

## TRANSPORTATION SERVICES

**Policy Number:** TRANSPORT 002.18 T2

**Effective Date:** February 1, 2018

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### Related Policies

- [Ambulance](#)
- [Emergency Room Visits \(Including Coverage for Members Outside of the United States\)](#)

### INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

### CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes <sup>1, 2,</sup>
Precertification with Medical Director Review Required	No <sup>1, 2,</sup>
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Ambulance
Special Considerations	<p><sup>1</sup>Emergency land transportation to a hospital and/or hospital emergency facility does not require notification, precertification or certification.</p> <p><sup>2</sup>Precertification with review by a Medical Director or their designee is required for:</p> <ul style="list-style-type: none"> <li>• Non-emergent transportation (land, air or water); and</li> <li>• All requests for air or water transportation</li> </ul>

### BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable. If there is a difference between the policy and the member's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

## **Product Specific Information**

### ***NJ Plans and Products***

- If the member has no choice in what type of emergent transport the emergency personnel determines is necessary, the member must be held harmless (i.e., medical necessity does not have to be demonstrated).
- Mobile Intensive Care Units must be treated the same as an emergency room visit (cost sharing, notification requirements, etc.).

### **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## **POLICY**

**Note:** Refer to Oxford's [Ambulance](#) policy for additional information regarding the reimbursement of ambulance transportation services.

### **Indications for Coverage**

#### ***Emergency Transportation***

##### **Land Transportation**

Coverage includes emergency ambulance transportation (including wait time and treatment at the scene) by a licensed ambulance service from the location of the sudden illness or injury, to the nearest hospital where services can be performed.

Emergency transportation to an acute care hospital and/or hospital emergency facility does not require notification, precertification or certification.

##### **Air Transportation**

As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a member whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the member's illness/injury, air transportation may be appropriate.

Precertification with review by a Medical Director or their designee is required for all air transportation. In the event precertification is not feasible due to time constraints related to medical emergencies, Oxford will require review of clinical notes post service and prior to payment.

#### *Criteria*

Air Ambulance transportation should meet the following criteria:

- The patient's destination is an acute care hospital, **and**
- The patient's condition is such that the ground ambulance (basic or advanced life support) would endanger the member's life or health, **or**
- Inaccessibility to ground ambulance transport or extended length of time required to transport the patient via ground ambulance transportation could endanger the member, **or**
- Weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming.

#### **Additional Information**

Emergency ambulance coverage includes supplies that are needed for advanced life support or basic life support to stabilize a patient's medical condition.

#### ***Non-Emergency Transportation***

Coverage includes non-emergency ambulance transportation by a licensed ambulance service (either ground or Air Ambulance), between health care facilities when the ambulance transportation is any of the following:

- From a non-network hospital to the closest Network hospital
- To the closest Network hospital or facility that provides covered health services that were not available at the original hospital

- From a Short-Term Acute Care Facility to the closest Network Long-Term Acute Care Facility (LTAC), Network Inpatient Rehabilitation Facility, or other Network Sub-Acute facility.

Precertification with review by a Medical Director or their designee is required for all non-emergent transportation and is covered only when the member's specific benefit document includes coverage for non-emergent ambulance/transportation and/or coverage is required due to federal or state mandates.

### **Additional Information**

Ambulance transportation that is done for convenience of the patient is not covered.

### **Coverage Limitations and Exclusions**

The following services are not eligible for coverage:

- Ambulance services from providers that are not properly licensed to be performing the ambulance services rendered.
- Air Ambulance that does not meet the covered indications in the Air Ambulance criteria listed above.
- Non-ambulance transportation. Non-ambulance transportation is not covered even if rendered in an Emergency situation. Examples include but are not limited to commercial or private airline or helicopter, a police car ride to a hospital, medi-van transportation, wheel-chair van, taxi ride, bus ride, etc.
- Ambulance transportation when other mode of transportation is appropriate. Except as indicated under the [Indications for Coverage](#) section of this policy, ambulance services when transportation by other means would not endanger the member's health are not covered.
- Ambulance transportation to a home, residential, domiciliary or custodial facility is not covered.
- Ambulance transportation that violates the notification criteria listed in the [Indications for Coverage](#) section above.
- Ambulance transportation for patient convenience or other miscellaneous reasons for patient and/or family. Examples include but are not limited to:
  - Patient wants to be at a certain hospital or facility for personal/preference reasons;
  - Patient is in foreign country, or out of state, wants to come home to for a surgical procedure or treatment (this includes those recently discharged from inpatient care);
  - Patient is going to a routine service and is medically able to use another mode of transportation but can't find it;
  - Patient is deceased (i.e., transportation to the coroner's office or mortuary)
- Ambulance transportation deemed not appropriate. Examples include but are not limited to:
  - Hospital to home
  - Home to physician's office
  - Home (e.g., residence, nursing home, domiciliary or custodial facility) to a hospital for a scheduled service

### **Out-of-Country Transportation**

When a member has traveled outside of the United States, Mexico, Canada and the U.S. Territories, emergency transportation to the nearest hospital and/or hospital emergency facility does not require notification, precertification or certification. However, Oxford should be notified of an admission within 48 hours or as soon as possible, consistent with the member's certificate.

All requests for any other out-of-the-country transportation, including Repatriation, require precertification and Medical Director review.

Refer to Oxford's [Emergency Room Visits \(Including Coverage for Members Outside of the United States\)](#) policy for additional information on coverage for services received outside of the United States, Mexico, Canada, and the U.S. Territories.

## **DEFINITIONS**

**Air Ambulance:** Transportation provided by either fixed wing or rotary wing aircraft.

**Fixed-Wing Aircraft:** Air transportation provided by an airplane.

**Long-Term Acute Care Facility (LTAC):** Means a facility or Hospital that provides care to people with complex medical needs requiring long-term Hospital stay in an acute or critical setting.

**Repatriation:** Returning a person to their place of origin or citizenship.

**Rotary-Wing Aircraft:** Air transportation provided by a helicopter.

**Short-Term Acute Care Facility:** A facility or hospital that provides care to people with medical needs requiring short-term hospital stay in an acute or critical setting such as for recovery following a surgery, care following sudden Sickness, Injury, or flare-up of a chronic Sickness.

**Sub-Acute Facility:** A facility that provides intermediate care on short-term or long-term basis.

## APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Modifier	Description
<b>Ambulance Modifiers</b>	
Ambulance claims are billed with the following modifiers. The first digit indicates the place of origin, and the destination is indicated by the second digit. The modifiers most commonly used are:	
D	Diagnostic or therapeutic site other than 'P' or 'H'
E	Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Non-hospital-based dialysis facility
N	Skilled nursing facility (SNF)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.) <b>Note:</b> Modifier X can only be used as a destination code in the second position of a modifier.

HCPCS Code	Description
<b>Air Ambulance Codes</b>	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments
<b>Ground/Other Ambulance Codes</b>	
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS mileage (per mile)

HCPCS Code	Description
<b>Ground/Other Ambulance Codes</b>	
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug therapy
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS emergency)
A0428	Ambulance service, basic life support, nonemergency transport (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS emergency)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
S0207	Paramedic intercept, non-hospital based ALS(nonvoluntary), nontransport
S0208	Paramedic intercept, hospital based ALS, (nonvoluntary), nontransport

Revenue Code	Description
540	Ambulance; general classification
541	Ambulance; supplies
542	Ambulance; medical transport
543	Ambulance; heart mobile
544	Ambulance; oxygen
545	Air ambulance
546	Neo-natal ambulance
547	Ambulance; pharmacy
548	Ambulance; telephone transmission EKG
549	Other ambulance

## REFERENCES

The foregoing Oxford policy has been adapted, in part, from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Coverage Determination Committee [CDG.001.06]

Medicare Benefit Policy Manual, Chapter 10, Ambulance Services. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>. Accessed 8/30/17.

Oxford Commercial Member Health Benefit Plans

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
02/01/2018	<ul style="list-style-type: none"> <li>Revised policy guidelines:               <ul style="list-style-type: none"> <li><b>Emergency Transportation</b> <ul style="list-style-type: none"> <li>Added language to clarify coverage for emergency ambulance transportation <i>includes wait time and treatment at the scene</i></li> </ul> </li> </ul> </li> </ul>

Date	Action/Description
	<ul style="list-style-type: none"> <li>○ Added language to indicate emergency ambulance coverage includes supplies that are needed for advanced life support or basic life support to stabilize a patient’s medical condition</li> </ul> <p><b>Non-Emergency Transportation</b></p> <ul style="list-style-type: none"> <li>○ Updated situations where non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance) is covered; replaced: <ul style="list-style-type: none"> <li>▪ “From a non-network hospital to a Network hospital” with “from a non-network hospital to <i>the closest</i> Network hospital”</li> <li>▪ “To a hospital that provides a <i>required higher level of care that was not available at the original hospital</i>” with “to <i>the closest Network hospital or facility that provides covered health services that were not available at the original hospital</i>”</li> <li>▪ “From <i>an acute facility to a sub-acute setting</i>” with “from a <i>short-term acute facility to the closest Network Long-Term Acute Care Facility (LTAC), Network Inpatient Rehabilitation Facility, or other Network Sub-Acute Facility</i>”</li> </ul> </li> <li>○ Removed language indicating non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance) to a more cost-effective acute care facility is covered</li> <li>○ Added language to indicate ambulance transportation that is done for convenience of the patient is not covered</li> </ul> <p><b>Coverage Limitations and Exclusions</b></p> <ul style="list-style-type: none"> <li>○ Added language to indicate the following services are not eligible for coverage: <ul style="list-style-type: none"> <li>▪ Ambulance services from providers that are not properly licensed to be performing the ambulance services rendered</li> <li>▪ Air ambulance that does not meet the covered indications in the <i>Air Ambulance</i> criteria listed in the policy</li> <li>▪ Non-ambulance transportation is not covered even if rendered in an Emergency situation; examples include but are not limited to commercial or private airline or helicopter, a police car ride to a hospital, medi-van transportation, wheel-chair van, taxi ride, bus ride, etc.</li> <li>▪ Ambulance transportation when other mode of transportation is appropriate; except as indicated under the <i>Indications for Coverage</i> section of the policy, ambulance services when transportation by other means would not endanger the member’s health are not covered</li> <li>▪ Ambulance transportation to a home, residential, domiciliary or custodial facility is not covered</li> <li>▪ Ambulance transportation that violates the notification criteria listed in the <i>Indications for Coverage</i> section of the policy</li> <li>▪ Ambulance transportation for patient convenience or other miscellaneous reasons for patient and/or family; examples include but are not limited to: <ul style="list-style-type: none"> <li>- Patient wants to be at a certain hospital or facility for personal/preference reasons</li> <li>- Patient is in foreign country, or out of state, wants to come home to for a surgical procedure or treatment (this includes those recently discharged from inpatient care)</li> <li>- Patient is going to a routine service and is medically able to use another mode of transportation but can’t find it</li> <li>- Patient is deceased (i.e., transportation to the coroner’s office or mortuary)</li> </ul> </li> <li>▪ Ambulance transportation deemed not appropriate; examples include but are not limited to: <ul style="list-style-type: none"> <li>- Hospital to home</li> <li>- Home to physician’s office</li> <li>- Home (e.g., residence, nursing home, domiciliary or custodial facility) to a hospital for a scheduled service</li> </ul> </li> </ul> </li> <li>● Updated definitions: <ul style="list-style-type: none"> <li>○ Added definition of: <ul style="list-style-type: none"> <li>▪ Long-Term Acute Care Facility (LTAC)</li> </ul> </li> </ul> </li> </ul>

Date	Action/Description
	<ul style="list-style-type: none"> <li>▪ Short-Term Acute Care Facility</li> <li>▪ Sub-Acute Facility</li> <li>○ Removed definition of: <ul style="list-style-type: none"> <li>▪ Ambulance</li> </ul> </li> <li>• Updated lists of applicable codes: <ul style="list-style-type: none"> <li>○ Added list of ambulance modifiers: D, E, G, H, I, J, N, P, R, S, and X</li> <li>○ Revised description for HCPCS codes A0431, A0390, A0392, A0394, A0427, S0207, and S0208</li> <li>○ Added list of applicable revenue codes: 540, 541, 542, 543, 544, 545, 546, 547, 548, and 549</li> </ul> </li> <li>• Updated supporting information to reflect the most current references <ul style="list-style-type: none"> <li>○ Removed policy overview language</li> </ul> </li> <li>• Archived previous policy version TRANSPORT 002.17 T2</li> </ul>