

Policy Update
 AMPM Policy 310-BB, Transportation
 Date XX/XX/2012

Pg, line #	SECTION WITH CHANGES	Rationale
	<p><i>Note in some cases, minor grammatical changes are made. These are not considered substantive and are not noted on this document.</i></p>	
Pg 1, line 15	<p>2. Medically necessary <u>non-emergency</u> transportation (non-emergency), and</p>	<p>Added language to conform to Rule.</p>
Pg 2, lines 4-28	<p>3. <u>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.</u></p> <p>4. <u>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.</u></p>	<p>Added transportation definitions for clarification.</p>

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	<p><u>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.</u></p> <p><u>6. Taxi – Per A.R.S. § 28-2515, the Department of Transportation shall issue taxi special plates to the owner of every vehicle operating as a taxi. Every vehicle operating as a taxi shall display a taxi special plate issued by the Department of Transportation. The color and design of the taxi special plates shall be determined by the Department of Transportation and shall indicate that the vehicle is a taxi.</u></p>	

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Pg 5, lines 20-23	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. (See Chapter 100 for the definition of prudent layperson.)	Removed reference to definition of prudent layperson in Chapter 100. This definition does not exist.
Pg 6, lines 15-17	<p style="text-align: center;"><u>Emergency Transportation Provider Requirements for Emergency Transportation Services Provided for AHCCCS American Indian Health Program Members Who Are Enrolled with Indian Health Service (IHS)</u></p>	Revised section title for clarification.
Pg 7, lines 8-10	<p style="text-align: center;"><u>B. Medically Necessary Non-Emergency Transportation Furnished by Non-Emergency Transportation Providers for Medical and Behavioral Health Services</u></p>	Revised section title for clarification.
Pg 7, line 12	<p style="text-align: center;"><u>Amount, Duration and Scope</u></p>	Added for clarification.
Pg 7, lines 14-19	Non-emergency medically necessary transportation is transportation, as specified in A.A.C. R9-22-211, and furnished by providers included therein, to transport the member to and from a required <u>covered</u> medical service.	Revised for clarification.

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	Such services may also be provided by emergency transportation providers after assessment by the EMT or Paramedic team that the member's condition requires medically necessary transportation.	
Pg 7, lines 21-29, pg 8, lines 1-3	<p><u>Medically necessary non-emergency transportation services are covered under the following conditions:</u></p> <ol style="list-style-type: none"> 1. <u>The medical or behavioral health service for which the transportation is needed is ordered by a licensed physician or other licensed practitioner and is a covered AHCCCS service.</u> 2. <u>The member is not able to provide, secure or pay for their own transportation, and free transportation is not available; and</u> 3. <u>The transportation is provided to and from</u> <ol style="list-style-type: none"> 1. the nearest appropriate AHCCCS registered provider located off-reservation. 	Revised for clarification.

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Pg 8, lines 5-6	<p><u>Medically Necessary Non-Emergency Transportation</u> <u>Furnished by Non-Ambulance Providers</u></p>	Revised section title for clarification.
Pg 8, lines 15-17	<p>Medically Necessary Non-Emergency Transportation AHCCCS covers medically necessary non-emergency transportation as specified in A.A.C. R9-22-211.</p>	Removed duplicative language.
Pg 8, lines 12-28, pg 9 lines 1-2	<p><u>The following must be adhered to:</u></p> <ol style="list-style-type: none"> 1. <u>The member must not require medical care en route</u> 2. <u>Passenger occupancy must not exceed the manufacturer's specified seating occupancy</u> 3. <u>Members, escorts and other passengers must follow state laws regarding passenger restraints for adults and children.</u> 4. <u>Vehicle must be driven by a licensed driver, following applicable State laws</u> 5. <u>Vehicles must be insured</u> 6. <u>Vehicles must be in good working order</u> 7. <u>Members must be transported inside the vehicle</u> 	Added requirements relating to non-emergency transportation.

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	<p>8. <u>School Based providers should follow the school based policies in effect (Chapter 700)</u></p>	
Pg 9, lines 4-30, pgs 10-13	<p><u>Medically Necessary Non-Emergency Transportation Furnished by Ambulance Providers:</u></p> <p><u>Medically necessary non-emergency transportation furnished by ambulance providers is appropriate if:</u></p> <ol style="list-style-type: none"> <u>1. Documentation that other methods of transportation are contraindicated and,</u> <u>2. The member’s medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an ambulance.</u> <ol style="list-style-type: none"> <u>1. For hospital patients only:</u> <ol style="list-style-type: none"> <u>a. Round-trip air or ground transportation services may be covered if an inpatient hospitalized member goes to another</u> 	Revised language to clarify section title and also to clarify overall policy for NEMT furnished by ambulance providers.

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	<p><u>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.</u></p> <p><u>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. At the Administration or Contractor's discretion, medically necessary non-emergency ambulance transportation may not require prior authorization or notification, but is subject to review for medical necessity. Medical necessity criteria is based upon the medical condition of the member and includes ground ambulance services provided because the member's medical condition was contradictory to any other means of transportation. This may include after</u></p>	

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	<p><u>hour calls.</u></p> <p>Round trip air or ground transportation services may be covered if an inpatient 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 the following requirements are met:</p> <ol style="list-style-type: none"> 1. Member's condition is such that the use of any other method of transportation is contraindicated 2. Services are not available in the hospital in which the member is an inpatient 3. Member returns to the point of origin, and 4. Hospital furnishing the services is the nearest one with such facilities, or the one specified by the member's Contractor. <p>Transportation services to the nearest medical</p>	

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	<p>facility that can render appropriate services are also covered, except as provided below, if the transport was initiated through an emergency response system call and, upon examination by emergency medical personnel, the patient's condition is determined to be non-emergent but one which requires medically necessary transportation. These services are covered by AHCCCS and do not require prior authorization (PA).</p>	
Pgs 11-14	<p><u>Authorization Requirements to Receive Non-Emergency Medically Necessary Non-Emergency Transportation Services to Obtain AHCCCS Covered Medical Services</u></p> <p>1. For AHCCCS American Indian members who reside either on reservation or off reservation and are enrolled with IHS AIHP (Contractor ID number 999998), transportation services are covered on a FFS basis (or if available, through 100% pass-through of Federal funds) under the following conditions:</p> <p>a. The medical service for which the</p>	Relocated language related to PA requirements to Chapter 800 of the AMPM.

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	<p>transportation is needed is ordered by a licensed physician or other licensed practitioner and is a covered AHCCCS service</p> <p>b.a. The request for transportation services is prior authorized through the AHCCCS/DFSM/PA Unit when mileage is greater than 100 miles. <u>PA is not required for IHS/638 providers.</u></p> <p>e.b. The member is not able to provide, secure or pay for their own transportation, and free transportation is not available; and</p> <p>d.c. The transportation is provided to and from either of the following locations:</p> <p>i. The nearest appropriate IHS/Tribal <u>638</u> medical facility located either on-reservation or off-reservation (facilities that are located out-of-state are subject to AHCCCS rules regarding reimbursement for out-</p>	

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	<p style="text-align: center;">of state services), or</p> <p style="text-align: center;">ii. The nearest appropriate AHCCCS registered provider located off-reservation.</p> <p>2. For American Indian members residing off-reservation who are enrolled with a Contractor, all non-emergency medically necessary transportation is coordinated, authorized and provided through the Contractor.</p> <p>3. For American Indian members enrolled in either an acute or ALTCS managed care organization, please check with the managed care organization for prior authorization requirements.</p> <p style="text-align: center;"><u>Authorization Requirements to Receive Non-Emergency Medically Necessary Transportation Services to Obtain AHCCCS Covered Behavioral Health Services</u></p> <p>4. Members who are enrolled with IHS AIHP and live either on reservation or off reservation, and are receiving behavioral health services as specified in</p>	

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	<p>this Chapter under Policy 310, Behavioral Health Services, may receive non-emergency medically necessary on-reservation transportation services as follows:</p> <p>1.a. Non-emergency — medically — necessary transportation may be provided as outlined above (#1 of the Section addressing transportation to obtain medical services) on a FFS basis (or, if available, through 100% pass-through of Federal funds) for the following members:</p> <p>a.i. An IHS <u>AIHP</u> 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).</p> <p>b.ii. An IHS <u>AIHP</u> 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</p>	

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	<p>agreement with the ADHS, and who receives services at an IHS/Tribal 638 facility or through an off reservation provider; or</p> <p>2.b. If the 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.</p> <p><u>Authorization Requirements to Receive Non-Emergency Medically Necessary Transportation Services to Obtain Arizona Long Term Care System Covered Services</u></p> <p>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.</p>	

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	<p>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.</p> <p>Refer to Chapter 1600 of this Manual for additional information regarding case management authorization requirements.</p> <p><u>Refer to Chapter 1200 for additional information regarding ALTCS authorization requirements.</u></p> <p>Refer to Chapter 800 for complete information regarding prior authorization for <u>non-ALTCS FFS</u> members.</p> <p>Refer to the AHCCCS FFS Provider Manual or the AHCCCS Billing Manual for IHS/Tribal providers for billing information. These manuals are available on the AHCCCS Website at www.azahcccs.gov.</p>	

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	<p>Refer to <u>ACOM Policy 205, Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers for information regarding reimbursement.</u></p>	
Pg 14, lines 21-29, pg 14, lines 1-3	<p><u>Refer to Chapter 1200 for additional information regarding ALTCS authorization requirements.</u></p> <p>Refer to Chapter 800 for complete information regarding prior authorization for <u>non-ALTCS_FFS</u> members.</p> <p>Refer to the AHCCCS FFS Provider Manual or the AHCCCS Billing Manual for IHS/Tribal providers for billing information. These manuals are available on the AHCCCS Website at www.azahcccs.gov.</p> <p><u>Refer to <u>ACOM Policy 205, Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers for information regarding reimbursement.</u></u></p>	Revised language for references to clarify and update.

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