

	<h2>Non-Emergency Ambulance Guideline</h2>	
Guideline # 6189	Categories Clinical → Care Coordination – Utilization management	This Guideline Applies To: Texas Children's Health Plan
	Document Owner Lisa Fuller	

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of non-emergency ambulance transportation to determine medical eligibility for the service.

DEFINITIONS:

Non-emergency transport: ambulance transport provided for a Medicaid member to or from a scheduled medical appointment, to or from a licensed facility for treatment, or to the member’s home after discharge from a hospital when the member has a medical condition such that the use of an ambulance is medically required, e.g., bed confinement, when alternate means of transport may endanger the member’s health.

Ambulance transport: includes advanced life-support (ALS), basic life-support (BLS), wheelchair van, or air ambulance services.

PRIOR AUTHORIZATION GUIDELINE

1. Requests for prior authorization for non-emergency ambulance transport are received via fax, mail, and electronically by the Utilization Management Department and processed during normal business hours.
 - The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the requested nonemergency ambulance transport as an eligible service.
 - Requests for transportation to an inpatient behavioral health facility may be approved when clinical documentation supports transfer is pending facility acceptance and bed availability.
 - Requests not meeting medical necessity or an to out of network facility require Medical Director review (Section 13).

2. Requests for prior authorization for non-emergency ambulance transport shall originate from a member’s physician, nursing facility, healthcare provider or other responsible party.
 - The requesting provider, is required to maintain the supporting documentation, physician’s orders, the Nonemergency Ambulance Prior Authorization Request form and if applicable, the Non-emergency Ambulance Exception form.

- The requesting provider must contact the transporting ambulance provider with the prior authorization number (PAN) and the dates of service that were approved.
 - The transporting ambulance provider will submit claims for the non-emergency ambulance transportation services, using the approved PAN provided by the requesting provider.
3. TCHP does not accept authorization requests from ambulance or medical transportation vendors for non-emergency transport.
- Non-emergency Ambulance Prior Authorization request forms must be signed and dated by a Medicaid-enrolled requesting provider (physician, nursing agency or other Medicaid provider).
4. Requests for the provision of transportation for only one day can be submitted the day before the transport takes place. In the event that it is not feasible – they may be submitted on the next business day following the transport.
5. Recurring requests or requests for more than one day must be submitted 7 days before the scheduled transport.
6. For requests meeting criteria for approval, TCHP will add up to one unscheduled trip per month to the authorization request, if no unscheduled trips are requested, to allow for access to transport for unscheduled trips.
- If the request includes unscheduled trips, these may be approved when deemed medically necessary.
7. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the non-emergency transportation by ambulance as an eligible service.
8. To request prior authorization for non-emergency ambulance transport, the following documentation should be provided:
- Documentation of the member's physical condition that establishes the medical necessity for transport.
 - The necessary equipment, treatment, or personnel to be used during the transport.
 - The scheduled appointment dates, time and locations including origination and destination points of the member's scheduled transport to support the number of trips and miles requested.
 - The method of transport
 - Documentation whether the member is currently an inpatient in a hospital. Transports during a hospital stay are not covered, except for one-time transports immediately after discharge to home.
9. The following codes may be submitted for prior authorization (Multiply units by 2 if round trip):

- A0425 (mileage) - 1 unit = 1 mile
 - A0425 must be submitted with ground ambulance transport CPT codes: A0426, A0428, A0433, A0434, and A0999
 - A0425 billed without procedure code A0426, A0428, A0433, or A0434 will be denied
- A0426 - ALS (Advanced life support) truck (1 unit for each trip)
- A0428 - BLS (Basic life support) truck (1 unit for each trip)
- A0422 - supplies for oxygen administration (1 unit for each trip)
- A0382/A0398 – BLS or ALS disposable supplies (1 unit for each trip)
 - A0382 - BLS supplies (1 unit for each trip) will be denied unless a corresponding BLS transport is billed on the same claim.
 - A0398 – ALS supplies (1 unit for each trip) will be denied unless a corresponding ALS transport is billed on the same claim.

10. Examples of medical conditions that contraindicate transport by other means includes:

- Behavioral or cognitive risk such that member requires an attendant to monitor for safety and assure that member does not try to exit the ambulance prematurely
- Abnormal mental status, drug withdrawal, suicidal, homicidal, hallucinations, violent, disoriented, withdrawal symptoms
- Psychiatric/behavioral threat to self or others
- Exacerbation of paranoia or disruptive behavior
- Member's physical condition is such that member risks injury during vehicle movement despite restraints
- Ventilator management, airway control, positioning, suctioning required during transport
- Third party assistance, attendant required to monitor, apply, administer, regulate or adjust oxygen during transport. (This does not apply to patients who are generally mobile and capable of self-administration of portable oxygen in the home. Member must require oxygen therapy and be so frail as to require assistance.)
- Cardiac/hemodynamic monitoring
- Member with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure
- Major orthopedic device, which includes body cast (spica cast), backboard, halo traction, use of pins and traction, etc. which significantly hampers transport by wheelchair, van or other vehicle and where movement needs to be controlled
- IV meds required during transport (does not apply to self-administered IV medications)

11. Air ambulance transport services, by means of either fixed or rotary wing aircraft, and other specialized emergency medical services vehicles may be covered only if **one** of the following conditions exists:
- The member's medical condition requires immediate and rapid ambulance transportation that could not have been provided by standard automotive ground ambulance.
 - The point of member pickup is inaccessible by standard automotive ground vehicle.
 - Great distances or other obstacles are involved in transporting the member to the nearest appropriate facility.
- Claims for air ambulance transports procedure codes A0430 and A0431 must be submitted with the corresponding air mileage procedure code A0435 or A0436. Specialized emergency medical services vehicles (i.e., boat or airboat) must be billed using unlisted ambulance service (procedure code A0999).
12. Non-emergency ambulance transports between a member's home and a Prescribed Pediatric Extended Care Center (PPECC) are not covered. Transportation to and from a PPECC is included in the benefit for PPECC services.
13. Requests identified as primarily for the convenience of the member, member's family or physician, or for the purpose of receiving a service considered NOT medically necessary will be referred to a Medical Director/Physician Reviewer and the Denial Policy followed. This includes requests for nonemergent transfer to an out of network facility.
14. If a request for transportation is submitted for a member who either receives home skilled nursing/Private Duty Nursing services or has a tracheostomy status with ventilator dependence, the authorization may be approved for all trips requested provided that the purpose of the trips meet the requirements of this guideline.
15. If the pregnant client is transported in an ambulance for a nonemergency situation, all criteria for nonemergency prior authorization must be met.
16. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedure Manual, Accessed February 5, 2025

<https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2025-02-TMPPM.pdf>

American College of Emergency Physicians (ACEP) Position Statement. Appropriate Interfacility Patient Transfer. January 2022. <https://www.acep.org/globalassets/new-pdfs/policy-statements/appropriate-interfacility-patient-transfer.pdf>

Status	Date	Action
Approved	02/13/25	Clinical & Administrative Advisory Committee Reviewed and Approved for Implementation

Original Document Creation Date: 10/21/2016	This Version Creation Date: 03/19/2024	Effective/Publication Date: 03/22/2024
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