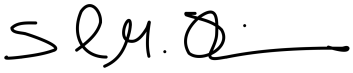
Elite Health Plan **POLICY AND PROCEDURE**	Elite Health
Name: Elite Health Plan Policy for Ambulance Services	Policy Number: **UM-MED-11**
Department: Utilization Management	Effective Date: 4/1/2026 Date Revised: 4/1/2026 Date Reviewed: 4/1/2026
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature:**  Page **1** of 4

PURPOSE:

The policy is designed to ensure compliance with CMS Medicare Advantage requirements and Elite Health Plan benefit design. Elite Health Plan, Inc. has established this policy to define key requirements associated with our contractual obligations to the Centers for Medicare and Medicaid Services (CMS) as a Medicare Advantage Prescription Drug (MAPD) plan.

SCOPE:

This policy applies to the CMS Medicare Advantage Prescription Drug (MAPD) Program and outlines the Utilization Management requirements and associated processes. This policy is followed by applicable personnel of Elite Health Plan, Inc., including Delegated IPAs, Medical Groups, and supplemental benefit providers, and describes the processes necessary to meet regulatory requirements in effect as of the stated effective date.

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage

Medically Necessary	Services or supplies that are reasonable and necessary for the diagnosis or treatment of illness or injury and meet accepted standards of medical practice.
Contracted Provider	A healthcare provider or vendor with an active agreement with Elite Health Plan.
Supplemental Benefit	A benefit offered by Elite Health Plan that is not covered under Original Medicare.
EOC	Evidence of Coverage

POLICY:

Elite Health Plan covers medically necessary ambulance transportation for both emergency and non-emergency situations when the member's medical condition requires transport by ambulance and alternative means of transportation could jeopardize the member's health.

Covered Ambulance Services

Covered ambulance services include the following modalities when medically necessary:

- Ground ambulance
- Rotary wing (helicopter) ambulance services provided within the United States when medically necessary.
- Fixed wing (airplane) ambulance services provided within the United States when medically necessary.

Transportation must be provided to the nearest appropriate facility capable of furnishing the required level of care for the member's condition.

Medical Necessity Requirements

Ambulance transportation is considered medically necessary when:

- The member's medical condition is such that transport by any other means could endanger the member's health, or
- Transportation is prior authorized by Elite Health Plan in accordance with plan requirements.

For non-emergency ambulance services, medical necessity must be clearly documented in the medical record and must include:

- The specific clinical condition requiring ambulance transport
- Documentation demonstrating that other means of transportation are contraindicated
- Confirmation that ambulance transport is medically required based on the member's condition

Prior Authorization

- Prior authorization is required for all non-emergency ambulance services
- Failure to obtain required prior authorization may result in denial of coverage

Exclusions and Limitations

- Coverage is limited to services that meet CMS Medicare Advantage requirements and Elite Health Plan approved benefit filings
- Services that are not medically necessary or not authorized when required are not covered
- Transportation back to the U.S. from another country is not covered. This includes fixed wing and rotary aircraft transportation when outside of the United States.

Compliance and Regulatory Alignment

This policy is aligned with:

- CMS Medicare Advantage benefit guidelines
- CMS Evidence of Coverage (EOC) standards
- CMS Marketing and Supplemental Benefit requirements

This policy does not expand coverage beyond CMS-approved benefit filings.

Policy Administration

Elite Health Plan reserves the right to:

- Update contracted providers and vendors
- Modify benefit offerings consistent with CMS approval
- Interpret and apply this policy in accordance with plan documents

In the event of a conflict, the Evidence of Coverage (EOC) governs.

REFERENCE:

- Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections
- Plans & Benefits | Elite Health Plan

REVISION NOTES:

Date of Revision:	Revised by:	General Revision Notes
4/1/2026	Kristina Fletcher	Created