MEDICAL POLICY	**Temporary Policy Emergency Provisions for:** **Ambulance Transport**
Effective Date: 7/1/2022  7/1/2022 Medical Officer Date	Medical Policy Number: 118 Medical Policy Committee Approved Date: 5/95; 7/97; 5/98; 10/98; 5/99; 5/00; 10/01; 11/02; 9/03; 8/04; 7/05; 11/05; 3/07; 3/08; 5/2010; 8/12; 7/13; 10/14; 5/15; 10/15, 5/16; 7/17; 3/18; 8/19; 2/2020; 4/2020; 7/2020; 9/2020; 12/2021; 4/2022

NEED AND DURATION OF EMERGENCY PROVISIONS

1. **Need for the temporary Provisions: COVID-19 public health emergency**
2. **Documents or source relied upon: Centers for Medicare & Medicaid Interim Rules for the COVID-19 Public Health Emergency**
3. **Initial Effective Date: 3/1/2020**
4. **Re-review dates: 5/27/2020; 7/22/2020; 9/23/2020; 11/30/2020; 2/3/2021; 3/31/2021; 6/1/2021; 12/8/2021; 7/20/2022; 10/4/2022**
5. **Termination Date: 12/31/2022**
6. **Next Reassessment Date determined at Companies sole discretion: 12/30/2022, or sooner if regulations or clinical practice guidelines change.**

POLICY ADDENDUM

COVID-19 Public Health Emergency

On April 7, 2020, Medicare released expanded coverage of necessary ambulance transport during the COVID-19 public health emergency. This interim rule states:

> *A patient suspected of having COVID–19 that requires a medically necessary transport may be transported to a testing facility to be tested for COVID–19 instead of a hospital in an effort to prevent possible exposure to other patients and medical staff.*
>
> *Home may be an appropriate destination for a COVID–19 patient who is discharged from the hospital to home to be under quarantine (as noted above, there must be a medically necessary ground ambulance transport of a patient in order for an ambulance service to be covered).*
>
> *During the COVID-19 Public Health Emergency, Medicare will cover a medically necessary emergency and non-emergency ground ambulance transportation from any point of origin to a destination that is equipped to treat the condition of the patient consistent with state and local Emergency Medical Services (EMS) protocols where the services will be furnished.*
>
> ***On an interim basis, CMS is expanding the list of destinations that may include but are not limited to:***

- *Any location that is an alternative site determined to be part of a hospital, Critical Access Hospital (CAH), or Skilled Nursing Facility (SNF)*
- *Community mental health centers*
- *Federally Qualified Health Centers (FQHCs)*
- *Rural health clinics (RHCs)*
- *Physicians' offices*
- *Urgent care facilities*
- *Ambulatory Surgery Centers (ASCs)*
- *Any location furnishing dialysis services outside of an End-Stage Renal Disease (ESRD) facility when an ESRD facility is not available*
- *Beneficiary's home*

Applicability date: 3/1/2020

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for ambulance transport coverage determinations for **all lines of business**. Click the link provided in the table below to access applicable coverage criteria. All listed guidelines apply.

MEDICAL POLICY	Temporary Policy Emergency Provisions for: **Ambulance Transport**

Service	Medicare Guidelines
Ambulance Services (Ground and Air Ambulance)	Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services **NOTE:** This Medicare manual addresses many scenarios for which ground and/or air ambulance services may be required. Please consider all relevant sections during the course of a medical necessity review.

POLICY GUIDELINES

The Medicare Benefit Policy Manual reference noted above serves as the primary resource for Medicare coverage of ambulance services; however, additional information can also be found on the local Medicare Administrative Contractor (MAC) - Noridian- web page for ambulance services. This includes, but is not limited to, information regarding coverage (or non-coverage), billing, and Medicare requirements for transport vehicles and their staff.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.