



**Medical Coverage Determination**  
**Non-Emergency Medical Transportation Services**

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**I. Title: Non-Emergency Medical Transportation Services**

**II. Description:** Coverage of Medically Necessary, Non-Emergency Medical Transportation Services for Clinical Centers of Excellence (CCE) and Nationwide Provider Network (NPN) Members

**III. Coverage Overview**

The Program will only provide coverage of medically necessary, non-emergency medical transportation services by ambulette or ambulance when the Program determines that no other means of transportation could be used without posing a threat to the member's survival or seriously endangering the member's health. The roundtrip distance should not exceed 120 miles.

Any expenses must be for the purpose of the member accessing medically necessary treatment or monitoring from a CCE- or NPN-affiliated provider for a certified WTC-related health condition, or a health condition medically associated with a certified WTC-related health condition.<sup>1</sup>

The Program does not provide coverage of expenses incident to medically necessary, non-emergency medical transportation services.

In order for the Program to provide coverage of medically necessary, non-emergency medical transportation services, the member must have a Prior Authorization in place that meets all requirements set forth in this Medical Coverage Determination.

**IV. Coverage Guidelines – General Eligibility Requirements for Medically Necessary, Non-Emergency Medical Transportation Services for CCE and NPN Members**

**A. Prior Authorization Levels**

An initial Level 2 Prior Authorization (PA2) is required for medically necessary, non-emergency medical transportation. The roundtrip distance should not exceed 120 miles. The CCE/NPN Clinical Director will determine whether the non-emergency medical transportation services are medically necessary to treat or monitor the member's certified WTC-related health condition, or health condition medically associated with a certified WTC-related health condition, will ensure the member meets the criteria listed below, and will maintain copies of this documentation in the member's record.

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<sup>1</sup> See 42 U.S.C. § 300mm-22(b)(4)(A). "The scope of treatment covered under this subsection includes services of physicians and other health care providers, diagnostic and laboratory tests, prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment."

Where a Level 3 Prior Authorization (PA3) is required, the WTC Health Program will review the medical justification provided by the CCE/NPN Clinical Director and determine whether the non-emergency medical transportation services exceeding the Level 2 threshold are medically necessary to treat or monitor the member's certified WTC-related health condition, or health condition medically associated with a certified WTC-related health condition. The WTC Health Program will also ensure that the member meets the criteria listed below.

For detailed Prior Authorization procedures, see instructions found in the WTC Health Program's Administrative Manual.<sup>2</sup>

## **B. Prior Authorization Criteria**

The WTC Health Program will provide coverage of up to two roundtrips, each of which should not exceed 120 miles, in a 30-calendar day period for non-emergency medical transportation services in an ambulette or ambulance with a Level 2 Prior Authorization (PA2).<sup>3</sup> Once this threshold of two roundtrips in a 30-calendar day period is met, or if a roundtrip distance exceeds 120 miles, a Level 3 Prior Authorization (PA3) is required for subsequent trips or excess miles. For each roundtrip, whether a PA2 or a PA3, the member must continue to have a medical condition which prevents them from utilizing any transportation other than non-emergency medical transport in an ambulette or ambulance. See "subsequent authorization criteria" below.

The WTC Health Program will provide coverage of non-emergency medical transportation services by either ambulette or ambulance carrier. A PA2 (CCE/NPN Clinical Director review) is required for non-emergency medical transportation services for each type of carrier. The Prior Authorization must provide documentation of why the choice of carrier, ambulette or ambulance, is medically necessary. Up to two roundtrips in a 30-calendar day period, each of which should not exceed 120 miles, may be requested in a single PA2 Request. All ambulette and ambulance PA2 Requests will be audited by the WTC Health Program within six (6) months of reimbursement.

### **1. Specific Prior Authorization Criteria**

PA2 or PA3 Requests for non-emergency medical transportation services in an ambulette or ambulance must include a strong narrative regarding the member's risk of a medical emergency, **and** document evidence of **each** of the following requirements (**a.** through **f.**):

- a.** The member has a certified WTC-related health condition or health condition medically associated with a certified WTC-related health condition. The health condition triggering the need for non-emergency medical transportation services, however, may be either the certified WTC-related health condition, the certified health condition medically associated with a certified WTC-related health condition, or another health condition *in addition to* the certified health condition.

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<sup>2</sup> WTC Health Program Administrative Manual, [Chapter 4, Section 11], at <https://www.cdc.gov/wtc/ppm.html>.

<sup>3</sup> See *generally* <https://www.medicare.gov/Pubs/pdf/11021-Medicare-Coverage-of-Ambulance-Services.pdf>. The WTC Health Program has elected to establish Program-specific criteria and thresholds.

- b. The member has no other means of transportation available through public transportation, city or state public service assistance agencies, or known acquaintances.
- c. The non-emergency medical transportation is determined to be medically necessary because **at least one** of the following criteria is established:
  - 1) The member is wheelchair bound or has a disabling physical condition that requires the use of a walker or crutches and is *unable*<sup>4</sup> to use a taxi, livery service, bus, train, or private vehicle (e.g., due to the use of a non-collapsible wheelchair or otherwise requiring a specially configured vehicle);
  - 2) The member requires radiation therapy, chemotherapy, or dialysis treatments that result in a disabling physical condition, making the member unable to access transportation without the personal assistance provided by non-emergency medical transportation personnel;
  - 3) The member has a severe debilitating weakness or a disabling physical condition, other than any condition described above, requiring the personal assistance provided by non-emergency medical transportation personnel; and the ordering provider certifies and provides in narrative that the member cannot be transported by taxi, livery service, bus, or private vehicle as a result;
  - 4) The member is mentally disoriented as a result of medical treatment, or has a mental impairment or a disabling mental condition, and requires the personal assistance of non-emergency medical transportation personnel; and the ordering provider certifies and provides in narrative that the member cannot be transported by a taxi, livery service, bus, or private vehicle as a result (e.g., member is disoriented to person/place/time; acute severity hallucination; delusions/inappropriate in public situations; threat/suicidal/homicidal with a plan; acute psychotic symptomatic manic episode; chemical dependency – acute withdrawal or acute intoxication);
  - 5) The member has a functional orthopedic impairment precluding unassisted ambulation (bilateral or unilateral amputee, lower extremities; cast on lower extremity or half body; fracture of pelvis, hip, femur or leg; severe arthritis of locomotor joint);
  - 6) The member has a neuromuscular impairment precluding unassisted ambulation (spinal injury);
  - 7) The member has suffered a cerebrovascular accident with resultant hemiplegia or hemiparesis (stroke);
  - 8) The member has peripheral vascular disease precluding unassisted ambulation (severe claudication; foot ulceration);

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<sup>4</sup> “Inability to use” implies that a member has a medical condition prohibiting him/her from having the physical capability to use a taxi, livery service, bus, or private vehicle.

- 9) The member has severe respiratory disease (emphysema; chronic obstructive pulmonary disease; and chronic bronchitis) or cardiac disease necessitating physical assistance on stairs;

**OR**

- 10) The member has some other physically disabling health condition or treatment preventing the member from being transported by a taxi, livery service, bus, or private vehicle (must be provided in narrative by the ordering provider).<sup>5</sup>

- d. The member is assigned to a CCE- or NPN-affiliated physician or provider and the transportation is being provided to receive treatment or monitoring services to manage, ameliorate, or cure a currently certified WTC-related condition or health condition medically associated to a WTC-related health condition;
  - e. The transportation provider is enrolled in the WTC Health Program provider network, contracted with the associated NPN provider, or is classified as a CMS provider and the transportation provider agrees to accept WTC Health Program reimbursement rates as payment in full;
  - f. The vehicle providing services to the member is traveling directly to or from one of the below listed locations:
    - 1) Member's home<sup>6</sup> to CCE/NPN or affiliated office or facility;
    - 2) CCE/NPN or affiliated office or facility to member's home;
    - 3) Discharge to member's home from a facility providing acute care services;
    - 4) Discharge to member's home from facility providing post-acute care services;
- OR**
- 5) Transfer from one CCE/NPN or affiliated office or facility to another CCE/NPN or affiliated office or facility.

## **2. Subsequent Authorizations**

If more than two roundtrips in a 30-calendar day period are needed, or if a roundtrip will exceed 120 miles, and if the member still has a medical condition which prevents any transportation other than non-emergency medical transportation in an ambulette or ambulance, then the Prior Authorization will change from a Level 2 to a Level 3 for the third roundtrip or excess miles and any subsequent roundtrips within the 30-calendar day period. PA3 Requests may list multiple upcoming appointments requiring medically-necessary transportation. PA3 Requests must be submitted to the Program by the CCE/NPN Clinical

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<sup>5</sup> Situations in which the CCE or NPN Clinical Director chooses to provide evidence of "other physically disabling health conditions or treatments preventing the member from being transported by a taxi, livery service, bus, or private vehicle," must be well-documented by the CCE/NPN Clinical Director and may be considered by the Program on a case-by-case basis.

<sup>6</sup> The member's home is defined as any residence in which the member is/will be residing.

Director and should list all of the authorization criteria specified above and explain why the member requires more than two roundtrips in a 30-calendar day period or why the member requires a roundtrip in excess of 120 miles. When a new 30-calendar day period begins, the first two roundtrips in the new period may once again be reviewed at a Level 2 Prior Authorization.

**V. Prior Authorization Request Submission Requirements**

Level 2 Prior Authorization (PA2) Requests for Non-Emergency Medical Transportation Services must be submitted to the CCE/NPN Clinical Director or Designee; the CCE/NPN Clinical Director or Designee will decide whether to authorize the service and document that decision and the required criteria in the member’s record. All PA2 Requests for non-emergency medical transportation services in an ambulette or ambulance will be audited within six (6) months of reimbursement.

Level 3 Prior Authorization (PA3) Requests for Non-Emergency Medical Transportation Services must be signed by the requesting CCE/NPN Clinical Director or Designee and submitted to Karna through the SFTP server. Incomplete requests will be returned to the requesting CCE/NPN for additional information. The WTC Health Program will decide whether to authorize the service and inform the CCE/NPN. The CCE/NPN will document the request, all required criteria, and the decision in the member’s record.

All documentation for completed non-emergency medical transportation service authorization requests are subject to audit by the WTC Health Program.

**VI. Billing/Coding Guidelines**

All applicable codes are listed in the WTC Health Program codebook, located on the Secure Access Management services (SAMs) portal.

**A. Non-emergency medical transportation code ranges include:**

A0130	A0380	A0382	A0384	A0390	A0392
A0394	A0396	A0398	A0420	A0422	A0424
A0425	A0426	A0428	A0432	A0433	A0434
A0888	A0998	S0209	S0215	S9960	S9961
T2002	T2003	T2005	T2007	T2049	

For consideration of codes that are not currently existing in the WTC Health Program codebook, please submit a WTC-5 Medical Code Request form via the standard [WTCMedCode@csra.com](mailto:WTCMedCode@csra.com) mailbox process.

**VII. Revision History**

**A.** Code ranges removed and specific applicable codes listed, as currently listed in the WTC Health Program codebook. Language added to section V. *January 29, 2018*

**B.** “Exceed 120 miles” language revised throughout. Revised language in reference to the Level 2 and Level 3 Prior Authorization Requests throughout. Added “monitoring” language throughout.  
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