

1 **310-BB Transportation**

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4
5 INITIAL EFFECTIVE DATE: 10/01/1994

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7 **Description**

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9 AHCCCS covers transportation within certain limitations for all members based
10 on member age and eligibility, as specified in the Arizona Administrative Code
11 (A.A.C.) R9-22-211. Covered transportation services include:

- 12
13 1. Emergency transportation
14
15 2. Medically necessary non-emergency transportation (~~non-emergency~~), and
16
17 3. Medically necessary maternal and newborn transportation.

18
19 **Definitions**

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21 The definitions relating to covered transportation services are as follows:

22
23 1. Air ambulance - Helicopter or fixed wing aircraft licensed under Arizona
24 Department of Health Services (ADHS) as mandated by Arizona Revised Statutes
25 to be used in the event of an emergency to transport members or to obtain
26 services.

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28 2. Ambulance - Motor vehicle licensed by ADHS pursuant to Arizona Revised
29 Statutes especially designed or constructed, equipped and intended to be used,
30 maintained and operated for the transportation of persons requiring ambulance
31 services.

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3. Ambulatory vehicle - Ambulatory transportation means a vehicle other than a taxi but includes vans, cars, minibus or mountain area transport. The AHCCCS member must be able to transfer with or without assistance into the vehicle and not require specialized transportation modes.

4. Stretcher van- the vehicle must be specifically designed for the purpose of transportation of a member on a medically approved stretcher device. The stretcher must be secured to avoid injury to the member or other passengers. Safety features of stretcher vans must be maintained as necessary. Any additional items being transported must also be secured for safety. The AHCCCS member must need to be transported by stretcher and must be physically unable to sit or stand and any other means of transportation is medically contraindicated.

5. Wheelchair van- the vehicle must be specifically equipped for the transportation of an individual seated in a wheelchair. Doors of the vehicle must be wide enough to accommodate loading and unloading of a wheelchair. Wheelchair vans must include electronic lifts for loading and unloading wheelchair bound transports. The vehicle must contain restraints for securing wheelchairs during transit. Safety features of wheelchair vans must be maintained as necessary. Any additional items being transported must also be secured for safety. The AHCCCS member must require transportation by wheelchair and must be physically unable to use other modes of ambulatory transportation.

6. Taxi – A vehicle that has been issued and displays a special taxi license plate pursuant to A.R.S. § 28-2515.

Description

A. Emergency Transportation

1 Emergency Transportation - Emergency ground and air ambulance services
2 required to manage an emergency medical condition of an AHCCCS member at
3 an emergency scene and transport to the nearest appropriate facility are covered
4 for all members. Emergency transportation is needed due to a sudden onset of a
5 medical condition manifesting itself by acute symptoms of sufficient severity
6 (including severe pain) such that the absence of immediate medical attention
7 could be expected to result in:

- 8
- 9 1. Placing the member's health in serious jeopardy
- 10
- 11 2. Serious impairment of bodily functions; or
- 12
- 13 3. Serious dysfunction of any bodily organ or part.
- 14

15 Emergency transportation may be initiated by an emergency response system call
16 "9-1-1", fire, police, or other locally established system for medical emergency
17 calls. Initiation of a designated emergency response system call by an AHCCCS
18 member automatically dispatches emergency ambulance and EMT or Paramedic
19 team services from the Fire Department. At the time of the call, emergency teams
20 are required to respond; however, when they arrive on the scene, the services
21 required at that time (based on field evaluation by the emergency team) may be
22 determined to be:

- 23
- 24 1. Emergent
- 25
- 26 2. Nonemergent, but medically necessary, or
- 27
- 28 3. Not medically necessary.
- 29

30 ~~Medically Necessary Transportation - AHCCCS covers medically necessary~~
31 ~~transportation as specified in A.A.C. R9-22-211.~~

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Maternal and Newborn Transportation - The maternal transport program (MTP) and the newborn intensive care program (NICP) administered by the ADHS provides special training and education to designated staff in 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 MTP or NICP Contractors may provide air transport.

Amount, Duration and Scope

Emergency transportation coverage is limited to those emergencies 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.

Emergency medical transportation includes the transportation of a member to a higher level of care for immediate medically necessary treatment, even after stabilization at an emergency facility. Emergency medical transportation is covered only to the nearest appropriate facility. The nearest appropriate facility for an AHCCCS fee-for-service (FFS) member is the nearest hospital medically equipped to provide definitive medical care. Contractor may establish preferred hospital arrangements, which must be communicated with emergency services providers. If the provider transports the member to the Contractor preferred hospital, the provider's claim must be honored even though that hospital may not be the nearest appropriate facility. However, the provider must not be penalized for taking the member to the nearest appropriate facility whether or not it is the Contractor preferred facility.

1 Acute conditions requiring emergency transportation to obtain immediate
2 treatment include, but are not limited to the following:

- 3
- 4 1. Untreated fracture or suspected fracture of spine or long bones
- 5
- 6 2. Severe head injury or coma
- 7
- 8 3. Serious abdominal or chest injury
- 9
- 10 4. Severe hemorrhage
- 11
- 12 5. Serious complications of pregnancy
- 13
- 14 6. Shock, heart attack or suspected heart attack, stroke or unconsciousness
- 15
- 16 7. Uncontrolled seizures, and
- 17
- 18 8. Condition warranting use of restraints to safely transport to medical care.
- 19

20 For utilization review, the test for appropriateness of the request for emergency
21 services is whether a prudent layperson, if in a similar situation, would have
22 requested such services. (~~See [Chapter 100](#) for the definition of prudent~~
23 ~~layperson.~~) Determination of whether a transport is an emergency is based on the
24 member's medical condition at the time of transport.

25

26 Refer to the section of this policy regarding medically necessary transportation
27 furnished by an ambulance provider for information related to transportation
28 initiated by an emergency response system call.

29

30 Air ambulance services are covered under the following conditions:

31

- 1 1. The point of pickup is inaccessible by ground ambulance
- 2
- 3 2. Great distances or other obstacles are involved in getting the member to the
- 4 nearest hospital with appropriate facilities; or
- 5
- 6 3. The medical condition of the member requires ambulance service and ground
- 7 ambulance services will not suffice.
- 8

9 Air ambulance vehicles must meet ADHS licensing requirements and
10 requirements set forth by the Federal Aviation Administration. Air ambulance
11 companies must be licensed by the ADHS and be registered as a provider with
12 AHCCCS.

13
14 Medically Necessary Transportation Furnished by Non-Emergency
15 Transportation Providers:

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17 ~~Non-emergency medically necessary transportation is transportation, as specified~~
18 ~~in A.A.C. R9-22-211, and furnished by providers included therein, to transport the~~
19 ~~member to and from a required medical service. Such services may also be~~
20 ~~provided by emergency transportation providers after assessment by the EMT or~~
21 ~~Paramedic team that the member's condition requires medically necessary~~
22 ~~transportation.~~

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24
25 Medically Necessary Transportation Furnished by Ambulance Providers:

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27 ~~Round trip air or ground transportation services may be covered if an inpatient~~
28 ~~member goes to another facility to obtain necessary specialized diagnostic and/or~~
29 ~~therapeutic services (such as a CT scan or cobalt therapy). Such transportation~~
30 ~~may be covered if the following requirements are met:~~

1 ~~1. Member's condition is such that the use of any other method of transportation~~
2 ~~is contraindicated~~

3
4 ~~2. Services are not available in the hospital in which the member is an inpatient~~

5
6 ~~3. Member returns to the point of origin, and~~

7
8 ~~4. Hospital furnishing the services is the nearest one with such facilities, or the~~
9 ~~one specified by the member's Contractor.~~

10
11 ~~Transportation services to the nearest medical facility that can render appropriate~~
12 ~~services are also covered, except as provided below, if the transport was initiated~~
13 ~~through an emergency response system call and, upon examination by emergency~~
14 ~~medical personnel, the patient's condition is determined to be non-emergent but~~
15 ~~one which requires medically necessary transportation. These services are~~
16 ~~covered by AHCCCS and do not require prior authorization (PA).~~

17
18 ~~Maternal and Newborn Transportation AHCCCS covers emergency transports~~
19 ~~of newborns to a level II or level III perinatal center from a lower level of care~~
20 ~~when a need for the higher level of care is determined to be immediate and~~
21 ~~medically necessary.~~

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23
24 **Emergency Transportation Provider Requirements for Emergency**
25 **Transportation Services Provided for AHCCCS American Indian Health**
26 **Program Members Who Are Enrolled with Indian Health Service (IHS)**

27
28 Emergency Transportation Services: In addition to other requirements specified
29 in this policy, emergency transportation providers rendering services on an Indian
30 Reservation must meet the following requirements:

- 1 1. Tribal emergency transportation providers must be certified by the Tribe and
2 CMS as a qualified provider and registered as an AHCCCS provider
3
- 4 2. If non-tribal emergency transportation providers render services under a
5 contract with a Tribe either on-reservation or to and from an off-reservation
6 location the provider must be State licensed and certified, and registered as an
7 AHCCCS provider, or
8
- 9 3. Non-tribal transportation providers not under contract with a Tribe must meet
10 requirements specified in this policy for emergency transport providers.
11

12 As with all emergency transportation, services are covered to manage an
13 emergency medical condition at the emergency scene and in transport to the
14 nearest appropriate facility.
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16 **B. Medically Necessary Non-Emergency Transportation Furnished by Non-**
17 **Emergency Transportation Providers for Medical and Behavioral Health**
18 **Services**

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20 **Amount, Duration and Scope**
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22 Non-emergency medically necessary transportation is transportation, as specified
23 in A.A.C. R9-22-211, and furnished by providers included therein, to transport the
24 member to and from a ~~required~~ covered medical service. Such services may also
25 be provided by emergency transportation providers after assessment by the EMT
26 or Paramedic team that the member's condition requires medically necessary
27 transportation.
28

29 Medically necessary non-emergency transportation services are covered under the
30 following conditions:
31

- 1 1. The medical or behavioral health service for which the transportation is
2 needed is ordered by a licensed physician or other licensed practitioner and is
3 a covered AHCCCS service.
- 4
- 5 2. The member is not able to provide, secure or pay for their own transportation,
6 and free transportation is not available; and
- 7
- 8 3. The transportation is provided to and from
9 ~~1. The nearest appropriate AHCCCS registered provider located off-~~
10 reservation.
- 11

12 **Medically Necessary Non-Emergency Transportation Furnished by Non-**
13 **Ambulance Providers**

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15 ~~Medically Necessary Non-Emergency Transportation~~ AHCCCS covers
16 ~~medically necessary non-emergency transportation as specified in A.A.C. R9-22-~~
17 ~~211.~~

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21 The following must be adhered to:

- 22
- 23 1. The member must not require medical care en route
- 24
- 25 2. Passenger occupancy must not exceed the manufacturer's specified seating
26 occupancy
- 27
- 28 3. Members, escorts and other passengers must follow state laws regarding
29 passenger restraints for adults and children.
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- 31 4. Vehicle must be driven by a licensed driver, following applicable State laws

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- 5. Vehicles must be insured
- 6. Vehicles must be in good working order
- 7. Members must be transported inside the vehicle
- 8. School Based providers should follow the school based policies in effect (Chapter 700)

Medically Necessary Non-Emergency Transportation Furnished by Ambulance Providers

Medically necessary non-emergency transportation furnished by ambulance providers is appropriate if:

- 1. Documentation that other methods of transportation are contraindicated and,
- 2. The member's medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an ambulance.
- 3. For hospital patients only:
 - a. Round-trip air or ground transportation services may be covered if an inpatient hospitalized member goes 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 an inpatient.

Transportation services to the nearest medical facility that can render appropriate services are also covered, , when the transport was initiated through an emergency

1 response system call and, upon examination by emergency medical personnel, the
2 member's condition is determined to be non-emergent but one which requires
3 medically necessary transportation. At the Administration or Contractor's
4 discretion, medically necessary non-emergency ambulance transportation may not
5 require prior authorization or notification, but is subject to review for medical
6 necessity. Medical necessity criteria is based upon the medical condition of the
7 member and includes ground ambulance services provided because the member's
8 medical condition was contradictory to any other means of transportation. This
9 may include after hour calls.

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12 **Non-Emergency Medically Necessary Transportation Services to Obtain**
13 **AHCCCS Covered Medical Services**

14
15 ~~1. For AHCCCS American Indian members who reside either on-reservation or~~
16 ~~off-reservation and are enrolled with IHS AIHP (Contractor ID number~~
17 ~~999998), transportation services are covered on a FFS basis (or if available,~~
18 ~~through 100% pass through of Federal funds) under the following conditions:~~

19
20 ~~a. The medical service for which the transportation is needed is ordered by a~~
21 ~~licensed physician or other licensed practitioner and is a covered~~
22 ~~AHCCCS service~~

23
24 ~~b.a. The request for transportation services is prior authorized through the~~
25 ~~AHCCCS/DFSM/PA Unit when mileage is greater than 100 miles. PA is~~
26 ~~not required for IHS/638 providers.~~

27
28 ~~c.b. The member is not able to provide, secure or pay for their own~~
29 ~~transportation, and free transportation is not available; and~~

30

1 ~~d.c. The transportation is provided to and from either of the following~~
2 ~~locations:~~

- 3
- 4 ~~i. The nearest appropriate IHS/Tribal 638 medical facility located~~
5 ~~either on reservation or off reservation (facilities that are located~~
6 ~~out of state are subject to AHCCCS rules regarding~~
7 ~~reimbursement for out of state services), or~~
8 ~~ii. The nearest appropriate AHCCCS registered provider located off-~~
9 ~~reservation.~~

10

11 ~~2. For American Indian members residing off reservation who are enrolled with a~~
12 ~~Contractor, all non-emergency medically necessary transportation is coordinated,~~
13 ~~authorized and provided through the Contractor.~~

14

15 ~~3. For American Indian members enrolled in either an acute or ALTCS managed~~
16 ~~care organization, please check with the managed care organization for prior~~
17 ~~authorization requirements.~~

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19 ~~**Authorization Requirements to Receive Non-Emergency Medically-**~~
20 ~~**Necessary Transportation Services to Obtain AHCCCS Covered Behavioral-**~~
21 ~~**Health Services**~~

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23 ~~4. Members who are enrolled with IHS AIHP and live either on reservation or~~
24 ~~off reservation, and are receiving behavioral health services as specified in this~~
25 ~~Chapter under Policy 310, Behavioral Health Services, may receive non-~~
26 ~~emergency medically necessary on-reservation transportation services as follows:~~

27

28 ~~1.a. Non-emergency medically necessary transportation may be provided as~~
29 ~~outlined above (#1 of the Section addressing transportation to obtain medical~~
30 ~~services) on a FFS basis (or, if available, through 100% pass-through of~~
31 ~~Federal funds) for the following members:~~

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~~a.i. An IHS AIHP enrolled member, residing either on reservation or off reservation who is receiving behavioral health services but is not enrolled with an ADHS designated Regional Behavioral Health Authority (RBHA).~~

~~b.ii. An IHS AIHP enrolled member who lives on reservation but is a member of a tribe that is not designated as a Tribal Behavioral Health Authority (TRBHA) through an agreement with the ADHS, and who receives services at an IHS/Tribal 638 facility or through an off reservation provider; or~~

~~2.b. If the AIHP member is enrolled with, and receiving behavioral health services through, a RBHA or TRBHA, non-emergency medically necessary on-reservation transportation is coordinated, authorized and provided by the RBHA or TRBHA with reimbursement through ADHS.~~

~~**Authorization Requirements to Receive Non-Emergency Medically Necessary Transportation Services to Obtain Arizona Long Term Care System Covered Services**~~

~~5. All non-emergency medically necessary transportation for ALTCS FFS program members considered to be residing on an Indian reservation are covered and reimbursed through the AHCCCS Administration when authorized by the member's case manager.~~

~~American Indian ALTCS members who considered to be residing off-reservation are enrolled with an ALTCS Contractor and all non-emergency medically necessary transportation is coordinated, authorized and provided through the Contractor.~~

1 ~~Refer to [Chapter 1600](#) of this Manual for additional information regarding case~~
2 ~~management authorization requirements.~~

3

4 Refer to Chapter 1200 for additional information regarding ALTCS authorization
5 requirements.

6

7 Refer to [Chapter 800](#) for complete information regarding prior authorization for
8 non-ALTCS FFS members.

9

10 Refer to the AHCCCS FFS Provider Manual or the AHCCCS Billing Manual for
11 IHS/Tribal providers for billing information. These manuals are available on the
12 AHCCCS Website at www.azahcccs.gov.

13

14 Refer to ACOM Policy 205, Ground Ambulance Transportation Reimbursement
15 Guidelines for Non-Contracted Providers for information regarding
16 reimbursement.