Document ID: CSNT-114	**Title:** Approval of Non-Emergent Transportation
Revision: 2.0	**Effective Date:**

I. PURPOSE:

The purpose is to establish criteria for medically necessary **Non-Emergent Transportation** for an eligible Empower member who requires an ambulance due to a medical condition or diagnosis that prohibits the member from transporting via lower levels of transport.

II. DEFINITIONS:

Medical Necessity

A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Clinician

The term clinician refers to a healthcare professional qualified in the clinical practice of medicine. Clinicians are those who provide: principal care for a patient where there is no planned endpoint of the relationship; expertise needed for the ongoing management of a chronic disease or condition; care during a defined period and circumstance, such as hospitalization; or care as ordered by another clinician. Clinicians may be physicians, nurses, pharmacists, or other allied health professionals.

Medical License

An occupational license that permits a person, or agency, to legally practice medicine. The licensure of health care personnel is governed by licensing statues enacted by the state.

III. POLICY:

A. Empower may provide coverage for non-emergency ambulance transportation if the following requirements are met:

1. The ambulance transport is established as medically necessary;
2. The treating practitioner has submitted all necessary clinical documentation to consider the request, including the physician certification statement (PCS) certifying that the member is unable to travel via a lower level of transport;
3. The services the member is being transported to access are covered benefits; and,

4. The ambulance provider holds an active Arkansas Medicaid license to provide ambulance services.

B. Non-Emergency Response: any ambulance trip that does not meet the emergency definition criteria would be determined to be a non-emergency service. This includes:

1. All pre-scheduled transport runs.
2. Transport to nursing home or patient's residence.
3. Transport to and from medical treatments, appointments or End Stage Renal Disease (ESRD) facilities for scheduled dialysis.

C. It is the requesting practitioner's responsibility to supply Empower with information describing the condition of the member that necessitates ambulance transportation and obtain the necessary prior authorization for the ambulance transfer. Prior authorization requests may be submitted to the Empower Utilization Management (UM) Department by mail, fax, or the electronic portal a minimum of 5 business days prior to the date services are rendered. UM processes and issues determinations within required turnaround timeframes as outlined in the Empower UM Authorizations Policy (See CSNT 117). **For cases where prior authorization could not be attained before services were rendered, Empower will review for retrospective authorization that follow the below conditions:**

1. Physician certification is required for each non-emergency ambulance service event. It is the responsibility of the ambulance service provider to obtain and maintain the physician documentation verifying the medical necessity of each non-emergency ambulance service. The physician's signature must be legible.
2. Ambulance service providers should obtain a signed and dated physician certification statement (PCS) within twenty-one (21) calendar days of the provision of nonemergency ambulance service. The PCS should be signed by the attending physician, physician ordering the service or another physician with knowledge of the member's case. The physician's name should be printed below the signature and must be legible.
3. Providers must send PCS along with authorization request within that 21-day period from date of service.
4. Non-emergency ambulance service claims are subject to review and recoupment

IV. PROCEDURE:

1. A request for non-emergent ambulance transportation is received by the UM Department.
2. The UM Technician confirms Member eligibility, creates the authorization shell, and places the request in the clinician work queue.
3. Practitioners who submit requests for ineligible members are sent a faxback by the UM Technician explaining that the Member is ineligible and the request is voided as appropriate.
4. The clinician reviews the request and checks for the following components:
    a. Supporting clinical documentation that the ambulance transport is medically necessary based on the Member's medical condition;
    b. The services the Members is being transported to obtain are medically necessary and covered benefits;
    c. The practitioner attestation (PCS) signed and dated by the requesting practitioner Medical necessity is established for non-emergency ambulance services when the patient's condition is such that the use of any other method of transportation (such as taxi, private care, wheelchair van or other type of vehicle) would endanger the patient's health. Coverage is considered for non-emergency ambulance transportation if the member is bed-confined or if the member's medical condition is such that transportation by ambulance is medically required whether the patient is bed-confined.
5. If all the above components are present, the clinician places the request in approved status and generates an approval letter per the usual UM process.
6. If any of the above components are not included in the request, the clinician places a follow up call to the requesting practitioner to obtain the needed information.
7. If the clinician is unable to obtain the needed information, or if the clinician is unable to redirect the request to a participating ambulance provider, the request is sent to the Medical Director for a final determination.
8. If the Medical Director approves the request, the clinician places the request in approved status and generates an approval letter per the usual UM process.
9. If the Medical Director denies the request, the clinician follows the UM process for issuing a denial.

Exclusions:

1. Ambulance service to a doctor's office or clinic is not covered:

a. From a hospital (after receiving emergency outpatient treatment) to a nursing home if the patient meets medical necessity requirements for non-emergency ambulance transport and the physician certification has been obtained.
b. From a hospital (after being discharged from an inpatient stay) to a nursing home when the member is being admitted to the nursing home.
c. From a hospital to a hospital for inpatient services. However, if a patient is transported from a hospital to receive services on an outpatient basis, the cost of the ambulance is included in the hospital reimbursement amount. The ambulance company may not bill Empower or the member for the service.
d. From the member's home or place of residence to a nursing home when the member is being admitted to the nursing home.
e. From a nursing home (after being discharged) to a patient's home or place of residence.
f. From a hospital to the patient's home or place of residence following an inpatient hospital stay.
g. From a nursing home to a nursing home when the original nursing home has been decertified by Medicaid and the transportation is determined necessary by the Office of Long Term Care, Arkansas Division of Medical Services. In these instances, the PASSE Program will contact the Ambulance Transportation provider who is rendering the service to provide special billing instructions.

V. REFERENCES:

Arkansas Medicaid Provider Manual-Transportation
Empower UM Authorizations Policy CSNT 117

VI. ATTACHMENTS:

VII. RESONSIBILITY FOR IMPLEMENTATION:

Empower Healthcare Solutions Utilization Management Department.

VIII. RESPONSIBILITY FOR MONITORING POLICY COMPLIANCE:

Empower Healthcare Solutions Director of Clinical Services or designee