

Policy Number: CP-IFP25-043A

Original Effective Date: April 1, 2025

## Emergency/Non-Emergency Transportation

The purpose of this policy is to provide clarity and specificity for coverage of emergency and non-emergency ground transportation.

- Member should call 911 to get help as quickly as possible for an emergency.
- Medically necessary air and ground ambulance services are covered to the emergency department or nearest medical facility when any other type of transportation could endanger health.
- Emergency services are covered when needed, anywhere in the United States, from an in-network or non-network provider.

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan document, the UCare plan document is used to determine coverage.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

Non-network hospital coverage due to an emergency is covered at the in-network level until it is safe to move the member to an in-network facility.

## Definitions or summary

**Emergency Medical Condition:** An illness, injury, symptom or condition so serious, including severe pain, that a reasonable person would seek care right away to avoid severe harm, and seek treatment to stop the illness, injury, symptom or condition from getting worse.

**Emergency Services:** Evaluation and treatment of an emergency medical condition.

**Emergency Transportation:** Air or ground ambulance services for an emergency medical condition.

## Coverage policy

### Covered

#### Emergency Transportation

UCare covers emergency transportation to provide basic or advanced life support to the nearest emergency department or medical facility equipped to treat the condition, anywhere in the United States that the emergency occurs.

Includes:

- Medically necessary air or ground ambulance transportation from in-network and non-network providers at the same benefit level
- Medical facility transfers related to transferring mother, newborn(s), and newborn siblings to a different medical facility
- To receive in-network benefits after an emergency, follow-up care or scheduled care must be obtained from an in-network provider.

#### Non-Emergency Ground Medical Transportation

UCare covers non-emergency transportation for:

- Transfers between hospitals for treatment that is **not** available from the initial hospital, if ordered by an in-network doctor
- Medical facility transfers related to transferring mother, newborn(s), and newborn siblings to a different medical facility
- Transfers from a hospital to home or other facility if medical supervision is needed during the transfer

### Non-covered

- Transportation by air when ground transportation is available, and the time required to transport the member by ground does not endanger the member's life or health
- Transportation from a hospital that is capable of treating the member to another hospital primarily for the convenience of the member or member's family, physician or other health care provider, or because the member and/or member's family prefer a specified hospital or physician

### CPT/ HCPCS/ICD-10 Codes

*\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description

\*CPT is a registered trademark of the American Medical Association.

### Prior authorization

None

\*If member is admitted to a non-network hospital due to an emergency, UCare must be notified as soon as reasonably possible by the non-network hospital

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description

### References and source documents

*Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy*

[Minnesota Statutes 62A.0411 MATERNITY CARE.](#)

### Coverage policy development and revision history

Version	Date	Note(s)
V1	March 20, 2025	New policy