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| Department of Origin: Integrated Healthcare Services | Effective Date: 04/11/24 |
| Approved by: Chief Medical Officer | Date Approved: 04/11/24 |
| Clinical Policy Document: Ambulance Services | Replaces Effective Clinical Policy Dated: 10/18/23 |
| Reference #: MP/A006 | Page: 1 of 3 |

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for *emergency* and non-*emergency* ground and air ambulance services.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

COVERAGE:**I. Emergency Services****A. Air**

1. The member must be transported to the nearest hospital or medical center appropriate for the treatment of the member's condition, this includes hospital to hospital or medical center transfers; and
2. The transfer is for an acute medical emergency and is authorized by a physician. For hospital to hospital or medical center transfers, the care must also be coordinated with a receiving physician; and
3. The member's medical condition cannot be managed by ground transport services (eg, requires rapid and immediate transport services); or
4. There is presence of obstacles that will hinder ground transport of the member to the nearest appropriate health care facility (eg, pick-up point inaccessible by ground transport, great distances, limited time frames).

B. Ground

1. The member must be transported to the nearest hospital or medical center appropriate for the treatment of the member's condition; and
2. For hospital to hospital or medical center transfers, the care must be coordinated with a receiving physician.

II. Non-Emergency Services**A. Air – will be assessed on a case-by-case basis****B. Ground**

1. Transport between health care facilities - one of the following circumstances exist: a or b

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- a. Hospital to hospital transport when care for the member's condition is not available at the current hospital or medical center; or
- b. Transfer from a hospital to other facilities - both of the following: 1) and 2)
 - 1) For subsequent covered care or for outpatient treatment procedures or tests; and
 - 2) Medical supervision is required en route.

[Note: Examples include, but are not limited to, magnetic resonance imaging (MRI), computed tomography (CT) scan, acute interventional cardiology, intensive care unit (ICU/NICU) services, radiation therapy, hyperbaric services, hemodialysis]

2. Transport from home to physician offices or other facilities for outpatient treatment procedures or tests - medical supervision is required en route.

NOT ROUTINELY COVERED:

- I. The services are for a transfer to a lower level of care, nursing facility, physician's offices, or member's home
- II. Transportation for routine renal dialysis
- III. The services are for a transfer of a deceased patient to a funeral home, morgue, or hospital, when the individual was pronounced dead before the ambulance is called.
- IV. Transportation by commercial craft (boat, bus, train or plane).

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Emergency:

The sudden onset or change of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected by a prudent layperson to result in:

1. Placing the member's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

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Prior Authorization: Yes, for non-emergency transport, per network provider agreement

Precertification: Yes, for non-emergency transport

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Center for Medical & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10 – Ambulance Services. Rev. 243, 04-13-18. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>. Accessed 09-07-23.
4. International Air Transport Association. Medical Manual. 12th Edition. July 2020. Retrieved from: <https://www.iata.org/en/publications/medical-manual/>. Accessed 09-07-23.
5. Alves P, Dowdall N, Evans A, et al. Aerospace Medical Association Air Transport Committee. Medical Considerations for Airline Travel. Retrieved from: <https://www.asma.org/publications/medical-publications-for-airline-travel/medical-considerations-for-airline-travel>. Accessed 09-07-23.

DOCUMENT HISTORY:

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| Revised Date: 09/21/20, 04/11/24 |

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျဉ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

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If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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PO Box 59212
Minneapolis, MN 55459-0212
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Fax: 763.847.4010
customerservice@preferredone.com

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိမ့်တံ့သွန်လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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