



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Non-Emergency Ground Ambulance Transportation		
MNG #: 129	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (FIDE SNP) (MA)	Prior Authorization Needed? <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Original Approval Date: 02/13/2025	Effective Date: 01/08/2026
Last Revised Date: 01/08/2026	Next Annual Review Date: 01/08/2027	Retire Date:

OVERVIEW: Commonwealth Care Alliance (CCA) covers non-emergency ground ambulance services when medically necessary and reasonable. The Member’s condition must require both the ambulance transportation, and the level of service provided in order for the service to be considered medically necessary. Non-emergency ground ambulance transportation to the following locations may be covered: Hospital, Physician’s office, Diagnostic/Therapeutic site, Critical Access Hospital (CAH), Skilled Nursing Facility (SNF), from a SNF to the nearest supplier/provider of medically necessary services not available at the SNF where the Member in need of services is a resident and not in a covered Part A stay, including the return trip, Member’s home, Dialysis facility for Member with end stage renal disease (ESRD) who requires dialysis.

Refer to **Non-Emergent Transportation (Supplemental Benefit) Medical Necessity Guidelines** for non-emergent medical transportation and limited nonmedical transportation supplemental benefit coverage.

<https://www.commonwealthcarealliance.org/ma/providers/medical-policies/medical-necessity-guidelines/>

Refer to **Ambulance Services Payment Policy** for billing and reporting requirements and applicable procedure codes and modifiers.

<https://www.commonwealthcarealliance.org/ma/providers/medical-policies/cca-payment-policies/>

DEFINITIONS:

Ambulance: An aircraft, boat, motor vehicle, or other means of transportation, including a dual purpose vehicle, however named, whether privately or publicly owned, that is intended to be used for and is maintained and operated for the transportation of sick, or injured individuals as set forth in 105 CMR 170.000:

Bed-confined: A Member is bed-confined if they are:

- Unable to get up from bed without assistance;
- Unable to ambulate; and
- Unable to sit in a chair or wheelchair

The term "bed confined" is not synonymous with "bed rest" or "nonambulatory".

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the member or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in § 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. 1395dd(e)(1)(B).

Emergency Medical Services (“EMS”): Medical services that are provided by a provider that is qualified to provide such services and are needed to evaluate or stabilize an emergency medical condition.

Medically Necessary: A service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in an illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency.

DECISION GUIDELINES:

Commonwealth Care Alliance (CCA) may cover non-emergency ambulance transportation when medically necessary. All non-emergency ground ambulance transportation services which require prior authorization must meet Clinical Coverage Criteria. Refer to modifier section below for transportation sites which require prior authorization. Non-emergency ground ambulance transportation hospital to hospital (modifier pair HH) and hospital to skilled nursing facility (modifier pair HN) does **not** require prior authorization.

Ambulance services are always covered without prior authorization in emergency situations.

Clinical Coverage Criteria: Non-Emergency Ground Ambulance

Commonwealth Care Alliance may cover non-emergency ground ambulance when **all** the following criteria are met:

1. Member with any **one** of the following conditions always requires transportation by ambulance.
 - a. Medical Conditions
 - i. continuous dependence on oxygen;
 - ii. continuous confinement to bed;
 - iii. classification as an American Heart Association Class IV patient with a disease of the heart: members with cardiac disease resulting in the inability to perform any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased;
 - iv. receiving intravenous treatment;
 - v. after cardiac catheterization; or
 - vi. having uncontrolled seizure disorders.
 - b. Orthopedic Conditions:
 - i. total body cast; or



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

ii. hip spica or other casts that prevent flexion at the hip.

c. Psychiatric Conditions: Member is in need of restraints (possibly harmful to himself or herself or others, including persons transported under M.G.L. c. 123, § 12 for temporary hospitalization by reason of mental illness). As defined in M.G.L. c. 123, § 1, “likelihood of serious harm” is: “(1) substantial risk of physical harm to the person himself or herself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person himself or herself as manifested by evidence that such person's judgment is so affected that he or she is unable to protect himself or herself in the community and that reasonable provision for his or her protection is not available in the community.”; or (b) heavily sedated.

d. Neurological Conditions:

- i. continual confinement to bed (because of severe brain damage, for example); or
- ii. comatose; **or**

2. Member’s condition is such that use of any other method of transportation (e.g., car chair, wheelchair van, car, taxi) is contraindicated. Examples include but are not limited to:

- Member has a specific physical condition which requires movement by a stretcher (e.g., severe joint/muscle contractures)
- Member has severe vertigo causing inability to remain upright; **or**

3. Member is continuously bed-confined* before and after ambulance transport **and** member’s condition is such that other methods of transportation (e.g., car chair, wheelchair van, car, taxi) are contraindicated.

*Member is considered bed-confined when all the following are met:

- a. Member is unable to get up from bed without assistance; and
- b. Member is unable to ambulate; and
- c. Member is unable to sit in a chair or wheelchair

4. Ambulance transport is medically necessary for member to obtain a CCA covered medical service; **and**

5. Alternative, less intensive means of transportation (e.g., car transport by family member, taxi, wheelchair van) other than an ambulance cannot be utilized without endangering the member’s health; **and**

6. Ambulance transport is to and/or from the closest appropriate facility equipped to provide the needed medical service.

LIMITATIONS/EXCLUSIONS:

CCA does not cover non-emergency ambulance transportation when:

1. No medical necessity exists; or
2. Member’s condition would not ordinarily require movement by a stretcher; or



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

3. Alternative, less intensive means of transportation (e.g., car transport by family member, taxi, wheelchair van) other than an ambulance could be utilized without endangering the member’s health, whether or not such other transportation is available or is a covered benefit; or
4. Ambulance usage is for an unauthorized purpose

CCA does not cover:

1. Ambulance transport of member from an inpatient facility to receive medical services which are available at the facility where member is an inpatient
2. Ground ambulance transport solely because other means of transportation are unavailable
3. Ambulance transportation which is not medically necessary (e.g., for convenience or preference of member and/or member’s family)
4. Ambulance transportation for the purpose of receiving an excluded or noncovered service or benefit.
5. Transportation for the purpose of receiving a service that could have been safely and effectively provided at the point of origin

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

The Member’s condition must require both the ambulance transportation itself, **and** the level of service provided in order for the billed service to be considered medically necessary.

CPT codes listed require prior authorization only for non-emergency transportation to/from sites per modifiers listed below.

CPT/HCPCS CODE	CODE DESCRIPTION
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0999	Unlisted ambulance service

Modifiers	Modifier Description
DD	Diagnostic or therapeutic site to Diagnostic or therapeutic site
DE	Diagnostic or therapeutic site to Residential domiciliary, custodial facility
DG	Diagnostic or therapeutic site to Hospital - based dialysis facility
DH	Diagnostic or therapeutic site to Hospital
DJ	Diagnostic or therapeutic site to Non hospital-based dialysis facility



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

DN	Diagnostic or therapeutic site to Skilled nursing facility
DP	Diagnostic or therapeutic site to Physician's office
DR	Diagnostic or therapeutic site to Residence
DX	Diagnostic or therapeutic site to Intermediate stop at physician's office on the way to the hospital
ED	Residential domiciliary, custodial facility to Diagnostic or therapeutic site
EG	Residential domiciliary, custodial facility to Hospital - based dialysis facility
EH	Residential domiciliary, custodial facility to Hospital
EJ	Residential domiciliary, custodial facility to Non hospital-based dialysis facility
EN	Residential domiciliary, custodial facility to Skilled nursing facility
EP	Residential domiciliary, custodial facility to Physician's office
EX	Residential domiciliary, custodial facility to Intermediate stop at physician's office on the way to the hospital
GE	Hospital - based dialysis facility to Residential, domiciliary, custodial facility
GN	Hospital - based dialysis facility to Skilled nursing facility
GP	Hospital - based dialysis facility to Physician's office
GR	Hospital - based dialysis facility to Residence
HE	Hospital to Residential, domiciliary, custodial facility
HI	Hospital to Site of transfer
HR	Hospital to Residence
IH	Site of transfer to Hospital
JD	Non hospital-based dialysis facility to Diagnostic or therapeutic site
JE	Non hospital-based dialysis facility to Residential, domiciliary, custodial facility
JH	Non hospital-based dialysis facility to Hospital
JN	Non hospital-based dialysis facility to Skilled nursing facility
JP	Non hospital-based dialysis facility to Physician's office
JR	Non hospital-based dialysis facility to Residence
JX	Non hospital-based dialysis facility to Intermediate stop at physician's office on the way to the hospital
ND	Skilled nursing facility to Diagnostic or therapeutic site
NE	Skilled nursing facility to Residential, domiciliary, custodial facility
NG	Skilled nursing facility to Hospital - based dialysis facility
NH	Skilled nursing facility to Hospital
NJ	Skilled nursing facility to Non hospital-based dialysis facility
NN	Skilled nursing facility to Skilled nursing facility
NP	Skilled nursing facility to Physician's office
NR	Skilled nursing facility to Residence



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

NX	Skilled nursing facility to Intermediate stop at physician’s office on the way to the hospital
PD	Physician’s office to Diagnostic or therapeutic site
PE	Physician’s office to Residential, domiciliary, custodial facility
PG	Physician’s office to Hospital - based dialysis facility
PH	Physician’s office to Hospital
PJ	Physician’s office to Non hospital-based dialysis facility
PN	Physician’s office to Skilled nursing facility
PP	Physician’s office to Physician’s office
PR	Physician’s office to Residence
PX	Physician’s office to Intermediate stop at physician’s office on the way to the hospital
RD	Residence to Diagnostic or therapeutic site
RG	Residence to Hospital - based dialysis facility
RH	Residence to Hospital
RJ	Residence to Non hospital-based dialysis facility
RN	Residence to Skilled nursing facility
RP	Residence to Physician’s office
RX	Residence to Intermediate stop at physician’s office on the way to the hospital
SH	Scene of accident or acute event to Hospital

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be



Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

REVISION LOG:

REVISION DATE	DESCRIPTION
1/8/2026	PA requirement for non-emergency ground ambulance transportation hospital to hospital and hospital to SNF, modifier pairs HH and HN, removed.

REFERENCES:

- Centers for Medicare & Medicaid Services. Benefit Policy Manual, Chapter 10: Ambulance Services. Accessed December 13, 2024.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- Centers for Medicare & Medicaid Services Claims Processing Manual, Chapter 15: Ambulance. Accessed December 13, 2024.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>
- 42 CFR 410.40. Accessed December 13, 2024.
[https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410#p-410.40\(e\)\(1\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410#p-410.40(e)(1))
- Mass Health 130 CMR 407.000: Transportation Services. Accessed December 13, 2024.
<https://www.mass.gov/lists/transportation-manual-for-masshealth-providers#subchapter-4:-transportation-providers-regulations->



commonwealth
care alliance®

Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	Title
	1/8/2026
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date
CCA CMO or Designee	Title