



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Medical Transportation Services	Policy #	3.50-P
Policy Owner	Utilization Management	Original Effective Date	1996-11
Revision Effective Date	2024-10	Approval Date	06/24/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To define the process for authorizing and paying for Kern Health System (KHS) member medical transportation arrangements to include emergent and non-emergent medical transportation services.

II. POLICY

- A. 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 it is the closest available facility to treat the emergency when the patient’s medical condition would be compromised by bypassing a non-contract facility and/or when contract facility saturation occurs.
- B. 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 for contracted ambulance vendors.
- C. In accordance with 42 United States Code (USC) Section 1396u-2(b)(2)(D), Title 42 of the Code of Federal Regulations part 438.114(c), and Welfare and Institutions Code (WIC) Sections 14129-14129.7, the Plan must provide increased reimbursement rates for specified ground emergency medical transport (GEMT) services to non-contracted GEMT providers.
- D. KHS will be responsible for ensuring that qualifying transports are reported using the specified Current Procedural Terminology (CPT) codes that are appropriate for the services being provided, and that such transports are reported to Department of Health Care Services (DHCS) in encounter data pursuant to All Planned Letter (APL) 14-019, regardless of the actual payor of such services.

- E. KHS will provide a formal process for the acceptance, acknowledgement, and resolution of emergency medical transportation provider grievances associated with processing or non-payment of obligations through the provider dispute resolution (PDR) process managed by the KHS Claims Department.

III. DEFINITIONS

TERMS	DEFINITIONS
Emergency Medical Condition¹	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 affect 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.
Emergency Medical Transport	Under WIC Section 14129(g), emergency medical transport is defined as the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped, in accordance with applicable state or local statutes ordinances, or regulations, excluding transportation by an air ambulance provider, that are billed with CPT codes A0429 Basic Life Support (BLS Emergency), A0427 Advanced Life Support (ALS Emergency), and A0433 (ALS2), excluding any transports billed when, following evaluation of a patient, a transport is not provided.
Rogers Rates	Pertain to NON-CONTRACTED Emergency Medical Transport Vendors and the payment standards for out-of-network GEMT services, as required by Title 42 of the United States Code (USC) section 1396u-2(b)(2)(D).

IV. PROCEDURES

A. Access

1. 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.
 - c. This is not recommended nor required for life threatening emergencies where response time is vital.
2. 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 #5.15-I: Member Transportation Assistance.

B. Eligibility Determination

1. The State of California Department of Health Care Services (DHCS) determine Plan membership and eligibility. KHS Plan eligibility may be verified by:
 - a. Calling KHS at 1-800-391-2000, 24 hours a day.

C. Medical Necessity Guidelines

1. Medical Transportation Services will be considered to be medically necessary if a patient meets any of the following conditions²:
 - 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
2. Non-emergent services that meet the medical necessity guidelines listed above are not exempt from prior authorization requirements.

D. Covered Services

1. 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.
2. 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.

E. Exclusions

1. Coverage for public transportation including transportation by airplane, passenger car, taxi, or other forms of public conveyance is not covered. Kern Family Health Care (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.

F. Reimbursement

1. Contracted provider Emergency 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
2. For non-contracted providers, the non-contracted GEMT services provided to KHS Members will be equal to the sum of the Fee-for-Service (FFS) fee schedule base rate and the add-on amount for each CPT Code. The resulting total payment amount for CPT codes A0429, A0427, A0433, and A0434 and A0225, the add-on is paid for each eligible CPT code on a per-claim basis:
 - a. The resulting total payment amount, which is inclusive of all modifiers, listed in the foregoing table for applicable CPT codes are the “Rogers Rates” that Managed Care Plans (MCPs)—or their delegated entities and Subcontractors—must pay non-contracted emergency medical transport providers pursuant to federal and state law for each State Fiscal Year (SFY) for which the FFS reimbursement rate add-on is effective

G. Member Liability

1. 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.

V. ATTACHMENTS

Attachment A: N/A

VI. REFERENCES

Reference Type	Specific Reference
All Plan Letter(s) (APL)	APL-20-002- Non-Contract Ground Emergency Medical Transport Payment Obligations

Regulatory	² Medicare Carriers Manual §2125(2)(a)
Other KHS Policies	3.22-P: Referral and Authorization Process.
Other KHS Policies	6.01-P: Claims Submission and Reimbursement.

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-10	Updated per annual routine review and for DHCS APL-20-002	Utilization Management
Revised	2017-01	Policy revisions provided by Health Services. Direct orders from Base Station §1.2 (J) removed, previously added by KHS however no explanation/requirement found. ¹	-
Revised	2006-11	Routine revision. Revised per DHS Workplan Comments 7c (04/26/06).	-
Revised	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. 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.	-

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Legal and Human Resources Officer		
Deputy Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		



KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 3.50-P Medical Transportation Services

Last approved version: 2017-02

Reason for revision: Updated per annual routine review and for DHCS APL-20-002

Director Approval		
Title	Signature	Date Approved
Christine Pence Senior Director of Health Services – Utilization Management		
Dr. Maninder Khalsa Medical Director – Utilization Management		
Amanda Gonzalez Director of Utilization Management		
Amisha Pannu Senior Director of Provider Network		
Nate Scott Senior Director of Members Services		

Date posted to public drive: _____

Date posted to website (“P” policies only): _____