Mass General Brigham
Health Plan

Medical Policy
Non-Emergency Medically Necessary Transportation

Policy Number: 037

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization required for non-emergency medically necessary transportation including: Ground Ambulance	X	X±	X	X	X
Chair Car	X	X±	Not covered	X±	X±
Non-emergent air ambulance transportation	X	X	X	X	X

±Non-Emergency transportation is covered directly by MassHealth in state and out-of-state up to 50 miles of the border of Massachusetts. Mass General Brigham Health Plan providers must submit to MassHealth under the PT-1 Program. Not all MassHealth plans provide coverage under the PT-1 Program. Please refer to the MassHealth Covered Services Grid. When medically necessary, non-emergency transportation more than 50 miles from the Massachusetts border is covered by MGB Health Plan.

No Prior Authorization is required for the following:

1. Emergency ambulance transportation
2. Emergency air ambulance transportation
3. Interfacility* transfer for medically necessary ground transportation

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical necessity for non-emergency transportation services for commercial and qualified health plan members.

Coverage Guidelines

Mass General Brigham Health Plan covers non-emergency medically necessary transportation services delivered by participating providers to the nearest appropriate facility capable of providing the medically necessary care required by the member when prior authorization has been obtained based on the criteria below. An out-of-network transportation service may be authorized only in the absence of a participating transportation service.

Non-Emergency Medically Necessary Ground Ambulance Transportation

Mass General Brigham Health Plan covers non-emergency medically necessary ground ambulance transportation for covered medically necessary services when the following criteria are met as specified below and when authorized by Mass General Brigham Health Plan. Non-emergency ground ambulance transportation also includes approved transportation noted below that is needed to take a member from their residence to a facility to receive care, or from a facility to their residence after receiving care.

1. The member's medical condition prevents safe transportation by any other means (i.e., chair car) and this method of transportation is the least intensive, medically necessary method; and

2. The member's condition does not allow them to access a less restricted method of transportation (e.g., personal vehicle, taxi, public transportation, walking) when they normally access the community; and

3. The member meets at least one of the following additional criteria, as specified below in items a) through g):
    a) The member is bed confined (unable to sit in a chair or a wheelchair) including post cardiac catheterization at an outside facility; or

    b) The member is confined to a wheelchair and resides in a home that prevents access via less restrictive transportation; or

    c) The member's condition has resulted in confinement to the home (homebound) that prevents access via less restrictive transportation; or

    d) The member requires skilled care enroute or requires equipment that necessitates ambulance transport, e.g. ventilator, continuous oxygen, IVs; or

    e) The member has an orthopedic device(s) and/or orthopedic casting that specifically precludes the member from sitting in a chair car during transport (i.e., backboard, halo-traction, total body cast, hip spicas or other casts that prevent flexion at the hip); or

    f) The member has a medical condition which includes any of the following:
        i. The member is medically unstable; or

        ii. The member requires isolation due to infectious disease; or

        iii. The member requires special positioning; or

        iv. The member is at risk of harming themselves or others; or

        v. The member requires heavy sedation; or

        vi. The member has a medical condition that prevents them from performing any physical activity without discomfort; or

        vii. The member has a medical condition that has resulted in a coma or severe brain damage.

    g) The member is in an isolette (incubator)

Non-Emergency Medically Necessary Chair Car Transportation (Commercial, Mass General Brigham ACO, OneCare, and SCO members only. Not a covered benefit for Medicare Advantage members unless they are also enrolled in MassHealth)

Mass General Brigham Health Plan covers non-emergency medically necessary chair car transportation for covered medically necessary services when the following criteria are met as specified below and when authorized by Mass General Brigham Health Plan. Non-emergency chair car transportation also includes approved transportation noted below that is needed to take a member from their residence to a facility to receive care, or from a facility to their residence after receiving care.

1. The member's medical condition prevents safe transportation by any other means and this method of transportation is the least intensive, medically necessary method; and

2. The member meets at least one of the following additional criteria, as specified below in items a) or b):
    a) The member's condition does not allow them to access a less restricted method of transportation (e.g., personal vehicle, taxi, public transportation, walking) when they normally access the community; or

b) The member is unable to safely transfer from a wheelchair to a vehicle with or without assistance.

Non-Emergency Medically Necessary Interfacility Air/Sea Ambulance Transportation
Mass General Brigham Health Plan covers non-emergency medically necessary interfacility air/sea ambulance transportation for medical treatments to a covered and authorized medically appropriate acute medical hospital, acute rehabilitation hospital, skilled nursing facility, and long-term acute care facility, when at least one of the following criteria are met as specified below and when authorized by Mass General Brigham Health Plan.

1. The member's medical condition requires medical attention during transport and at least one of the following criteria is met, as specified in item a or item b:
    a) The use of ground transportation is contraindicated or inappropriate to ensure the member's safe transfer; or

    b) A ground ambulance cannot be used to access the member (i.e., the point of pick up is not accessible by a land vehicle); or

2. An ill or injured member who received urgent or emergency care outside the service area is determined to be medically stable for transport back to the plan service area but requires medical attention during transport to ensure a safe return; (the health plan determines if it is medically necessary and appropriate to transport the member back into the plan service area); or

3. There is inadequate time to safely transport the member by land without posing a threat to the member's condition.

Non-Emergency Medically Necessary Interfacility Ground Transportation
Mass General Brigham Health Plan covers both non-emergency medically necessary ground ambulance and non-emergency medically necessary chair car interfacility transportation to and from an acute medical hospital, acute rehabilitation hospital, skilled nursing facility, and long-term acute care facility when the plan has authorized the admission and the following criteria are met as specified below. No authorization is required.

1. Services necessitating non-emergency medically necessary transportation are:
    a) Related to the member's current reason for care; or

    b) Pertinent to the advancement of the member's care; or

    c) For diagnostic services that if delayed until after discharge could cause harm; and

2. The least intensive type of transportation that meets the member's medical condition must be used independent of availability.[1]

Note: Mass General Brigham Health Plan does not cover interfacility transportation when services are for routine visits, examinations, or preventive health care services that are not pertinent to the care and treatment of the member's current admission.

Documentation
In order for all non-emergency transportation services to be covered, they must be medically necessary and reasonable. Medical necessity is established when the patient's condition is such that the use of any other method of transportation is contraindicated.

A completed Physician Certification Statement (PCS) for Non-Emergency Ambulance Services form is required for all forms (ground, sea, air) of non-emergency transportation and provides the information necessary to make

[1] In cases where the member can travel by chair car and only an ambulance is available, coverage is only provided for the cost of the chair car.

the medical necessity determinations for the transportation.[2] All documents must be legible and in English. In all cases of transportation, the driver/pilot of the vehicle must hold a valid license as a medically trained professional consistent with the type of transportation required, and the vehicle must be equipped with appropriate level of technology to treat the member during transportation.

- Non-Emergency Medically Necessary Ground Transportation Request Form

Exclusions

1. All forms of transportation that does not meet any of the criteria listed above;
2. All forms of transportation provided by a company that is not licensed or by non-licensed personnel;
3. All forms of transportation for the purpose of seeking a non-covered service;
4. Waiting time;
5. Ambulance, air, or sea transport when an alternative method of transportation is available and can be utilized without endangering the member's health status;
6. In any case in which some means of transportation other than ambulance, air, or sea, could be used without endangering the member's health, whether or not such transportation is actually available, no coverage will be made for ambulance services (i.e., in a case where the member can travel by chair car and only an ambulance is available, coverage for the higher ambulance charge will not be allowed);
7. Cost of a more intensive method of transportation when the member can safely be transported by a different method (i.e., ambulance transport is utilized because a chair car is not available when the member can safely travel by chair car.)
8. Interfacility transportation when services are for routine visits, examinations, or preventive health care services that are not pertinent to the care and treatment of the member's current admission;
9. Transportation to a site solely for the convenience and/or preference of the member, provider, facility, staff, family, or authorized representative;
10. Transportation to/from any of the following:
    a) Child day-care centers and nurseries;
    b) Schools;
    c) Summer camps;
    d) Recreational programs;
    e) Pharmacies to obtain medications;
    f) Adult day health programs;
    g) Government agency offices;
11. Transportation by taxi or public transportation;
12. Transportation to a destination or for services that are not covered by the health plan;

[2] For those commercial members whose plan does not require them to have a Primary Care Physician/Clinician, an acceptable form of documentation in place of the PCS would be a completed Non-Emergency Medically Necessary Ground Transportation Request form. The hyperlink can be found below.

13. Ancillary transportation fees including parking fees and tolls, or other associated fees for lodging or meals for either the recipient or an escort;
14. Ambulance transport if the patient is deceased before the ambulance is called (i.e., transport to the coroner's office or mortuary);
15. Repatriation, defined as returning from another country to the United States;
16. Non-Emergency air/sea ambulance transportation services other than interfacility transportation to the nearest appropriate facility that can provide the medically necessary services[3].

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare has no NCD or LCD for medically necessary non-emergent transportation. Refer to:**

- **Medicare Benefit Policy Manual Chapter 10: Ambulance Services.**

MassHealth Variation
Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for a requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth had:**

- **130 CMR 407.000: Transportation Services**

Pursuant to these regulations, non-emergent transportation within Massachusetts and out-of-state up to 50 miles from the Massachusetts border is covered directly by MassHealth. See Member Handbook and Covered Services List for details.

For non-emergent transportation that begins or ends more than 50 miles from the Massachusetts border, Mass General Brigham Health Plan policies apply.

OneCare and SCO Variation
Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Definitions
Chair Car: A wheelchair van or motorized vehicle that is specifically equipped to carry a person that is handicapped by mobility or using a wheelchair. The chair car is intended to be used for, and is maintained and operated for, the transportation of sick, injured, or disabled persons; a valid certificate of inspection and license are required.

[3] Non-Emergency medically necessary interfacility air/sea ambulance transportation is covered with prior authorization and when criteria are met.

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy; serious impairment to body function; or serious dysfunction of any body organ or part.

Ground, Sea, and Air Ambulance Transportation: An aircraft, boat, motor vehicle, or other means of transportation, including a dual-purpose vehicle, whether privately or publicly owned, that is intended to be used for and is maintained and operated for the transportation of sick or injured persons and that has in force a valid certificate of inspection and license.

Interfacility*: Transportation from an acute medical hospital, acute rehabilitation hospital, long-term acute care (LTAC) facility, or skilled nursing facility (SNF) to another such facility; where the facility that sends the patient has a different provider number than the facility which receives the patient.

Related Policies

- **Ambulance Services Provider Payment Guidelines**

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Codes	Code Description
A0130	Nonemergency transportation: wheelchair van
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0434	Specialty care transport (SCT)
A0380	BLS mileage (per mile)
A0425	Ground mileage, per statute mile
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

Effective
January 2026: Ad hoc update. Updated prior authorization table and added variation for OneCare and SCO members. Clarified coverage of chair car services for OneCare and SCO members. Added hyperlink to MassHealth transportation services regulations.
September 2025: Annual update. Updated code disclaimer.
September 2024: Annual update. Clarified language around transport methods. Clarified Medicare variation language. Added MassHealth variation.
September 2023: Annual update. Medicare Advantage added to table 1. Medicare Variation language added. References updated.
November 2022: Annual update. The following changes were made:

- On Page 1; added asterisk to "interfacility transfer" to clarify definition. Also added clarifying language to indicate transportation from a facility to a member's residence is covered under certain circumstances.
- On Page 2; added additional criteria as reflected in f) and g). Edited language in exclusion 10 and added corresponding footnote.
- On Page 5: Removed exclusion regarding discharge to home language.

September 2021: Annual update. Under Interfacility Air/Sea Ambulance Transportation section, clarified language on repatriation. Clarified note to add exclusionary language to emphasize transportation is not allowed solely for convenience. Under Exclusion section, clarified repatriation language.
September 2020: Annual update. Coverage guidelines edited for clarity regarding participating providers. References updated.
February 2020: Added footnote and hyperlink under Documentation Section.
October 2019: Annual update. Revised and clarified table on page 1. Added language below table on Page 1 to indicate no PA required for certain circumstances. Removed footnote.
November 2018: Annual update.
May 2018: Added codes.
April 2017: Added emergency air transportation as not requiring prior authorization.
October 2016: New Policy.

References
130 CMR 407. Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series. Transportation Manual.

101 CMR 327.00. Commonwealth of Massachusetts. Executive Office of Health and Human Services. *Rates Of Payment For Ambulance And Wheelchair Van Services*.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins. Accessed at: https://www.mass.gov/lists/doi-bulletins

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services