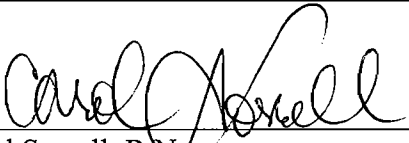



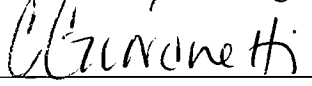


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Medical Transportation Services		INDEX NUMBER 3.50-P		Page 1 of 4			
RESPONSIBLE DEPARTMENT HEAD: Director of Health Services							
Review Date		08/1997	08/2000	06/2001	05/2006		
Effective Date				10/01/01	02/01/07		
Revision No.	1996-11	1997-08	2000-08	2001-07	2006-11		

Approved	 Carol Sorrell, R.N. Chief Executive Officer	Date	11/14/06
Approved	 Medical Director	Date	10/17/06
Approved	 Chief Operating Officer	Date	10/16/06
Approved	 Member Services Manager	Date	10/16/06
Approved	 Director of Health Services	Date	10/16/06

POLICY¹:

Kern Health Systems (KHS) will provide ambulance transportation via community contract providers (when possible) for medically necessary conditions. Reimbursement for ambulance transportation is contingent upon eligibility at the date of service and will be reimbursed based on contract agreement.

Reimbursement to non-contract providers differs by Plan product. Medi-Cal product services will be reimbursed based on Medi-Cal rates. Healthy Families product services will be reimbursed based on usual and customary rates as determined by KHS and the appropriate level of medically necessary service as determined by the Utilization Management (UM) staff.

When transport is medically necessary, the member shall be transported to the closest available contract facility capable of providing appropriate services when the member's condition is non-emergent. Members shall be transported to non-contract facilities when contract facility saturation occurs or when the patient's medical condition would be compromised by bypassing a non-contract facility.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Medical Transportation Services	INDEX NUMBER 3.50-P	Page 2 of 4
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PURPOSE:

To establish uniform guidelines for contract and non-contract community providers regarding Medical Transportation Services for KHS members.

DEFINITIONS:

Emergency Medical Condition²	A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: A. Placing the member's health (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, B. Serious impairment to bodily functions C. Serious dysfunction of any bodily organ or part; or D. With respect to a pregnant woman who is having contractions, inadequate time to effect a safe transfer to another hospital before delivery, or that transfer may impose a threat to the health and safety of the woman or the unborn child.
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PROCEDURE:

1.0 ACCESS

Prior authorization is not required for medical transportation services for emergency medical conditions. Members may access ambulance services for emergency medical conditions by calling:

- A. 911 (Recommended access)
- B. KHS Utilization Management at 1-800-391-2000. This is not recommended nor required for life threatening emergencies where response time is vital.

Prior authorization is required for non-emergent medical transportation services. Authorization requests should be submitted and are processed in accordance with *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

1.1 Eligibility Determination

The State of California Department of Health Services (DHS) and Managed Risk Medical Insurance Board (MRMIB) determine Plan membership and eligibility. KHS Plan eligibility may be verified by:

- A. Using Medi-Cal/Healthy Families Point-of-Service (POS)

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Medical Transportation Services	INDEX NUMBER 3.50-P	Page 3 of 4
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- B. Calling AEVS Medi-Cal/Healthy Families Services at 1-800-456-2387
- C. Calling KHS at 1-800-391-2000, 24 hours a day.

1.2 Medical Necessity Guidelines

Medical Transportation Services will be considered to be medically necessary if a patient meets any of the following conditions³:

- A. Was transported in an emergency situation, i.e., as a result of an accident, injury, or acute illness
- B. Needed to be restrained
- C. Was unconscious or in shock
- D. Required oxygen or other emergency treatment on the way to his/her destination
- E. Had to remain immobile because of a fracture that had not been set or the possibility of a fracture
- F. Sustained an acute stroke or myocardial infarction
- G. Was experiencing severe hemorrhage
- H. Was bed-confined before and after the ambulance trip
- I. Could be moved only by stretcher
- J. Direct orders from Base Station M.D.⁴

Non-emergent services that meet the medical necessity guidelines listed above are not exempt from prior authorization requirements.

2.0 COVERED SERVICES

Covered Medical Transportation Services include emergency ambulance transportation to the first hospital which actually accepts the member for emergency care. This includes ambulance and ambulance transport services provided through the “911” emergency response system.

Covered Medical Transportation Services also include non-emergency transportation for the transfer of a member from a hospital to another hospital or facility, or facility to home when the transportation is:

- A. Medically necessary, and
- B. Requested by a contracted provider, and
- C. Authorized in advance by KHS.

2.1 Exclusions

Coverage for public transportation including transportation by airplane, passenger car, taxi, or other forms of public conveyance is not covered. KFHC will not pay for any ambulance services if it is determined that the services were not performed, an emergency condition did not exist, the bill is fraudulent or incorrect, or the member was not eligible at the time of service.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Medical Transportation Services	INDEX NUMBER 3.50-P	Page 4 of 4
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3.0 REIMBURSEMENT

Claims must be submitted and will be processed in accordance with *KHS Policy and Procedure #6.01-P: Claims Submission and Reimbursement*. Claims must be submitted with the following documents/information:

- A. Documentation of medical necessity.
- B. Trip sheet

3.1 Member Liability

If KHS denies payment of a claim due to lack of medical necessity, reimbursement may be sought from KHS members only if the ambulance provider informed the member at the time of service that the service may not be medically necessary and the member may be at risk for payment. Documentation of the member notification of possible denial of coverage, including member signature, must be obtained by the provider prior to transport. This documentation must be submitted upon billing KHS for services.

¹ **Revision 2006-11:** Routine revision. Revised per DHS Workplan Comments 7c (04/26/06). **Revision 2001-07:** Revised per DHS Comment Letter (04-30-01). **Formerly: #3.50 – Ambulance Transportation Services (2001-07):** Renamed to indicate all forms of transportation services are described in the policy. During 05/2006 review.

² Same definition used in *KHS Policy and Procedure #3.31-P: Emergency Services*. HSC §1317.1(b) and (c) and 2004 DHS Contract Exhibit E – Attachment 1(31). Combines the least restrictive elements of both definitions. Title 22 §51056 also has a similar definition.

³ Medicare Carriers Manual §2125(2)(a)

⁴ (added by Kern Health Systems)