

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 04/11/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 04/11/24
<b>Clinical Policy Document:</b> Ambulance Services	<b>Replaces Effective Clinical Policy Dated:</b> 10/18/23
<b>Reference #:</b> MP/A006	<b>Page:</b> 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. 12<sup>th</sup> 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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# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. 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:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator 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>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 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 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).