Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines: **Non-Emergency Medical Transportation (Ground/Air)**

Effective: August 1, 2025

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☒ No ☐
Notification Required If REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax 800-232-0816
☒ Tufts Health Plan Commercial products; Fax 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 617-673-0988
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 617-673-0988
☒ Tufts Health One Care – A dual-eligible product; Fax 617-673-0965

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0965
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0965
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

The Plan utilizes this medical necessity guideline for the review of all non-emergency ground or air medical transportation. Ground ambulance transportation is defined as ambulance services provided by a motor vehicle over roadways. Water ambulance services is provided by a sea going vehicle over waterways and air ambulance services are provided by helicopter or airplane (fixed-wing vehicle).

For Tufts Health Together Members

- Transportation to a service that is located outside a 50-mile radius of the Massachusetts border requires prior authorization from the plan
- Services in-state or within 50 miles of the Massachusetts border or return trip farther than 50 miles of the Massachusetts border are covered as a wrap benefit by MassHealth. Refer to MassHealth at 800-841-2900 for prior authorization requirements

For Tufts Health One Care Members

- Transportation to a service that is located farther than 50 miles from the member's home or pickup address requires prior authorization from the plan

- Refer to Tufts Health One Care at 855-393-3154 to request transportation to a service under 50 miles from the member's home or pick-up address
- Out-of-network ambulance services may be used for facility to facility transfers when the transferring facility deems it medically necessary

Note: **For Tufts Health RITogether**, this policy only applies to air medical transportation, **not** ground transportation

- All non-emergency ground transportation services are covered as a wrap benefit by Rhode Island Medicaid. Refer to the Health Plan at 844-301-4093 for more information
- Non-emergent ambulance services provided to a member during an inpatient/outpatient admission are included as part of the facility reimbursement rate and should be billed to the facility

Clinical Guideline Coverage Criteria

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan Members. CMS National Coverage Determinations (NCDs). Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations where available. For **Tufts Health One Care** Members, the following criteria is used: Medicare Benefit Policy Manual Chapter 10 – Ambulance Services.

Ground Transportation

The Plan may cover non-emergency, basic or advanced life support, ground ambulance transportation when **All** of the following criteria are met:

1. The transportation is for the transport to and/or from medically necessary care; **and**
2. The Member's medical condition prohibits safe transportation by other forms of transportation due to **one** or more of the following:
    a. The Member is bed confined. before and after transport (This is defined as: unable to get of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair); **or**
    b. Other means of transportation is contraindicated for **one** or more of the following medical reasons;
        i. The Member cannot safely sit upright while seated in a wheelchair
        ii. The Member can tolerate a wheelchair but is medically unstable.
        iii. The Member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain
        iv. Member requires physical restraint during transportation or is at risk for harming themselves or others
        v. Member has a specific physical condition (e.g., body cast, spica cast) limitation that prevents safe transfer in other mode of transportation
        vi. Member requires continued medical isolation precautions for an active infectious process
    c. The Member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain; **or**
    d. The Member requires skilled/trained monitoring during transport for the following:
        i. The Member is comatose.
        ii. The Member requires airway monitoring.
        iii. The Member requires cardiac monitoring.
        iv. The Member is dependent on a ventilator
        v. Member is dependent on other enabling machines and devices

NOTE: The presence of end-stage renal disease and/or the requirement for chronic hemodialysis alone do not meet criteria for ambulance transport services. To be considered reasonable and necessary, members transported to and from hemodialysis centers must have other conditions such as those described within this policy.

The Plan may authorize coverage of ambulette, wheelchair van, or stretcher van transportation in lieu of ambulance transportation or to and from scheduled medical appointments when **All** of the following are met:

1. General criteria for transport (listed above) are met; **and**
2. Member is unable to ambulate with or without assistance, and with or without an assistive device; **and**
3. Member is unable to safely transfer from a wheelchair to a private vehicle, with or without assistance; **and**
4. Member requires medical transportation whenever he/she accesses the community for any purpose and cannot be safely transported by private car or taxi.

Note: Wheelchair van transportation coverage may differ according to plan or product. Refer to the applicable benefit documents for more information which are on the Harvard Pilgrim Health Care and Tufts Health Plan websites.

Note: Transportation may be covered to or from the member's home when criteria is met, or the origin and destination is listed within Table 1 below

Air Transport

The Plan may authorize coverage of non-emergent air medical transport when documentation confirms it is to ensure the member's safe transfer to the nearest medical facility capable of furnishing medically necessary care and when All the following are met:

1. The member's medical condition or circumstances requires immediate transportation that cannot be provided by ground ambulance; **and**
2. Ground or water transport are precluded by any of the following:
    a. The medical condition of the member is critical or requires continuous level of care and requires a timeliness of treatment initiation that necessitates a faster mode of transportation than ground or water ambulance
    b. The member has undergone out of area emergent or urgent care in a location whose departure is otherwise inaccessible (with current medical or physical needs) and is now stable for transport back into the services area.

NOTE: Commercial airline transport in lieu of air ambulance services may be authorized in limited situations where air ambulance transport criteria are met, and a Utilization Management physician or designee determines the member could be safely transported on a commercial (public) airline accompanied by appropriate licensed medical personnel. (Authorization for coverage of commercial airline transportation is limited to charges for transporting the member and necessary medical personnel only). This coverage may differ according to plan or product. Refer to the applicable payment policies for more information which is on the Point32Health provider site

Limitations

1. When criteria listed in this policy are not met
2. Medical transportation when it is not medically necessary (e.g., for patient/family convenience or preference.)
3. The plan will not cover an ambulance when an alternative means of transportation other than an ambulance could be utilized without endangering the member's health, whether or not such other transportation is available or is a covered benefit.
4. The plan will not cover transportation for the purpose of receiving an excluded or noncovered service.
5. Medically necessary services that can be provided quickly, safely, and more cost efficiently on-site than by nonemergency ambulance transport.

Codes

The following HCPCS codes may be subject to prior authorization review for medical necessity when NOT submitted with the following modifier combinations:

Table 1: Modifier Codes

Modifier	Description
DH	Diagnostic or therapeutic site to Hospital
EH	Residential, domiciliary, custodial facility to Hospital
GH	Hospital-based ESRD facility to Hospital
HD	Hospital to Diagnostic or therapeutic site
HG	Hospital to Hospital-based ESRD facility
HH	Hospital to Hospital
HJ	Hospital to Free standing ESRD facility (non-hospital based)
JH	Free standing ESRD facility (non-hospital based) to Hospital
NR	Skilled nursing facility (SNF) to Residence
PH	Physician's office to Hospital
RH	Residence to Hospital

Modifier	Description
RN	Residence to Skilled nursing facility (SNF)

Table 2: HCPCS Codes

HCPS Codes	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
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

References:

1. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual Chapter 10 - Ambulance Services, 2018. cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf. Accessed November 8, 2022.
2. Code of Federal Regulations: Title 42 - Public Health Chapter IV – Centers for Medicare & Medicaid Services Department of Health and Human Services, Subchapter B – Medicare Program Part 410 – Supplementary Medical Insurance Benefits, Subpart B - Medical and Other Health Services: Section 410.40 – Coverage of Ambulance Services.

Approval And Revision History

November 18, 2020: Reviewed by IMPAC, added exception for Tufts Health Freedom for interfacility transportation effective July 29, 2020

Subsequent endorsement date(s) and changes made:

- December 1, 2020: Fax number for Unify updated
- December 21, 2021: Review by Medical Policy Approval Committee (MPAC) for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan. Prior authorization clarified for Tufts Health Together and Unify. Tufts Health RITogether requirements updated as transportation services are covered as a wrap benefit by Rhode Island Medicaid
- February 1, 2022: Template Updated
- December 1, 2022: Reviewed by MPAC, renewed without changes
- July 24, 2023: Language regarding wheelchair vans clarified for Unify
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care and Updated One Care criteria effective January 1, 2024
- February 2024: Coding updated to allow for exceptions to prior authorization for certain modifier combinations for Harvard Pilgrim Health Care. Codes S9960 and S9961 removed from the MNG and will no longer be covered effective June 1, 2024
- September 19, 2024: Reviewed by MPAC, minor clarification regarding transport to or from the member's home and regarding air transport, effective November 1, 2024
- June 18, 2025: Reviewed by MPAC, clarification for RITogether - "Non-emergent ambulance services provided to a member during an inpatient/outpatient admission are included as part of the facility reimbursement rate and should be billed to the facility"; effective August 1, 2025
- July 21, 2025: Template updated, language for Carelink removed and Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation

organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.