

Marketplace National Regional Benefit Interpretation Document

Benefit Name	AMBULANCE TRANSPORTATION
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses ambulance transportation by ground or air. Refer to the No Surprises Act (internal use only) for each Marketplace state</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>Note: Balance Billing varies for each Marketplace State. Balance Billing is prohibited in California.</p> <p>CALIFORNIA:</p>

California Health and Safety Code [§ 1371.5](#) – Emergency Medical Transportation Services Coverage:

California Health & Safety Code [§1345\(6\)](#) Definitions

California Code of Regulations [Title 28 §1300.67\(g\)](#) Scope of Basic Health Care Services

Assembly Bill [No. 651 Chapter 537](#)

Section 1. Section [76000.10](#) of the Government Code

Section. 2.

[Section 1371.55](#) is added to the Health and Safety Code

APL 22-022 - AB 72 (2016) Prohibition Against Surprise Balance Billing for Non-contracted Ambulance/Medical Transportation Services

FLORIDA:

[Fla. Stat. § 627.42397](#) (Coverage for air ambulance services)

[Fla. Stat. § 641.19](#) (Definitions)

[Fla. Stat. § 641.513](#) (Requirements for providing emergency services and care)

ILLINOIS:

[\(215 ILCS 125/4-15\) \(from Ch. 111 1/2, par. 1409.8\)](#)

Sec. 4-15. (a) No contract or evidence of coverage for basic health care services delivered, issued for delivery, renewed or amended by a Health Maintenance Organization shall exclude coverage for emergency transportation by ambulance. For the purposes of this Section, the term "emergency" means a need for immediate medical attention resulting from a life threatening condition or situation or a need for immediate medical attention as otherwise reasonably determined by a physician, public safety official or other emergency medical personnel.

KENTUCKY:

[Ky. Rev. Stat. § 304.17A-580](#) (Education of insured about appropriate use of emergency and medical services -- Coverage of emergency medical conditions and emergency department services -- Emergency personnel to contact primary care provider or insurer -- Exclusion of limited-benefit health insurance policies)

[Ky. Rev. Stat. § 304.17A-641](#) (Treatment of a stabilized covered person with an emergency medical condition in a nonparticipating hospital's emergency room.)

OHIO:

[Ohio Rev. Code § 1751.01](#) (Health insuring corporation law definitions)
[Ohio Rev. Code § 1753.28](#) (Emergency services coverage)

TEXAS:

[Texas Administrative Code Title 28 Part 1 Chapter 11 Subchapter F § 11.508: Basic Health Care Services and Mandatory Benefit Standards: Group, Individual, and Conversion Agreements](#)

Under [Texas Senate Bill 1264](#), an Out-of-Network Provider that rendered Emergency Care, an Out-of-Network facility based Provider that performed Services in an In-Network Facility, and an Out-of-Network diagnostic imaging Provider or laboratory service Provider that performed Services in connection with In-Network care, may not be permitted to bill the Member for an amount greater than the applicable Copayment, Percentage Copayment or Deductible under the Plan. The applicable Copayment, Percentage Copayment and Deductible for such Services will be based on the amount initially determined payable by Molina or a modified amount as determined under Molina's internal appeal process. However, the Member's Copayment, Percentage Copayment and Deductible will not be based on any additional amount determined to be owed to the Out-of-Network Provider under Insurance Code Chapter 1467 (relating to Out-of-Network Claim Dispute Resolution).

B. STATE MARKET PLAN ENHANCEMENTS

All claims for NEMT transport in an ambulance to facilities like Long-Term Acute Care Hospitals (LTAC), Hospice, Skilled Nursing Facilities (SNF) and/or member's homes may be covered (developing internal process- Clinical) and all services should be PA. MHI and Passport do not cover **ALL** NEMT services. However, in California, NEMT is a benefit (see below)

CALIFORNIA:

The California Benchmark Plan and the Covered CA contract requires that we cover Non-Emergency Medical Transportation for CA Marketplace at the same cost sharing as Emergency Medical Transportation.

Non-Emergency Medical Transportation: Non-Emergency ambulance and psychiatric transport van services are covered if a Participating Provider determines that a Member's condition requires the use of services that only a licensed ambulance or psychiatric transport van can provide and that the use of other means of transportation would endanger the Member's health. These services are covered only when the vehicle transports the Member to or from

Covered Services. The Member must have Prior Authorization from Molina for these services before the services are given.

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) for additional information.

AMBULANCE TRANSPORTATION

CALIFORNIA:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary or when a Member reasonably believes there is an Emergency. Balance Billing is prohibited in California.

Non-Emergency Medical Transportation: Non-Emergency ambulance and psychiatric transport van services are covered if a Participating Provider determines that a Member's condition requires the use of services that only a licensed ambulance or psychiatric transport van can provide and that the use of other means of transportation would endanger the Member's health. These services are covered only when the vehicle transports the Member to or from Covered Services. The Member must have Prior Authorization from Molina for these services before the services are given.

FLORIDA:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Emergency medical transportation outside of the United States is not covered.

IDAHO:

Emergency Ground Ambulance Medical Transportation: Emergency ground ambulance medical transportation, or ground ambulance transport services provided through the 911 Emergency response system, are covered when Medically Necessary. These services are covered only when other types of

transportation would put the Member's health or safety at risk. Covered Ground Ambulance Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits. Non-Participating Providers of Emergency Ground Ambulance Medical Transportation may Balance Bill for non-covered charges.

Emergency Air Ambulance Medical Transportation: Emergency air ambulance medical transportation services are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Air Ambulance Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits. Non-Participating Providers of Emergency Air Ambulance Medical Transportation may not Balance Bill Members for non-covered charges.

ILLINOIS:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. By accepting any such payment from Molina, the provider of emergency transportation by ambulance (ground or air) agrees not to seek any payment from the member for services provided to the member as identified in State Law.

KENTUCKY:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Members may be responsible for charges that exceed the Allowed Amount covered under this benefit for emergency medical transportation (ground ambulance) services rendered by a Non-Participating Provider.

MICHIGAN:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 Emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits.

MISSISSIPPI:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk.

NEW MEXICO:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered emergency medical transportation services will be provided at the cost share identified within the SBC, up to Molina's Covered Amount for such services.

Emergency Ambulance: A ground or air ambulance services delivered to a member who requires emergency health care services under circumstances that would lead a reasonable/prudent layperson acting in good faith to believe that transportation in any other vehicle would endanger your health. Emergency ambulance services are covered only under the following circumstances:

- Within New Mexico, to the nearest in-network facility where emergency health care services and treatment can be rendered, or to an out-of-network facility if an in-network facility is not reasonably accessible or able to provide required care. Such services must be provided by a licensed ambulance service, in a vehicle that is equipped and staffed with life-sustaining equipment and personnel.
- Outside of New Mexico, to the nearest appropriate facility where emergency health care services and treatment can be rendered. Such services must be provided by a licensed ambulance service, in a vehicle that is equipped and staffed with life-sustaining equipment and personnel.
- A plan may not pay more for air ambulance services than it would have paid for ground ambulance services over the same distance unless a member's condition renders the utilization of such ground transportation services medically inappropriate.
- In determining whether a member acted in good faith as a reasonable/prudent layperson when obtaining emergency ambulance services, the plan will take the following factors into consideration:
 - whether the member required emergency health care services,
 - the presenting symptoms
 - Whether a reasonable/prudent layperson who possesses average knowledge of health and medicine would have believed

that transportation in any other vehicle would have endangered your health

- Whether the member was advised to seek an ambulance service by the member's practitioner/provider or by the plan's staff. Any such advice will result in reimbursement for all medically necessary services rendered, unless otherwise limited or excluded under this plan

OHIO:

Emergency Transportation Services: Emergency Transportation Services are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits at the in-network level.

SOUTH CAROLINA:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. For ground ambulance, Members may be responsible for Balance Billing charges that exceed the Allowed Amount covered under this benefit for emergency medical transportation services rendered by a Non-Participating Provider. Emergency medical transportation outside of the United States is not covered.

TEXAS:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Emergency Medical Transportation provided by Participating Providers or Non-Participating Providers covered at the cost share indicated on the Schedule of Benefits for the selected plan.

UTAH:

Emergency Ground Ambulance Medical Transportation: Emergency ground ambulance medical transportation, or ground ambulance transport services provided through the 911 Emergency response system, are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Ground Ambulance Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing

identified in the Schedule of Benefits. Non-Participating Providers of Emergency Ground Ambulance Medical Transportation may Balance Bill for non-covered charges.

Emergency Air Ambulance Medical Transportation: Emergency air ambulance medical transportation services are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Air Ambulance Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits. Non-Participating Providers of Emergency Air Ambulance Medical Transportation may not Balance Bill Members for non-covered charges.

WASHINGTON:

Emergency Ground Ambulance Medical Transportation: Emergency ground ambulance medical transportation, or ground ambulance transport services provided through the 911 Emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Ground Ambulance Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits. Non-Participating Providers of Emergency Ground Ambulance Medical Transportation may Balance Bill for non-covered charges.

Emergency Air Ambulance Medical Transportation: Emergency air ambulance medical transportation services are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk. Covered Air Ambulance Emergency Transportation Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing identified in the Schedule of Benefits. Non-Participating Providers of Emergency Air Ambulance Medical Transportation may not Balance Bill Members for non-covered charges.

WISCONSIN:

Emergency Medical Transportation: Emergency medical transportation (ground and air ambulance), or ambulance transport services provided through the 911 Emergency response system are covered when Medically Necessary. These services are covered only when other types of transportation would put the Member's health or safety at risk.

MORE INFORMATION

Please refer to the **No Surprises Act Benefit Interpretation Policies** for each Marketplace state for additional information

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

TRANSPORTATION

ALL STATES:

Transportation by car, taxi, bus, and any other type of non-medical transportation is not covered, even if it is the only way to travel to a Participating Provider.

TRAVEL AND LODGING EXPENSES:

ALL STATES:

Travel and Lodging Expenses: Travel and lodging expenses are not covered. Molina or Passport (for KY) may pay certain expenses that Molina preauthorizes in accordance with Molina’s travel and lodging guidelines. Molina nor Passports’ travel and lodging guidelines are available from Customer Support.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/01/2020	<ul style="list-style-type: none"> • Added notation to indicate the most current federal/state mandated regulations for each state can be found [via the reference links provided in the policy] • Added reference link to: <ul style="list-style-type: none"> o California Health and Safety Code: <ul style="list-style-type: none"> ▪ Section 1371.5 ▪ Section 1345(6) ▪ Section 1371.55 o California Code of Regulations Title 28 Section 1300.67(g)

		<ul style="list-style-type: none"> o Assembly Bill No. 651 Chapter 537 Section 76000.10 • Removed language pertaining to California Health and Safety Code Section 1317.1 • Added reference link to <i>Texas Administrative Code Title 28 Part 1 Chapter 11 Subchapter F Section 11.508</i>
	4/15/2021	<ul style="list-style-type: none"> • Added KY 2022 Drafted Language
	5/14/2021	<ul style="list-style-type: none"> • Added IL 2022 EOC Language
	6/28/2021	<ul style="list-style-type: none"> • Added ID 2022 EOC Language
		<ul style="list-style-type: none"> •
Procedure Codes (Internal Use Only)	BI Policy Configuration Ambulance Transportation Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT [®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.	

Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>			
Approval	Departments	Product	CIM	Clinical Management
	Date (Initial)	12/22/2020	12/8/2020	3/16/2021
	Revised (for 1/1/2022)	10/25/2021	2/22/2022	10/20/2021
	Revised (for 1/1/2023)	10/20/2022		10/20/2022