

## **310-BB - TRANSPORTATION**

EFFECTIVE DATES: 10/01/94, 07/01/18, 07/01/19, 10/01/21, 07/01/22

APPROVAL DATES: 02/18/98, 10/01/99, 10/01/01, 11/01/04, 10/01/08, 03/01/12, 05/17/18, 02/07/19, 04/01/21, 10/07/21, 04/07/22

### **I. PURPOSE**

This Policy applies to ACC, ALTCS E/PP, DCS/CHP (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as specified in this Policy including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for coverage of transportation.

### **II. DEFINITIONS**

For purposes of this Policy:

**ALTERNATIVE  
DESTINATION PARTNER**

An AHCCCS registered provider, such as a Federally Qualified Healthcare Center/Rural Health Clinic (FQHC/RHC), primary care doctor, specialist, behavioral health center or urgent care clinic.

**EMERGENCY TRIAGE,  
TREAT, AND TRANSPORT  
(ET3)**

A program designed to allow greater flexibility for ambulance providers registered with AHCCCS as Emergency Transportation providers to address a member's health care needs following a 9-1-1 call. ET3 permits Emergency Transportation providers to transport a member to an Alternative Destination Partner, and to initiate and facilitate a members' receipt of medically necessary covered service(s) at the scene of a 9-1-1 response either in-person on the scene or via telehealth.

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

### **III. POLICY**

#### **A. AHCCCS COVERED TRANSPORTATION SERVICES**

AHCCCS covers transportation within certain limitations for all members based on member age and eligibility, as specified in A.A.C. R9-22-211. Covered transportation services include:

1. Emergency transportation.
2. Medically necessary non-emergency transportation.
3. Medically necessary maternal and newborn transportation through the Maternal Transport Program and the Newborn Intensive Care Program.

4. Medically necessary transportation under the Emergency Triage, Treat and Transport (ET3) program.

**B. EMERGENCY TRANSPORTATION**

Emergency transportation is covered in emergent situations in which specially staffed and equipped ambulance transportation is required to safely manage the member's medical condition. Basic life support, advanced life support, and air ambulance services are covered, depending upon the member's medical needs. Prior authorization shall not be required for reimbursement of emergency transportation.

Notification to AHCCCS/DFSM of emergency transportation provided to an FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.

1. Emergency transportation may be initiated by an emergency response system call "9-1-1", fire, police, or other locally established system for medical emergency calls. Initiation of a designated emergency response system call by an AHCCCS member automatically dispatches emergency ambulance and Emergency Medical Technician (EMT) or paramedic team services from the Fire Department. At the time of the call, emergency teams are required to respond, however, upon arrival on the scene, the services required at that time (based on field evaluation by the emergency team) may be determined to be:
  - a. Emergent,
  - b. Non-emergent, but medically necessary, or
  - c. Not medically necessary.
2. Emergency transportation coverage also includes the transportation of a member to a higher level of care for immediate medically necessary treatment, including when occurring after stabilization at an emergency facility.
3. Emergency transportation is covered to the nearest appropriate facility capable of meeting the member's physical or behavioral health needs.
4. Contractors may establish preferred hospital arrangements, which shall be communicated with emergency services providers. If the provider transports the member to the Contractor preferred hospital, the provider's claim shall be honored even though that hospital may not be the nearest appropriate facility. However, the provider shall not be penalized for taking the member to the nearest appropriate facility whether or not it is the Contractor preferred facility.
5. The nearest appropriate facility for a member enrolled with an FFS Program is the nearest facility equipped to provide the necessary physical and/or behavioral health care services.

6. Examples of conditions requiring emergency transportation to obtain immediate treatment include, but are not limited to the following:
  - a. Untreated fracture or suspected fracture of spine or long bones,
  - b. Severe head injury or coma,
  - c. Serious abdominal or chest injury,
  - d. Severe hemorrhage,
  - e. Serious complications of pregnancy,
  - f. Shock, heart attack or suspected heart attack, stroke, or unconsciousness,
  - g. Uncontrolled seizures, and
  - h. Condition warranting use of restraints to safely transport the member to services.

For utilization review, the test for appropriateness of the request for emergency services is whether a prudent layperson, if in a similar situation, would have requested such services. Determination of whether a transport is an emergency is based on the member's medical condition at the time of transport.

7. Air ambulance services are covered under the following conditions:
  - a. The air ambulance transport is initiated at the request of:
    - i. An emergency response unit,
    - ii. A law enforcement official,
    - iii. A clinic or hospital medical staff member, or
    - iv. A physician or practitioner.
  - b. The point of pickup is:
    - i. Inaccessible by ground ambulance,
    - ii. A great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance will not suffice, or
    - iii. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.

Air ambulance vehicles shall meet Arizona Department of Health Services (ADHS) licensing requirements and requirements set forth by the Federal Aviation Administration. Air ambulance companies shall be licensed by the ADHS and be registered as a provider with AHCCCS.

### **C. EMERGENCY TRIAGE, TREAT, AND TRANSPORT PROGRAM**

Services associated with the ET3 program are covered when an Emergency Transportation provider responds to a "9-1-1", fire, police, or other locally established system for emergency calls. AHCCCS registered Emergency Transportation Providers in possession of a Certificate of Necessity (CON) from ADHS, or tribal providers who have signed the AHCCCS attestation of CON equivalency, are allowed to transport a member to an Alternative Destination Partner or provide treatment to the member on scene, as specified in this policy.

1. Transportation to an Alternative Destination Partner

Upon the emergency response team’s arrival on the scene and their field evaluation of the member, if the services required at that time are determined to be medically necessary, but not emergent, the Emergency Transportation provider may transport the member to an Alternative Destination Partner. These transportations are allowed when:

- a. The transport to an Alternative Destination Partner will meet the member’s level of care more appropriately than transport to an emergency department,
- b. The Alternative Destination Partner is within or near the responding emergency transportation provider’s service area,
- c. The Emergency Transportation provider has a pre-established arrangement with the Alternative Destination Partners located within their region, and
- d. The Emergency Transportation provider has knowledge of the Alternative Destination Partner’s:
  - i. Hours of operation,
  - ii. Clinical staff available,
  - iii. Services provided, and
  - iv. Ability to arrange transportation for the member to return home, when needed.

2. Treatment on Scene

Upon the emergency response team’s arrival on the scene and their field evaluation of the member, if the services required at that time are determined to be medical necessary, but not emergent, the Emergency Transportation provider may provide treatment to the member in accordance with the provider’s scope of practice and their emergency transport service’s medical direction. Treatment on scene may also be performed, when medically indicated, via a telehealth visit performed in accordance with AMPM Policy 320-I.

**D. EMERGENCY TRANSPORTATION PROVIDER REQUIREMENTS FOR EMERGENCY TRANSPORTATION SERVICES PROVIDED TO MEMBERS RESIDING ON TRIBAL LANDS**

In addition to other requirements specified in this Policy, emergency transportation providers rendering services on a Native American Reservation shall meet the following requirements:

1. Tribal emergency transportation providers shall be certified by the Tribe and Center for Medicare and Medicaid Services (CMS) as a qualified provider and shall be registered as an AHCCCS provider.
2. If a non-tribal emergency transportation provider renders services under a contract with a Tribe, either on-reservation or to and from an off-reservation location, the provider shall be State licensed and certified and shall be registered as an AHCCCS provider.
3. Non-tribal emergency transportation providers not under contract with a Tribe shall meet requirements specified in this Policy for emergency transport providers.

Emergency transportation services are covered to manage an emergency physical or behavioral health condition and to the nearest appropriate facility capable of meeting the member’s health care needs as outlined in this Policy.

**E. MEDICALLY NECESSARY NON-EMERGENCY TRANSPORTATION FOR PHYSICAL AND BEHAVIORAL HEALTH SERVICES**

Medically necessary non-emergency transportation is covered consistent with A.A.C. R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service. Medically Necessary Non-Emergency Transportation is also referred to as Non-Emergency Medical Transportation.

Such transportation services may also be provided by emergency transportation providers after an assessment by the emergency transportation team or paramedic team determines that the member's condition requires medically necessary transportation.

1. Medically necessary non-emergency transportation services are covered under the following conditions:
  - a. The physical or behavioral health service for which the transportation is needed is a covered AHCCCS service,
  - b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
  - c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.
  
2. If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered to transport a member to obtain Medicare Part D covered prescriptions.
  
3. Medically necessary non-emergency transportation services furnished by all providers who offer transportation:
  - a. For members residing in Maricopa and Pima Counties and enrolled with a Contractor, NEMT services are only covered for trips within 15 miles of the pick-up location when traveling to a pharmacy within Pima and Maricopa counties. Mileage is calculated from the pick-up location to the drop off location, one direction. Trips to compounding/specialty pharmacies over 15 miles require authorization from the Contractor to be considered a covered service. NEMT trips for members traveling to an MSIC or IHS/638 facility are exempt from this limitation.
  
4. Medically necessary non-emergency transportation furnished by non-ambulance providers. Non-ambulance transportation providers shall comply with all of the following:
  - a. The member shall not require medical care in route,
  - b. Passenger occupancy shall not exceed the manufacturer's specified seating occupancy,
  - c. Members, companions, and other passengers shall follow state laws regarding passenger restraints for adults and children,
  - d. Vehicle shall be driven by a licensed driver, following applicable State laws,
  - e. Vehicles shall be insured. Refer to the AHCCCS Minimum Subcontract Provisions Insurance Requirements on the AHCCCS website,
  - f. Vehicles shall be in good working order,
  - g. All passengers shall be transported inside the vehicle, and
  - h. School based providers shall follow the school based policies in effect (Refer to AMPM Chapter 700).

5. AHCCCS covers the cost of medically necessary non-emergency transportation furnished by a non-ambulance air or equine NEMT provider **only** when **all** of the following conditions are met:
  - a. The service is exclusively used to transport the member to ground accessible transportation,
  - b. The AHCCCS member's point of pick up or return is inaccessible by ground transportation, and
  - c. The ground transportation is not accessible because of the nature and extent of the surrounding Grand Canyon terrain.
  
6. Medically necessary non-emergency transportation furnished by ambulance providers. Medically necessary non-emergency transportation furnished by ambulance providers is appropriate if:
  - a. Documentation that other methods of transportation are contraindicated,
  - b. The member's medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an ambulance,
  - c. For hospital patients only:
    - i. Round-trip air or ground transportation services may be covered if an inpatient hospitalized member travels to another facility to obtain necessary specialized diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy). Such transportation may be covered if services are not available in the hospital in which the member is inpatient.
  - d. Transportation services to the nearest medical facility that can render appropriate services are also covered, when the transport was initiated through an emergency response system call and, upon examination by emergency medical personnel, the member's condition is determined to be non-emergent but one which requires medically necessary transportation.

AHCCCS and the Contractor may elect to waive prior authorization requirements for medically necessary non-emergency ambulance transportation as well as any notification requirements. However, such claims are subject to review for medical necessity. Medical necessity criteria are based upon the medical condition of the member at the time of the transport.

#### **F. TRANSPORTATION NETWORK COMPANY**

A Transportation Network Company (TNC) providing medically necessary nonemergency transportation services to members shall comply with the following:

1. Only provide services to members, and bill, through an NEMT Broker pursuant to the Broker's contract with a Contractor.
2. Only receive scheduled member rides from an NEMT Broker. The TNC is not allowed to take member calls or schedule member rides directly.

3. Utilize a digital network or software application capable of:
  - a. Providing the TNC, from the NEMT Broker, only the following information:
    - i. The first and last name of the member,
    - ii. The member’s phone number,
    - iii. The address where the member will be picked up,
    - iv. The address where the member will be dropped off, and
    - v. The date and time of the service.
  - b. Limiting the information provided by the TNC to the driver to the following information:
    - i. The first name of the member,
    - ii. The member’s phone number,
      - 1) The digital network software application must provide the driver a “masked” phone number for the driver to contact the member,
      - 2) The number provided to the driver will not be the member’s actual phone number but using the masked number the digital network or software application will connect the driver to the member.
    - iii. The address where the member will be picked,
    - iv. The address where the member will be dropped off, and
    - v. The date and time of the service.
  - c. Maintaining a record of the actual service provided by the driver including:
    - i. The address where the member was picked up,
    - ii. The address where the member was dropped off, and
    - iii. The date and time the service was rendered.
4. Maintain all records regarding driver information (including criminal background and federal health care program exclusion checks), vehicle inspections and reports, services, trips and enforcement actions for a minimum of six complete calendar years.

#### **G. PUBLIC TRANSPORTATION**

If public transportation is available in the service area, the Contractor shall ensure public transportation is offered as an option to a member when NEMT services are requested. Providing a member the option of public transportation shall not prohibit the member’s access to other transportation services as specified in this Policy.

FFS providers may offer Public Transportation options to FFS members traveling to and from AHCCCS approved services. For billing information, reference the FFS and IHS/638 Provider Billing Manual.

The following shall be considered when offering public transportation to a member:

1. Location of the member to a transportation stop.
2. Location of the provider of services to a transportation stop.
3. The public transportation schedule in coordination with the member’s appointment.
4. The ability of the member to travel alone on public transportation.

5. Member preference.

#### **H. MATERNAL AND NEWBORN TRANSPORTATION**

The Maternal Transport Program (MTP) and the Newborn Intensive Care Program (NICP) administered by ADHS provides special training and education to designated staff responsible for the care of maternity and newborn emergencies during transport to a perinatal center. The high-risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. Only contracted MTP or NICP providers may provide air transport.

#### **IV. OTHER GENERAL INFORMATION**

Refer to AMPM Chapter 1200 for additional information regarding Arizona Long Term Care System (ALTCS) authorization requirements.

Refer to AMPM Chapter 800 for complete information regarding prior authorization for non-ALTCS FFS members.

Refer to the AHCCCS Fee-For-Service Provider Manual or the AHCCCS IHS/Tribal Provider Billing Manual for billing information. These manuals are available on the AHCCCS Website at [www.azahcccs.gov](http://www.azahcccs.gov).

Refer to ACOM Policy 205 for information regarding reimbursement of non-contracted ground Ambulance providers.