable criteria is met for covered non-emergent transportation, as specified below in item a (for non-emergent chair car or non-emergent wheelchair van transport), item b (for non-emergent ground ambulance transport, or item c (for general transportation services):

   a. Non-Emergent Chair Car or Non-Emergent Wheelchair Van Transportation:

      ALL of the following criteria must be met for Plan authorized non-emergent chair car transportation or non-emergent wheelchair van transportation (unless stated otherwise in the Limitations section of this Plan policy), as specified below in items (1) through (4):

      (1) The member requires non-emergent chair care or non-emergent wheelchair van transportation to a covered medical service, dental service, behavioral health service, and/or transport to a pharmacy when it is a covered destination according to the CMS Medicare Benefit Policy Manual in effect at the time of the prior authorization request, or the transportation service is authorized by the Plan for care management and integration of medically necessary services for the member’s individualized care
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Plan (with coverage as specified in the member’s benefit document available at www.SeniorsGetMore.org); AND

(2) The member’s medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; AND

(3) The member is unable to safely transfer from a wheelchair to a vehicle with or without assistance; AND

(4) The member is unable to ambulate with or without assistance or a device; OR

b. **Non-Emergent Ground Ambulance Transportation:**

BOTH of the following Plan criteria must be met for Plan authorized non-emergent ground ambulance transportation (unless stated otherwise in the Limitations section of this Plan policy), as specified below in items (1) and (2):

(1) The member’s medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; AND

(2) The member meets at least ONE (1) of the following additional criteria, as specified below in items (a) through (i):

   (a) The member requires non-emergent ground transportation to a covered medical service, dental service, behavioral health service, and/or transport to a pharmacy when it is a covered destination according to the CMS Medicare Benefit Policy Manual in effect at the time of the prior authorization request, or the transportation service is authorized by the Plan for care management and integration of medically necessary services for the member’s individualized care plan (unless specified otherwise in the Limitations section of this Plan policy), with coverage as specified in the member’s benefit document available at www.SeniorsGetMore.org; OR

   (b) The member is bed confined (defined as unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair); OR

   (c) The member cannot safely sit upright while seated in a wheelchair; OR

   (d) The member can tolerate a wheelchair but is medically unstable; OR
(e) 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; OR

(f) The member requires isolation due to communicable disease or hazardous material exposure; OR

(g) The member has a major orthopedic device that specifically precludes the member from sitting in a wheelchair van or chair car; examples may include backboard, halo-traction, spica cast, use of pins and traction; OR

(h) The member requires special positioning to prevent further injury (i.e., decubiti or other wound, contracture, post-op hip fracture, severe pain, or the member’s size and/or medical condition is such that more than one person is needed for transfer); OR

(i) The member is at risk of harming him/herself or others; OR

c. **General Transportation:**

The following criterion must be met for covered general transportation services (and excludes coverage for private transportation services that may include but are not limited to a taxi service, private car service, and/or transportation provided by a member, family member, friend, volunteer, and/or significant other):

The member requires general transportation services to a covered medical service, dental service, behavioral health service, and/or transport to a pharmacy when it is a covered destination according to the CMS Medicare Benefit Policy Manual in effect at the time of the prior authorization request, or the transportation service is authorized by the Plan for care management and integration of medically necessary services for the member’s individualized care plan (unless specified otherwise in the Limitations section of this Plan policy). General transportation services must be authorized by the Plan for the mode of transportation and indication for transport, arrangements are coordinated by the Plan’s Care Management staff (or CTS as the Plan’s designee), and the transportation service is covered for the member, as specified in the member’s applicable benefit document available at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org).

**Medical Policy Statement for Well Sense Health Plan Products**

Contact Coordinated Transportation Solutions, Inc. (CTS) at 1-800-492-9928 directly (rather than the Plan) for requests for covered non-emergent sea transport, non-emergent air transport, non-emergent chair car/wheelchair van transport, non-emergent ground ambulance transport, and/or medically necessary general transportation services for Well Sense Health Plan members, including both member

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and provider requests for service. CTS will coordinate medically necessary covered general transportation services and all non-emergency transport on behalf of Plan members (and will direct requests to the Plan’s Care Management staff for medically necessary non-emergent transportation requests over 100 miles one way for a Well Sense Health Plan member).

The Plan considers ambulance and transportation services to be medically necessary when it is a covered service for the member and the following applicable Plan criteria are met, as specified in item A for scenarios that do NOT require prior authorization or item B for scenarios that do require prior authorization:

A. Prior Authorization is NOT Required:

The Plan covers ANY of the following scenarios without prior authorization for a Well Sense Health Plan member, as specified below in item 1, item 2, or item 3:

1. The Plan covers ground ambulance transportation to the nearest acute care medical facility for emergency medical care (as defined in the Definitions section of this policy); OR

2. Air transportation or sea ambulance transportation is covered for emergency medical care when:
   a. Ground ambulance cannot be used to access the member for an emergency medical condition; OR
   b. Air or sea ambulance transport is medically necessary to manage the member’s emergency medical condition; OR

3. Ground ambulance transport is covered when a member is transported between two (2) inpatient facilities where the admission to each inpatient facility is authorized by the Plan; OR

B. Prior Authorization is REQUIRED:

All other transportation scenarios not specified above in item A require prior authorization by the Plan, including but not limited to ANY of the following, as specified below in item 1 or item 2:

1. Non-Emergent Sea Transportation or Non-Emergent Air Transportation:

   Non-emergent sea transportation or non-emergent air ** transportation to and/or from medically necessary care is covered when BOTH of the following criteria are met, as specified below in item a and item b:

   a. Transport is to a contracted or Plan authorized medically appropriate acute care medical facility predetermined and authorized by the Plan; AND
   b. Transport is to a contracted or Plan authorized medically appropriate acute care medical facility predetermined and authorized by the Plan; AND

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b. At least ONE (1) of the following criteria is met, as specified below in items (1) through (4):

(1) The member’s medical condition requires medical attention during transport and at least ONE (1) of the following criteria is met, as specified below in item (a) or item (b):

(a) The use of ground transportation is contraindicated or inappropriate to ensure the member’s safe transfer; OR

(b) A ground ambulance cannot be used to access the member (i.e., the point of pick up is not accessible by a land vehicle); OR

(2) An ill or injured member who received urgent or emergent care outside the service area is determined to be medically stable for transport back to the Plan service area but requires medical attention during transport to ensure a safe return; OR

(3) The time needed to provide transport for a patient by land, or the instability of transportation by land, poses a threat to the member’s condition or survival; OR

(4) The non-emergent sea transportation or non-emergent air transportation is prescribed by the member’s primary care provider or treating provider and ground transportation is contraindicated, inappropriate to ensure the member’s safe transfer, or cannot be used to access the member; OR

**Note: Public airline charges may be authorized for the member in lieu of air ambulance services only when the Plan determines that the member could be safely and less expensively transported on a public airline accompanied by necessary medical attendants. Coverage for ambulance services complies with applicable New Hampshire regulations (including He-W 572).**

3. Other Types of Plan Authorized Non-Emergent Transportation:

ONE (1) of the following applicable criteria is met for covered non-emergent transportation, as specified below in item a (for non-emergent chair car or non-emergent wheelchair van transport), item b (for non-emergent ground ambulance transport), or item c (for general transportation):

a. **Non-Emergent Chair Car or Non-Emergent Wheelchair Van Transportation:**

ALL of the following Plan criteria are met for non-emergent chair car or non-emergent wheelchair van transportation, as specified below in items (1) through (4):
(1) The member requires transportation to and/or from a covered medical service (e.g., clinic, therapy center, physician’s office, or dialysis center), dental service, and/or behavioral health service (including transport from an inpatient facility when the Plan has authorized the admission unless the reason for the transport is that the originating facility does not have the medically necessary diagnostic and/or therapeutic service, as specified otherwise in the Limitations section of this Plan policy), with coverage for non-emergent transportation services specified in the member’s applicable benefit document available at www.wellsense.org and according to applicable New Hampshire regulations (including He-W 572); AND

(2) The member’s medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; AND

(3) The member is unable to safely transfer from a wheelchair to a vehicle with or without assistance; AND

(4) The member is unable to ambulate with or without assistance or a device; OR

b. Non-Emergent Ground Ambulance Transportation:

ALL of the following applicable Plan criteria must be met for non-emergent ground ambulance transportation, as specified below in items (1) through (4):

(1) The member requires transportation to and/or from a covered medical service (e.g., clinic, therapy center, physician’s office, or dialysis center), dental service, and/or behavioral health service (including transport from an inpatient facility when the Plan has authorized the admission unless the reason for the transport is that the originating facility does not have the medically necessary diagnostic and/or therapeutic service, as specified otherwise in the Limitations section of this Plan policy), with coverage for non-emergent transportation services specified in the member’s applicable benefit document available at www.wellsense.org; and according to applicable New Hampshire regulations (including He-W 572 and He-W 574); AND

(3) The member’s medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; AND

(4) The member meets at least ONE (1) of the following additional criteria, as specified below in items (a) through (k):

(a) The non-emergent ground ambulance transportation is prescribed by the member’s primary care provider or treating provider; OR
(b) The member is bed confined (defined as unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair); OR

(c) The member cannot safely sit upright while seated in a wheelchair and must be transported in a supine position; OR

(d) The member can tolerate a wheelchair but is medically unstable; OR

(e) 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; OR

(f) The member requires isolation due to communicable disease or hazardous material exposure; OR

(g) The member has a major orthopedic device that specifically precludes the member from sitting in a wheelchair van or chair car; examples may include backboard, halo-traction, spica cast, use of pins and traction; OR

(h) The member requires special positioning to prevent further injury (i.e., decubiti or other wound, contracture, post-op hip fracture, severe pain, or the member’s size and/or medical condition is such that more than one person is needed for transfer); OR

(i) The member is at risk of harming him/herself or others and requires restraints during transport; OR

(j) The member requires skilled/trained monitoring with life support equipment during transport, which may include but is not limited to a member with at least ONE (1) of the following conditions, as specified below in items I through vi:

   i. The member is comatose; OR

   ii. The member requires airway monitoring; OR

   iii. The member requires cardiac monitoring; OR

   iv. The member is dependent on a ventilator; OR

   v. The member requires suctioning; OR

   vi. The member requires the supply and/or regulation of oxygen; OR

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(k) The member requires skilled/trained monitoring during transport for at least ONE (1) of the following conditions, as specified below in items i through vi:

i. The member is comatose; OR

ii. The member requires airway monitoring; OR

iii. The member requires cardiac monitoring; OR

iv. The member is dependent on a ventilator; OR

v. The member requires suctioning; OR

vi. The member requires the supply and/or regulation of oxygen; OR

c. General Transportation:

The following criterion must be met for covered general transportation services (and excludes coverage for private transportation services that may include but are not limited to a taxi service, private car service, and/or transportation provided by a member, family member, friend, volunteer, and/or significant other):

The member requires general transportation services to a covered medical service, dental service, behavioral health service, and/or transport to a pharmacy when it is authorized by the Plan (or CTS as the Plan’s designee) for the mode of transportation and indication for transport, arrangements are coordinated by CTS, and the transportation service is covered for the member, as specified in the member’s applicable benefit document available at www.wellsense.org and according to applicable New Hampshire regulations (including He-W 572 and He-W 574).

Limitations

The following limitations apply to BMC HealthNet Plan products (including Senior Care Options) and the Well Sense Health Plan products.

1. Transportation services that are not covered include ANY of the following, as specified below in items a through f:

a. Transport to and/or from medical appointments, dental appointments, behavioral health appointments, and/or transport to a pharmacy (except when the specific transportation service is covered and authorized by the Plan or its designee, as described in the applicable
Medical Policy Statement section of this Plan policy and in the member’s product-specific benefit document; OR

b. Private transportation services (such as taxi service, private car service, and/or transportation provided by a member, family member, friend, volunteer, and/or significant other); unless authorized by the Plan or CTS as the Plan’s designee as a medically necessary service and a component of the member’s individualized treatment plan; OR

c. Public transportation (unless authorized by the Plan or CTS as the Plan’s designee as a medically necessary service and a component of the member’s individualized treatment plan); OR

d. Ambulance transport solely for the convenience or preference of a member or the member’s family member (unless authorized by the Plan as a medically necessary service and a component of the member’s individualized treatment plan); OR

e. Ambulance transport when an alternative method of transportation is available and can be utilized without endangering the member’s health status (unless authorized by the Plan as a medically necessary service and a component of the member’s individualized treatment plan); OR

f. Transport for the purpose of seeking a non-covered service (unless authorized by the Plan as a medically necessary service and a component of the member’s individualized treatment plan); OR

2. The Plan does not reimburse additionally for transportation to and/or from the originating inpatient facility to another facility when the originating facility does not have the medically necessary diagnostic and/or therapeutic service required for the member’s plan of care. The originating inpatient facility is responsible for coverage of the transportation of the member to and from another qualified facility for the medically necessary diagnostic and/or therapeutic service(s), and the originating inpatient facility would be compensated by the Plan at the established inpatient reimbursement rate.

For Plan members, see the applicable benefit documents for benefit coverage and benefit limitations related to each type of transportation service; benefit documents are available at www.bmchp.org for a BMC HealthNet Plan member, www.SeniorsGetMore.org for a Senior Care Options member, and www.wellsense.org for a Well Sense Health Plan member. Plan criteria specified in the Medical Policy Statement section and Limitations section apply to product-specific covered services, so benefit documents must be reviewed for each Plan member.
Definition

The following definition applies to BMC HealthNet Plan products (including Senior Care Options) and the Well Sense Health Plan products.

Emergency Medical Condition: According to the Emergency Medical Treatment and Labor Act (EMTALA), an emergency medical condition is defined as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Because the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member.

Reference the Plan’s Reimbursement Policy – Transportation (policy number 4.113) for additional guidelines related to the Plan’s billing requirements and reimbursement of transportation services (e.g., use of origin and destination modifiers, submission of applicable revenue codes, and documentation of mileage and ambulance services) for a member enrolled in a BMC HealthNet Plan product. Review the Plan’s Reimbursement Policy – Emergent Transportation (policy number WS 4.14) for the Plan’s billing requirements and reimbursement of emergent transportation services for a member enrolled in a Well Sense Health Plan product. The following list of applicable codes applies to BMC HealthNet Plan products (including Senior Care Options) and the Well Sense Health Plan products.

Ambulance and Transportation Services

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<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description: The following ambulance codes require prior authorization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan note: For MassHealth Plan members, non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport a member to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border are covered directly by MassHealth (rather than the Plan) and may require authorization directly from MassHealth; however the Plan will assist in the coordination of these services. All other covered ambulance and transportation services that require prior authorization are managed by the Plan. (This MassHealth coverage guideline does NOT apply to Senior Care Options members with MassHealth benefits.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0130</td>
<td>Non-emergency transportation: wheelchair van</td>
</tr>
<tr>
<td>A0140</td>
<td>Non-emergency transportation and air travel (private or commercial) intra- or interstate</td>
</tr>
<tr>
<td>A0021</td>
<td>Ambulance service, outside state per mile, transport (Medicaid only)</td>
</tr>
<tr>
<td>Plan note: Covered only for MassHealth members when authorized by the Plan.</td>
<td></td>
</tr>
<tr>
<td>A0100</td>
<td>Nonemergency transportation; taxi</td>
</tr>
<tr>
<td>Plan note: Covered only for MassHealth and Senior Care Options members when authorized by the Plan.</td>
<td></td>
</tr>
<tr>
<td>A0110</td>
<td>Nonemergency transportation and bus, intra- or interstate carrier</td>
</tr>
<tr>
<td>Plan note: Covered only for Senior Care Options members when authorized by the Plan.</td>
<td></td>
</tr>
<tr>
<td>A0120</td>
<td>Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems</td>
</tr>
<tr>
<td>Plan note: Covered only for Senior Care Options members when authorized by the Plan.</td>
<td></td>
</tr>
<tr>
<td>A0130</td>
<td>Nonemergency transportation: wheelchair van</td>
</tr>
<tr>
<td>Plan note: Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
<td></td>
</tr>
<tr>
<td>A0140</td>
<td>Nonemergency transportation and air travel (private or commercial) intra- or interstate</td>
</tr>
<tr>
<td>Plan note: Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A0160</td>
<td>Nonemergency transportation: per mile - caseworker or social worker</td>
</tr>
<tr>
<td>A0170</td>
<td>Transportation ancillary: parking fees, tolls, other</td>
</tr>
<tr>
<td>A0225</td>
<td>Ambulance service, neonatal transport, base rate, emergency transport, one way</td>
</tr>
<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)</td>
</tr>
<tr>
<td>A0428</td>
<td>Ambulance service, basic life support, non-emergency transport (BLS)</td>
</tr>
<tr>
<td>A0430</td>
<td>Ambulance service, conventional air services, transport, one way (fixed wing)</td>
</tr>
<tr>
<td>A0433</td>
<td>Advanced life support, level 2 (ALS 2)</td>
</tr>
<tr>
<td>A0434</td>
<td>Specialty care transport (SCT)</td>
</tr>
<tr>
<td>A0435</td>
<td>Fixed wing air mileage, per statute mile</td>
</tr>
<tr>
<td>A0436</td>
<td>Rotary wing air mileage, per statute mile</td>
</tr>
<tr>
<td>A0998</td>
<td>Ambulance response and treatment, no transport</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Plan Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0999</td>
<td>Unlisted ambulance service</td>
<td>Covered only for Qualified Health Plan and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>S0209</td>
<td>Wheelchair van, mileage, per mile</td>
<td>Use this code with wheelchair van transportation to report miles. Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>S0215</td>
<td>Non-emergency transportation; mileage, per mile</td>
<td>Use this code with wheelchair van transportation to report miles. Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>S9960</td>
<td>Ambulance service, conventional air services, non-emergency transport, one way (fixed wing)</td>
<td>Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>S9961</td>
<td>Ambulance service, conventional air service, non-emergency transport, one way (rotary wing)</td>
<td>Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>T2001</td>
<td>Nonemergency transportation; patient attendant/escort</td>
<td>Covered only for Qualified Health Plan and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>T2002</td>
<td>Nonemergency transportation; per diem</td>
<td>Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>T2003</td>
<td>Nonemergency transportation; encounter/trip</td>
<td>Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
<tr>
<td>T2004</td>
<td>Nonemergency transport; commercial carrier, multipass</td>
<td>Covered only for MassHealth, Qualified Health Plan, and Senior Care Options members when authorized by the Plan.</td>
</tr>
</tbody>
</table>
Clinical Background Information

At the time of the Plan’s most recent policy review, no clinical guidelines were found from the Centers for Medicare & Medicaid Services (CMS) for ambulance and transportation services. Determine if applicable CMS criteria are in effect for this service in a national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request for a Senior Care Options (SCO) member.

According to the CMS Medicare Benefit Policy Manual (Chapter 10 - Ambulance Services, Rev. 187 05-01-14 and Rev. 190 07-11-14, section 10.3 - The Destination, accessed at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf), “an ambulance transport is covered to the nearest appropriate facility to obtain necessary diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy) as well as the return transport. In addition to all other coverage requirements, this transport situation is covered only to the extent of the payment that would be made for bringing the service to the patient. Medicare covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations: Hospital, critical access hospital (CAH), skilled nursing facility (SNF), beneficiary’s home, or dialysis facility for end-stage renal disease (ESRD) patient who requires dialysis. A physician’s office is not a covered destination. However, under special circumstances an ambulance transport may temporarily stop at a physician’s office without affecting the coverage status of the transport.” Verify coverage of ambulance and transportation services for a SCO member using the member benefit document at www.SeniorsGetMore.com and the applicable Medicare Benefit Policy Manual in effect at the time of the request for transportation services.

Additional transportation services beyond those specified in the CMS Medicare Benefit Policy Manual may be covered for a SCO member according to the Plan’s SCO contract with the Executive Office of Health and Human Services (EOHHS). Transportation services (including ambulance by air and land and/or chair car transport) for SCO members are covered for medical reasons when authorized by the Plan for the provision of community-based, long-term care and social support services for medically

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necessary care management and service integration. EOHHS is the single state agency that is responsible for the administration of the MassHealth Programs, pursuant to MGL c. 118E and Titles XIX and XXI of the Social Security Act and other applicable laws and waivers.

References


<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory Approval: N/A</td>
<td>01/01/12 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) and member of Quality Improvement Committee (QIC)</td>
<td>MPCTAC and QIC</td>
</tr>
<tr>
<td>Internal Approval: 06/29/11: MPCTAC 07/27/11: QIC</td>
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</table>

*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12
*Effective Date for the Well Sense Health Plan New Hampshire Medicaid Product(s): 07/01/14
*Effective Date for Senior Care Options Product(s): 01/01/16

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/12</td>
<td>Review. Updated reference, revised language in Applicable Code section, included list of applicable codes, added detail on the when to reference the Plan’s Reimbursement Guidelines: Transportation policy. Included clarification on limitations on the use of ambulance transport (i.e., limitation when ambulance transport is solely for convenience, when another alternative is safe and available, and/or use with</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Version</th>
<th>Date</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/12</td>
<td>Added Commonwealth Care to list of applicable products (to comply with EOC), removed “Guidelines” from title, updated Summary and References sections, reformatted Medical Policy Statement section, added references to sea ambulance (as appropriate).</td>
<td>Version 3</td>
<td>11/21/12: MPCTAC 12/20/12: QIC</td>
<td></td>
</tr>
<tr>
<td>03/01/13</td>
<td>Review, deleted redundant text in the Summary section, revised Description of Item or Service section, moved medical criteria from the Summary section to the Medical Policy Statement section (formerly named Clinical Guideline Statement section), updated applicable code list and references, and changed name of policy category from “Clinical Coverage Guidelines” to “Medical Policy.”</td>
<td>Version 4</td>
<td>03/20/13: MPCTAC 04/18/13: QIC</td>
<td></td>
</tr>
<tr>
<td>03/01/14</td>
<td>Review for effective date 07/01/14. Added Well Sense Health Plan as an applicable product for this policy and included criteria for Well Sense Health Plan. Updated references, applicable code list (adding HCPCS codes S9960 and S9961), and revised language in the Applicable Coding section. Revised Summary section and added note to policy header. Added reference to Coordinated Transportation Solutions, Inc. (CTS), the Plan’s external partner who manages the travel arrangements for non-emergent sea transport, non-emergent air transport, and non-emergent ground transportation for Well Sense Health Plan members. Reformatted and revised criteria for BMC HealthNet Plan products, allowing the approval of transport to a Plan authorized acute care medical facility (as well as a contracted facility).</td>
<td>07/01/14</td>
<td>03/19/14: MPCTAC 04/16/14: QIC</td>
<td></td>
</tr>
<tr>
<td>06/30/14</td>
<td>Off cycle review for effective date 10/01/14. Removed the following codes from the applicable code list: A0425, A0430, A0431, A0434, A0435, and A0436 (since these codes may be used with emergency transport and Plan prior authorization will not be required).</td>
<td>10/01/14</td>
<td>06/30/14: MPCTAC (electronic vote) 07/09/14: QIC</td>
<td></td>
</tr>
<tr>
<td>10/31/14</td>
<td>Off cycle review for effective date 12/01/14. Added MassHealth as an applicable product. Updated Summary, Medical Policy Statement, and Limitations sections without changing</td>
<td>12/01/14</td>
<td>10/31/14: MPCTAC (electronic vote) 11/12/14: QIC</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Last Reviewed</th>
<th>Next Review Date</th>
<th>Authorizing Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/15</td>
<td>Review for effective date 03/01/15. Updated references. Revised the Limitations section to reference the member’s applicable benefit document without changing the service limitations. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available.</td>
<td>03/18/15: MPCTAC 04/08/15: QIC</td>
<td>05/01/16</td>
<td>QIC</td>
</tr>
<tr>
<td>11/01/15</td>
<td>Review for effective date 11/01/15. Updated product applicability template and note. Administrative changes made to the Summary, Limitations, and BMC HealthNet Plan Medical Policy Statement sections to reference the Senior Care Options (SCO) product and interface with Coordinated Transportation Solutions, Inc. (CTS) to manage the travel arrangements for covered non-emergent transport for SCO members. Revised language in the Applicable Coding section.</td>
<td>01/01/16 Version 9</td>
<td>11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC</td>
<td>QIC</td>
</tr>
<tr>
<td>05/01/16</td>
<td>Review for effective date 05/01/16. Updated Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections. Administrative changes made to the Summary, Description of Item or Service, Applicable Coding, and Definitions sections. Criteria changes made in the Medical Policy Statement and Limitations sections. Updated applicable code list.</td>
<td>09/01/16 Version 10</td>
<td>05/31/16: MPCTAC (electronic vote) 06/08/16: QIC</td>
<td>QIC</td>
</tr>
</tbody>
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Ambulance and Transportation Services

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Other Applicable Policies

Medical Policy - *Medically Necessary*, policy number OCA 3.14
Reimbursement Guidelines - *Ambulance*, policy number SCO 4.113
Reimbursement Guidelines - *Emergent Transportation*, policy number WS 4.14
Reimbursement Guidelines - *General Billing and Coding Guidelines*, policy number 4.31
Reimbursement Guidelines - *General Billing and Coding Guidelines*, policy number, WS 4.17
Reimbursement Guidelines - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number 4.108
Reimbursement Guidelines - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number WS 4.18
Reimbursement Guidelines - *Transportation*, policy number 4.113

Reference to Applicable Laws and Regulations


Ambulance and Transportation Services

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Disclaimer Information: *

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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