



DeanHealthPlan®

A member of SSM Health

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Transport of Members (Ambulance), Ground and Water **MP9137**

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Any ground, water or air ambulance transportation for member convenience or for non-clinical (social) reasons is **not** a covered benefit.

For air ambulance transfers see [Air Ambulance, Non-Emergent MP9632](#)

As a general rule, ambulance transport is only a covered benefit when the member is taken to the nearest facility (e.g., hospital, skilled nursing) which could be expected to have appropriate facilities for treatment of the illness or injury involved.

Medicare Policy: See [Dean Advantage Transport of Members MP9137](#)

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Unplanned ground ambulance

1.1 Unplanned ground ambulance **with transport does not** require prior authorization and is considered medically necessary, when the member **requires medical care en route** from the place where injured or stricken by disease to the first hospital where treatment is given.

1.2 Unplanned ground ambulance **without transport does not** require prior authorization but such services must meet **ALL** of the following in order to be eligible for coverage:

1.2.1 Services are rendered by a qualified medical professionals from the ambulance provider; **AND**

1.2.2 Services are deemed medically necessary to treat the applicable injury or medical condition.

2.0 Planned ground ambulance:



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- 2.1 Planned ground ambulance **with transport requires** prior authorization through the Health Services Division when the member requires medical care en route and is considered medical necessary when and is subject to the following conditions:
 - 2.1.1 Transport from a **higher** level of care to a **lower** level of care (for example, a transfer from either an acute care hospital, long-term acute care facility (LTAC), inpatient (IP) hospice, IP rehabilitation to member's residence, dialysis, skilled nursing facility (SNF), outpatient medical facility); **OR**
 - 2.1.2 Transport between **lower** levels of care (for example any combination of transfer between member's residence, dialysis, SNF, outpatient medical facility).
 - 2.2 Planned ground ambulance **with transport does not** require prior authorization and transport is considered medically necessary when:
 - 2.2.1 **Transport from acute IP to acute IP.**
Member is being transported from an **acute inpatient** care setting to another **acute inpatient** care setting, for example, any combination or transfer between an acute care hospital, LTAC, IP hospice, IP rehabilitation; **OR**
 - 2.2.2 **Transport from acute IP to another setting back to acute IP.**
Member is currently inpatient and requires transportation from the **acute inpatient** setting to a lower level of care site (e.g. dialysis, medical imaging and radiation therapy) to receive services not available in the current inpatient facility **when member will return** to the acute inpatient setting upon completion of services; **OR**
 - 2.2.3 The member is a mother whose baby requires transfer to a higher level of care, and the mother requires an inpatient level of post-partum care and has been accepted for admission at the receiving facility; **OR**
 - 2.2.4 Discharge from an acute IP facility to home or residence such as a SNF.
 - 2.3 Planned ground ambulance **without transport** are not considered covered expenses or medically necessary under any circumstances.
- 3.0 **Planned stretcher-van transport:**
- 3.1 **Planned stretcher-van transport** in lieu of ambulance transport **requires** prior authorization through the Health Services Division and may be considered medically necessary when the member's condition requires stretcher-based transport, **AND does not** require medical care en route, when:
 - 3.1.1 Member is transported from a **higher** level of care to a **lower** level of care. (for example, a transfer from either an acute care hospital, LTAC, IP hospice, IP rehabilitation to patient's residence, dialysis, SNF, outpatient medical facility); **OR**



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- 3.1.2 Member is being transported from a **lower** level of care to another **lower** level of care (for example any combination of transfer between member's residence, dialysis, SNF, outpatient medical facility).
- 3.2 **Planned stretcher van transport in lieu of ambulance does not** require prior authorization when:
 - 3.2.1 Member is being transported from an **acute inpatient** care setting to another **acute inpatient** care setting (for example, any combination of transfer between an acute care hospital, LTAC, IP hospice, IP rehabilitation).
 - 3.2.2 Discharge from an acute IP facility to home or residence such as a SNF is needed. Ambulance service may be utilized in lieu of a stretcher van transport if stretcher van cannot be arranged in a timely manner.
- 3.3 **Unplanned stretcher-van services without transport** (with or without medical care) are not considered covered expenses or medically necessary under any circumstances.
- 4.0 **Water ambulance transport** (to a hospital, or from one hospital to another hospital) **does not** require prior authorization and is considered medically necessary when **ALL** of the following are satisfied:
 - 4.1 Transport is emergent in nature and medical attention is required en route; **AND**
 - 4.2 The member's condition contraindicates the use of any other method of transportation, and a ground ambulance transport would endanger the patient's health; **AND**
 - 4.3 For hospital to hospital transfers, the transferring hospital does not have the needed hospital or skilled nursing care for the patient's illness or injury; **AND**
 - 4.4 The facility that receives the transported member is the nearest one with appropriate facilities.



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