

310-BB - TRANSPORTATIONEFFECTIVE DATES: 10/01/94, 07/01/18, 07/01/19, 10/01/21¹APPROVAL DATES: 02/18/98, 10/01/99, 10/01/01, 11/01/04, 10/01/08, 03/01/12, 05/17/18,
02/07/19, 04/01/21²**I. PURPOSE**

This Policy applies to ~~AHCCCS Complete Care (ACC)~~, ALTCS E/PD, DCS/~~CMDP (CMDP) Comprehensive Health Plan (CHP)~~³, DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as ~~delineated-specified~~⁴ within this Policy including: ~~Tribal ALTCS, TRBHAs~~, the American Indian Health Program (AIHP), Tribal ALTCS, TRBHAs,⁵ and all FFS populations, excluding Federal Emergency Services (FES). (For FES, ~~see-refer to~~⁶ AMPM Chapter 1100). This Policy establishes requirements for coverage of transportation.⁷

II. DEFINITIONS

AIR AMBULANCE A helicopter or fixed wing aircraft licensed under Arizona Department of Health Services (ADHS) as mandated by A.R.S. § 36-2201 to be used in the event of an emergency to transport members or to obtain services.

AMBULANCE A motor vehicle licensed by ADHS pursuant to A.R.S. § 36-2201 especially designed or constructed, equipped, and intended to be used, maintained, and operated for the transportation of persons requiring ambulance services.

AMBULATORY TRANSPORTATION A vehicle other than a taxi but includes vans, cars, minibus or mountain area transport. The AHCCCS member shall be able to transfer with or without assistance into the vehicle and not require specialized transportation modes.

¹ Date policy is effective.

² Date presented at APC meeting.

³ Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan (CHP) effective April 1, 2021 due to CHP behavioral health integration. Refer to Laws 2019, 1st Regular Session. Change made throughout Policy and Attachment.

⁴ Updated to align with policy standards.

⁵ Updated flow to align with policy standards.

⁶ Updated to align with policy standards.

**EMERGENCY
TRANSPORTATION**

Ground and air ambulance services that are medically necessary to manage an emergency physical or behavioral health condition and which provide transport to the nearest appropriate facility capable of treating the individual's condition.

Emergency transportation is needed when due to a sudden onset of a physical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:

- a. Placing the member's health in serious jeopardy,
- b. Serious impairment of bodily functions, or
- c. Serious dysfunction of any bodily organ or part, or
- d. Serious physical harm to self or another person

**NON-EMERGENCY
MEDICAL
TRANSPORTATION
(NEMT) BROKER**

An entity which may provide administrative functions such as scheduling, verifying enrollment, validating service appointments when appropriate, as well as billing.⁷

**PUBLIC
TRANSPORTATION**

Transportation via buses, trains, or other forms of transportation that run on a set route and schedule and are available to the public.⁸

STRETCHER VAN

A vehicle that is specifically designed for the purpose of transportation of a member on a medically approved stretcher device. The stretcher shall be secured to avoid injury to the member or other passengers. Safety features of stretcher vans shall be maintained as necessary. Any additional items being transported shall also be secured for safety. The AHCCCS member shall need to be transported by stretcher and shall be physically unable to sit or stand and any other means of transportation is medically contraindicated.

TAXI

A vehicle that has been issued and displays a special taxi license plate pursuant to A.R.S. § 28-9506.

⁷ Added definition from policy language below

⁸ Added definition

WHEELCHAIR - VAN

A vehicle that is specifically equipped for the transportation of a member seated in a wheelchair. Wheelchair vans shall include doors wide enough to accommodate loading and unloading of a wheelchair, electronic lifts for loading and unloading wheelchairs, and restraints for securing wheelchairs during transit. Safety features of wheelchair vans shall be maintained as necessary. Any additional items being transported shall also be secured for safety. The member shall require transportation by wheelchair and shall be physically unable to use other modes of ambulatory transportation.

III. POLICY**A. AHCCCS COVERED TRANSPORTATION SERVICES**

AHCCCS covers transportation within certain limitations for all members based on member age and eligibility, as specified in A.A.C. R9-22-211. Covered transportation services include:

1. Emergency transportation.
2. Medically necessary non-emergency transportation.
3. Medically necessary maternal and newborn transportation through the Maternal Transport Program and the Newborn Intensive Care Program.

B. EMERGENCY TRANSPORTATION

Emergency ~~T~~ransportation is covered in emergent situations in which specially staffed and equipped ~~A~~mbulance transportation is required to safely manage the member's medical condition. Basic ~~L~~ife ~~s~~upport, ~~a~~Advanced ~~L~~ife ~~s~~upport, and ~~a~~Air ~~a~~mbulance services are covered, depending upon the member's medical needs. Prior authorization shall not be required for reimbursement of ~~E~~mergency ~~T~~ransportation.

Notification to AHCCCS/~~D~~FSM of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.

1. Emergency ~~T~~ransportation may be initiated by an emergency response system call "9-1-1", fire, police, or other locally established system for medical emergency calls. Initiation of a designated emergency response system call by an AHCCCS member automatically dispatches emergency ~~A~~mbulance and Emergency Medical Technician (EMT) or ~~P~~paramedic team services from the Fire Department. At the time of the call, emergency teams are required to respond, however, upon arrival on the scene, the services required at that time (based on field evaluation by the emergency team) may be determined to be:
 - a. Emergent,

- b. Non-emergent, but medically necessary, or
 - c. Not medically necessary.
2. Emergency ~~T~~ransportation coverage also includes the transportation of a member to a higher level of care for immediate medically necessary treatment, including when occurring after stabilization at an emergency facility.
 3. Emergency ~~t~~ransportation is covered to the nearest appropriate facility capable of meeting the member's physical or behavioral health needs.
 4. Contractors may establish preferred hospital arrangements, which shall be communicated with emergency services providers. If the provider transports the member to the Contractor preferred hospital, the provider's claim shall be honored even though that hospital may not be the nearest appropriate facility. However, the provider shall not be penalized for taking the member to the nearest appropriate facility whether or not it is the Contractor preferred facility.
 5. The nearest appropriate facility for a member enrolled with a FFS Program is the nearest facility equipped to provide the necessary physical and/or behavioral health care services.
 6. Examples of conditions requiring ~~E~~mergency ~~t~~ransportation to obtain immediate treatment include, but are not limited to the following:
 - a. Untreated fracture or suspected fracture of spine or long bones,
 - b. Severe head injury or coma,
 - c. Serious abdominal or chest injury,
 - d. Severe hemorrhage,
 - e. Serious complications of pregnancy,
 - f. Shock, heart attack or suspected heart attack, stroke or unconsciousness,
 - g. Uncontrolled seizures, and
 - h. Condition warranting use of restraints to safely transport the member to services.

For utilization review, the test for appropriateness of the request for emergency services is whether a prudent layperson, if in a similar situation, would have requested such services. Determination of whether a transport is an emergency is based on the member's medical condition at the time of transport.

7. Air ~~a~~Ambulance services are covered under the following conditions:
 - a. The ~~a~~Air ~~a~~Ambulance transport is initiated at the request of:
 - i. An emergency response unit,
 - ii. A law enforcement official,
 - iii. A clinic or hospital medical staff member, or
 - iv. A physician or practitioner,
 - b. The point of pickup is:
 - i. Inaccessible by ground ~~A~~mbulance,

- ii. A great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ~~A~~ambulance will not suffice, or
- iii. The medical condition of the member requires immediate intervention from emergency ~~A~~ambulance personnel or providers with the appropriate facilities to treat the member's condition.

Air ~~A~~ambulance vehicles shall meet ADHS licensing requirements and requirements set forth by the Federal Aviation Administration. Air ~~A~~ambulance companies shall be licensed by the ADHS and be registered as a provider with AHCCCS.

C. EMERGENCY TRANSPORTATION PROVIDER REQUIREMENTS FOR EMERGENCY TRANSPORTATION SERVICES PROVIDED TO MEMBERS RESIDING ON TRIBAL LANDS

In addition to other requirements specified in this Policy, ~~E~~emergency ~~t~~ransportation providers rendering services on a Native American Reservation shall meet the following requirements:

1. Tribal ~~e~~Emergency ~~t~~ransportation providers shall be certified by the Tribe and Center for Medicare and Medicaid Services (CMS) as a qualified provider and shall be registered as an AHCCCS provider.
2. If a non-tribal ~~e~~Emergency ~~t~~ransportation provider renders services under a contract with a Tribe, either on-reservation or to and from an off-reservation location, the provider shall be State licensed and certified and shall be registered as an AHCCCS provider.~~, or~~
3. Non-tribal ~~e~~Emergency ~~t~~ransportation providers not under contract with a Tribe shall meet requirements specified in this Policy for ~~E~~emergency ~~t~~ransport providers.

Emergency ~~t~~ransportation services are covered to manage an emergency physical or behavioral health condition and to the nearest appropriate facility capable of meeting the member's health care needs as outlined in this Policy.

D. MEDICALLY NECESSARY NON-EMERGENCY TRANSPORTATION FOR PHYSICAL AND BEHAVIORAL HEALTH SERVICES

~~Non-emergency~~ ~~m~~Medically necessary non-emergency transportation is covered consistent with A.A.C. R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service. Medically Necessary Non-Emergency Transportation is also referred to as Non-Emergency Medical Transportation (NEMT).⁹ Such transportation services may also be provided by ~~e~~Emergency ~~t~~ransportation providers after an assessment by the

⁹ Added for clarification.

~~e~~Emergency ~~t~~Transportation team or ~~p~~Paramedic team determines that the member's condition requires medically necessary transportation.

1. Medically ~~N~~necessary ~~n~~Non-~~e~~Emergency ~~t~~Transportation ~~s~~Services are covered under the following conditions:
 - a. The physical or behavioral health service for which the transportation is needed is a covered AHCCCS service,
 - b. If ~~–~~the member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
 - c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

2. If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered under the following circumstances:
 - a. To transport a member to obtain Medicare Part D covered prescriptions, and
 - b. To transport a member to participate in local community--based support programs as identified in the member's service plan. Transportation coverage to these programs is limited to transporting the member to the nearest program capable of meeting the member's needs as identified on the member's service plan. Covered local community-based support programs are limited to those specified in Attachment A of this Policy. The Contractor may submit names of other programs it would like added to Attachment A, via e-mail, to the AHCCCS Operations Compliance Officer for consideration for future Policy revisions.

3. Medically necessary ~~N~~non-~~e~~Emergency ~~t~~Transportation services furnished by AHCCCS Provider Type 28, Non-Emergency Transportation Providers :
 - a. Members under the age of 18, who are not emancipated, shall be accompanied by an adult, who is not the driver of the vehicle, during the non-emergency transport except in the following circumstances:
 - i. Members who are 12 through 17 years old may be transported without the presence of an adult if the member's legal guardian has signed an authorization and release authorizing the member to be transported without being accompanied by an adult, or
 - ii. Members who are ~~5~~five through 11 years old may be transported without the presence of an adult when accompanied by another minor who is 12 through 17 years old, if the member's legal guardian has signed an authorization and release authorizing the member to be transported without an adult when the member is accompanied by an individual 12 through 17 years old. The authorization and release must also specify the name(s) of the individual(s), aged 12 through 17, who are permitted to accompany the member during such transports.

4. Medically necessary ~~N~~non-~~e~~Emergency ~~t~~Transportation services furnished by all providers who offer transportation:
 - a. Non-emergency transportation of a family member or caregiver without the presence of the member is covered when provided for the purpose of carrying out medically necessary services identified in the member's service/treatment plan.~~7~~

- b. For members residing in Maricopa and Pima Counties and enrolled with a Contractor, NEMT services are only covered for trips within 15 miles of the pick-up location when traveling to a pharmacy within Pima and Maricopa counties. Mileage is calculated from the pick-up location to the drop off location, one direction. Trips to compounding/specialty pharmacies over 15 miles require authorization from the Contractor to be considered a covered service. NEMT trips for members traveling to an MSIC or IHS/638 facility are exempt from this limitation.
5. Medically ~~N~~necessary ~~n~~Non-~~E~~emergency ~~t~~Transportation ~~f~~Furnished by ~~n~~Non-~~a~~Ambulance ~~p~~Providers. Non-~~a~~Ambulance transportation providers shall comply with all of the following:
- The member shall not require medical care in route,
 - Passenger ~~-~~occupancy ~~-~~shall ~~-~~not ~~-~~exceed ~~-~~the ~~-~~manufacturer's ~~-~~specified ~~-~~seating occupancy,
 - Members, companions, and other passengers shall follow state laws regarding passenger restraints for adults and children,
 - Vehicle shall be driven by a licensed driver, following applicable State laws,
 - Vehicles shall be insured. Refer to the AHCCCS Minimum Subcontract Provisions Insurance Requirements on the AHCCCS website,
 - Vehicles shall be in good working order,
 - All passengers shall be transported inside the vehicle, and
 - School ~~-~~based ~~-~~providers ~~-~~shall ~~-~~follow ~~-~~the ~~-~~school ~~-~~based ~~-~~policies ~~-~~in ~~-~~effect (Refer to AMPM Chapter 700).
6. AHCCCS covers the cost of ~~Non-Emergency—Medical—Transportation (NEMT)~~medically necessary non-emergency transportation¹⁰ furnished by a non-ambulance air or equine NEMT provider **only** when **all** of the following conditions are met:
- The service is exclusively used to transport the member to ground accessible transportation,
 - The AHCCCS member's point of pick up or return is inaccessible by ground transportation, and
 - The ground transportation is not accessible because of the nature and extent of the surrounding Grand Canyon ~~T~~terrain.
7. Medically ~~N~~necessary ~~n~~Non-~~e~~Emergency ~~t~~Transportation ~~f~~Furnished by ~~a~~Ambulance ~~p~~Providers. Medically necessary non-emergency transportation furnished by ~~a~~Ambulance providers is appropriate if:
- Documentation that other methods of transportation are contraindicated,
 - The member's medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an ~~A~~ambulance,
 - For hospital patients only:
 - Round-trip air or ground transportation services may be covered if an inpatient hospitalized member travels to another facility to obtain necessary

¹⁰ Revised for consistency.

specialized diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy). Such transportation may be covered if services are not available in the hospital in which the member is inpatient.⁵

- d. Transportation services to the nearest medical facility that can render appropriate services are also covered, when the transport was initiated through an emergency response system call and, upon examination by emergency medical personnel, the member's condition is determined to be non-emergent but one which requires medically necessary transportation.

AHCCCS and the Contractor may elect to waive prior authorization requirements for medically necessary non-emergency ~~A~~ ambulance transportation as well as any notification requirements. However, such claims are subject to review for medical necessity. Medical necessity criteria are based upon the medical condition of the member at the time of the transport.

E. TRANSPORTATION NETWORK COMPANY

A Transportation Network Company (TNC) providing medically necessary non-emergency transportation¹¹ ~~NEMT~~-services to members shall comply with the following:

1. Only provide services to members, and bill, through an NEMT Broker pursuant to the Broker's contract with a Contractor. ~~An NEMT Broker is an entity which may provide administrative functions such as scheduling, verifying enrollment, validating service appointments when appropriate, as well as billing.~~¹²
2. Only receive scheduled member rides from an NEMT Broker. The TNC is not allowed to take member calls or schedule member rides directly.
3. Utilize a digital network or software application capable of:
 - a. Providing the TNC, from the NEMT Broker, only the following information:
 - i. The first and last name of the member,
 - ii. The member's phone number,
 - iii. The address where the member will be picked up,
 - iv. The address where the member will be dropped off, and
 - v. The date and time of the service.
 - b. Limiting the information provided by the TNC to the driver to the following information:
 - i. The first name of the member,
 - ii. The member's phone number,
 - 1) The digital network software application must provide the driver a "masked" phone number for the driver to contact the member,
 - 2) The number provided to the driver will not be the member's actual phone number, but, using the masked number the digital network or software application will connect the driver to the member.

¹¹ Revised for consistency.

¹² Added to the definitions.

- iii. The address where the member will be picked,
 - iv. The address where the member will be dropped off, and
 - v. The date and time of the service.
- c. Maintaining a record of the actual service provided by the driver including:
- i. The address where the member was picked up,
 - ii. The address where the member was dropped off, and
 - iii. The date and time the service was rendered.
4. Maintain all records regarding driver information (including criminal background and federal health care program exclusion checks), vehicle inspections and reports, services, trips and enforcement actions for a minimum of six complete calendar years.

F. PUBLIC TRANSPORTATION

If public transportation is available in the service area, the Contractor¹³ shall ensure public transportation is offered as an option to a member when NEMT services are requested. Providing a member the option of public transportation shall not prohibit the member's access to other transportation services as specified in this Policy.

FFS providers may offer Public Transportation options to FFS members traveling to and from AHCCCS approved services. For billing information,– reference the FFS and IHS/638 Provider Billing Manual.¹⁴

The following shall be considered when offering public transportation to a member:

1. Location of the member to a transportation stop.
2. Location of the provider of services to a transportation stop.
3. The public transportation schedule in coordination with the member's appointment.
4. The ability of the member to travel alone on public transportation.
5. Member preference.¹⁵

F.G. MATERNAL AND NEWBORN TRANSPORTATION

The Maternal Transport Program (MTP) and the Newborn Intensive Care Program (NICP) administered by ADHS provides special training and education to designated staff responsible for the care of maternity and newborn emergencies during transport to a perinatal center. The high-risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. Only contracted MTP or NICP providers may provide air transport.

¹³ POST APC CHANGE: Added clarification that this applies to Contractors.

¹⁴ POST APC CHANGE: Added FFS language for clarification.

¹⁵ Section added based upon feedback and NEMT Workgroup

IV. OTHER GENERAL INFORMATION

Refer to AMPM Chapter 1200 for additional information regarding Arizona Long Term Care System (ALTCS) authorization requirements.

Refer to AMPM Chapter 800 for complete information regarding prior authorization for non-ALTCS FFS members.

Refer to the AHCCCS Fee-For-Service Provider Manual or the AHCCCS IHS/Tribal Provider Billing Manual for billing information. These manuals are available on the AHCCCS Website at www.azahcccs.gov.

Refer to ACOM Policy 205 for information regarding reimbursement of non-contracted ground Ambulance providers.

OPEN UNTIL 05/21/21