

AMBULANCE TRANSPORTATION

Policy Number: BIP005.G
Effective Date: September 1, 2018

Related Benefit Interpretation Policies:

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- [Emergency and Urgent Services](#)
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Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.

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 (such as maternity benefits), 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 guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

California Health and Safety Code § 1371.5 – Emergency Medical Transportation Services Coverage:

- (a) No health care service plan that provides basic health care **services** shall require prior authorization or refuse to pay for any **ambulance or ambulance transport services**, referred to in paragraph (6) of subdivision (b) of Section 1345, provided to an enrollee as a result of a "911" emergency response system request for assistance if either of the following conditions apply:
 - (1) The request was made for an emergency medical condition and **ambulance transport services** were required.
 - (2) An enrollee reasonably believed that the medical condition was an emergency medical condition and reasonably believed that the condition required **ambulance transport services**.
- (b) As used in this section, "emergency medical condition" has the same meaning as in Section 1317.1.
- (c) The determination as to whether an enrollee reasonably believed that the medical condition was an emergency medical condition that required an emergency response shall not be

based solely upon a retrospective analysis of the level of care eventually provided to, or a final discharge of, the person who received emergency assistance.

- (d) A health care service plan shall not be required to pay for any ambulance or **ambulance transport services** if the health care service plan determines that the **ambulance or ambulance transport services** were never performed, an emergency condition did not exist, or upon findings of fraud, incorrect billings, the provision of **services** that were not covered under the member's current benefit plan, or membership that was invalid at the time **services** were delivered for the pending emergency claim.

California Health & Safety Code §1345(6) Definitions:

- (6) Emergency health care services, including ambulance and ambulance transport services and out-of-area coverage. "Basic health care services" includes **ambulance and ambulance transport services** provided through the "911" emergency response system.

California Health & Safety Code §1317.1

- (b) "Emergency medical condition" means 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 to result in any of the following:
- (1) Placing the patient's health in serious jeopardy.
 - (2) Serious impairment to bodily functions.
 - (3) Serious dysfunction of any bodily organ or part.

California Code of Regulations Title 28 §1300.67(g) Scope of Basic Health Care Services: The basic health care services required to be provided by a health care service plan to its enrollees shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:

- (g) (1) Emergency health care services which shall be available and accessible to enrollees on a twenty-four hour a day, seven days a week, basis within the health care service plan area. Emergency health care services shall include **ambulance services** for the area served by the plan to transport the enrollee to the nearest twenty-four hour emergency facility with physician coverage, designated by the Health Care Service Plan.

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) for additional information.

1. Ambulance Transportation by ground or air to the nearest appropriate facility when medically necessary (see the Benefit Interpretation Policies titled [Emergency and Urgent Services](#) and [Medical Necessity](#)).

Note: The use of an Ambulance (land or air) is covered without preauthorization when the member reasonably believes there is a medical emergency or a behavioral health condition that requires Ambulance Transport to access Emergency Services.

- a. Ground Ambulance Transportation using a basic life support or an advanced life support Ambulance for the following transfers when medical necessity for ground Ambulance Transport is met:
 - 1) Inter-hospital or skilled nursing facility transfers (skilled care only);
 - 2) Hospital and renal dialysis facility;

- 3) Skilled nursing facility and dialysis facility (skilled care only);
 - 4) Skilled nursing facility and radiation therapy (skilled care only);
 - 5) Skilled nursing facility (SNF) and hospital and member's home.
- b. Air Ambulance Transportation is a covered benefit only when:
- 1) The member's destination is an acute care hospital;
 - 2) The member's condition is such that the ground Ambulance would endanger the member's life or health;
 - 3) Inaccessibility to ground Ambulance Transport or extended length of time required to transport the member via ground transport could endanger the member;
 - 4) Weather or traffic conditions make ground transport impractical, impossible or overly time consuming.
- c. Out-of-area ambulance service (ground or air) in conjunction with out-of-area care as listed above.
2. Ambulance Transportation for the member that is requested by public entities (e.g., police, school, and social services) is covered if one of the following criteria is met:
- a. Reasonably complete and accurate documentation by the ambulance supplier demonstrates that the Transportation furnished was medically necessary;
 - b. UnitedHealthcare independently determines that the Transportation was medically necessary.
3. Use of an Ambulance for a non-Emergency Services (medical or behavioral health related) is covered only when specifically authorized by the Member's Participating Medical Group or UnitedHealthcare.

D. NOT COVERED

1. Any Ambulance service to provide member transport for routine care when transport by other means would not endanger the member's health except as indicated in Section C.
2. Any Ambulance service when the member is unable to locate another form of transport and the member's health would not be compromised.
3. Any Ambulance service that serves only as a convenience for either the member or his/her family.
4. Wheelchair Transportation services (e.g., a private vehicle or taxi fare) are also not covered.
5. Ambulance service (ground or air) to the coroner's office or mortuary.
6. Personal Transportation costs such as gasoline costs for a private vehicle or taxi fare.
7. Inter-hospital or skilled nursing facility Transportation due to a patient request or convenience.
8. Any Ambulance service from one contracting facility to another contracting facility unless the transfer is necessary to deliver medical services when a higher level of care is required.
9. For members out-of- country, Transportation back to the United States when there is a foreign facility that is capable of managing the member's condition.
10. Transportation is not a covered benefit except for Ambulance Transportation as defined in Section C.

E. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none"> Updated policy header to reflect the most current UnitedHealthcare West branding; modified list of applicable products to encompass new benefit plans effective Jan. 1, 2019
09/01/2018	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> Replaced references to “member(s)” with “enrollee(s)” <p>Covered Benefits</p> <ul style="list-style-type: none"> Revised list of covered benefits: <ul style="list-style-type: none"> Replaced language indicating “use of an ambulance (land or air) is covered without preauthorization when the member reasonably believes there is <i>an emergency medical or psychiatric</i> condition that requires ambulance transport to access Emergency Services” with “use of an ambulance (land or air) is covered without preauthorization when the member reasonably believes there is <i>a medical</i> emergency or <i>a behavioral health</i> condition that requires ambulance transport to access Emergency Services” Added language to clarify the use of an ambulance for non-Emergency Services (<i>medical or behavioral health related</i>) is covered only when specifically authorized by the Member’s Participating Medical Group or UnitedHealthcare <p>Not Covered</p> <ul style="list-style-type: none"> Updated list of non-covered services; replaced language indicating “transportation is not a covered benefit except for ambulance transportation as defined in the <i>Member’s Combined Evidence of Coverage and Disclosure Form</i>” with “transportation is not a covered benefit except for ambulance transportation as defined in <i>Section C (Covered Benefits) [of the policy]</i>” Archived previous policy version BIP005.E