



**Covered Benefit: Transportation**

CMP Published:  Yes  No

CMP Link: [Ambulance Transportation](#)

Definitions:

Medically necessary emergency and non-emergency transportation is available to Neighborhood members via different methods. This document addresses emergency stretcher ambulance services in addition to medically necessary non-emergency transportation, either via a stretcher ambulance or a wheelchair van ambulance.

Non-emergency medically necessary transportation for RHP members is an out of plan benefit and is arranged by Logisticare. Logisticare does not handle setting up stretcher service. In the event that an RHP member TRULY needs a stretcher to get to a medical service, then the plan or the doctor or the family can set it up. Stretcher service is conditionally covered requiring prior authorization and should always have medical documentation that supports that level of service - for example, the member can't bend at the waist, or cannot sit upright due to a medical condition,

Neighborhood's Customer Service team coordinates many transportation requests that can be fulfilled through the Ride program for members with a transportation benefit. For more information on the transportation available via the Ride program or the bus pass programs, please refer to Neighborhood's Provider Manual, Member Handbook or contact Neighborhood's Customer Service team at 1-401-459-6020, 1-800-459-6019

Benefit Packages: Rite Care, Substitute Care, Children with Special Health Care Needs, Rhody Health Partners (RHP) and Rhody Health Options Phase One.

Coverage Limitations:

Stretcher ambulances and wheelchair van ambulances providing nonemergency transportation may require an authorization based on the origin and destination; this includes rides originating from or returning to nursing homes (skilled nursing facilities). Refer to the tables below.

Paramedic intercept is conditionally covered (authorization required) when provided per CMS guidelines.

Exclusions:

EFP (Extended Family Planning) members do not have a transportation benefit.

Coverage Includes:

All emergency transportation is medically necessary. Stretcher ambulances providing emergency transportation services do not require authorization. Emergency transportation may be distinguished by the HCPCS code and/or the origin-destination modifier combinations accompanying the HCPCS code.

- Any hospital to hospital transfer is considered emergent or meeting medical necessity criteria and does not require an authorization.
- Psychiatric transfers between acute care facilities are considered emergent.

Ambulance services for these places of service are covered when they meet the guidelines documented here and/or the medical review criteria in Neighborhood’s Clinical Medical Policy for Ambulance Transportation.

Episodes of care can occur at the following places of service:

Ambulance (41)

Air Ambulance (42)

Table 1: Stretcher Ambulance Benefit Coverage (HCPCS Codes and Modifiers)

<b>Description</b>	<b>HCPCS Codes</b>	<b>Modifiers</b>	<b>Comments</b>
Ambulance Stretcher Emergency Transportation	A0225, A0427, A0429, A0430, A0431	<i>As appropriate per HCPCS Level II Transportation Modifiers</i>	
Ambulance Stretcher Non- Emergency Transportation Auth Required	A0021, A0426, A0428, A0433, A0434	DE, DN, DR, ED, EJ, EN, GR, *HE, *HN, *HR, II, JE, JR, NR, PD, PE, PG, PJ, PN, PP, PR, RD, RJ, RN	<b>*See note below for RHP, RHO Phase One members</b>
Ambulance Stretcher Non- Emergency Transportation No Auth	A0426, A0428, A0433, A0434	Any modifier combination not listed above in row 2	
Ambulance Additional Services	A0380, A0390, A0422 to A0425, A0435, A0436		
Ambulance Non- Emergency Transportation (Wheelchair Van) Auth Required	A0130	DE, DN, DR, ED, EJ, EN, GR, *HE, *HN, *HR, II, JE, JR, NR, PD, PE, PG, PJ, PN, PP, PR, RD, RJ, RN	<b>*See note below for RHP, RHO Phase One members</b>
Ambulance Non- Emergency Transportation (Wheelchair Van) No Auth	A0130	Any modifier combination not listed above in row 5	
Paramedic Intercept	A0432		

**\*All modifiers are out of plan for RHP, RHO Phase One members except for HE, HN, HR, which require authorization and are covered when criteria is met.**

Table 2: Stretcher Ambulances Additional Services

<b>HCPCS Code</b>	<b>Description</b>
A0422	ALS or BLS O2
A0424	Extra ambulance attendant; requires notes
A0425	Ground mileage
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile

Table 3: Stretcher Ambulance Nonemergency Transportation Noncovered Services (nursing home or residence to domiciliary)

<b>HCPCS Code</b>	<b>Modifier</b>
A0426	IN, RE
A0428	IN, RE
A0433	IN, RE
A0434	IN, RE

VERSION HISTORY:

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