A Message to

Business Office Managers

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Memo No. 13-06

TO: Case Management/Discharge Planning Departments of AmeriHealth Participating Ambulatory Surgery Centers, Renal Dialysis Centers, Skilled Nursing Facilities and Ambulance Providers in New Jersey

FROM: Michael S. Zollenberg
Director, Hospital and Ancillary Services

DATE: June 23, 2006

SUBJECT: NON-EMERGENCY MEDICAL AMBULANCE TRANSPORTATION POLICY

The purpose of this bulletin is to advise you of AmeriHealth's policy and revised coverage position regarding non-emergency medical ambulance transportation.

Our scheduled review of the Non-Emergency Medical Ambulance Transport policy considered CMS criteria and guidelines as one industry source in evaluating coverage of these services. This review included the recently published Office of Inspector General report that evaluated whether non-emergency medical ambulance transport met Medicare's criteria for coverage. The results of this report showed that a significant number of non-emergency transports of Medicare beneficiaries did not meet criteria for coverage. This report can be accessed at the following URL:

www.oig.hhs.gov/oei/reports/oei-05-02-00590.pdf

Please note that we will only cover non-emergency medical ambulance transport services when such a transport meets all of the following criteria:

- It is a **benefit** as outlined in the member contract;
- It is a means to obtain **covered treatment or services; and**
- It meets requirements associated with transport **origin**, **destination**, and **medical necessity.**

Medical necessity requirements for non-emergency ambulance transport are met when an individual is bed confined, which is defined as unable to get up from bed without assistance; unable to ambulate; and unable to sit in a chair; or wheelchair; or when the individual's medical, clinical, and/or mental condition is such that the use of any other method of transportation would endanger or worsen the individual's medical condition.

Please remember that our approval process has always required precertification for non-emergency ambulance transportation in order to verify that medical necessity and destination/origin requirements are met. This precertification requirement is not satisfied by a physician's attestation, which is original Medicare's method of post-payment documentation verification.

Post Joint Replacement- Revised Coverage Position

It is important to note that a request for non-emergency ambulance transportation to a rehabilitation or skilled nursing facility after total joint replacement **will not** meet medical necessity requirements unless a medical complication or co-morbidity (as described above) is present that requires the clinical services of an ambulance crew.

This revised coverage position is based on careful review of additional sources including our member benefits, Medicare policy, and national specialty society guidelines. Our position also reflects the expert opinion of external physician consultants who agree that a wheelchair van is a safe mode of transportation for uncomplicated post-joint replacement patients. Please note that for most AmeriHealth benefit plans, wheelchair van transportation is not a covered benefit.

In recognition of operational issues relating to increasing the use of wheelchair vans for transport of post-joint replacement patients, we will grant a 30-day grace period from the date of this notice prior to enforcing the guidelines as stated above.

The current version of our Non-Emergency Medical Ambulance Transport policy can be found on our website, *www.amerihealth.com*. Use the **Policies, Guidelines, & Publications** link located in the For Providers section of the Web site to access our searchable database of medical policies.

Please share this information with your staff. If you have any questions about this bulletin, please contact your Hospital Service Coordinator at 856-778-6500 or 732-726-6700.