

**Policy: MP017**

**Section: Medical Benefit Policy**

**Subject: Ambulance Transport Service**

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**I. Policy:** Ambulance Transport Service

**II. Purpose/Objective:**

To provide a policy of coverage regarding Ambulance Transport Service

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

**Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:**

Ambulance transportation services involve the use of specially designed and equipped vehicles to transport ill or injured members. Ambulance transport service typically involves ground transportation, but may involve air or sea transportation in certain circumstances.

**INDICATIONS:**

Ambulance transportation service must be reasonable and medically necessary. The determination of medical necessity is established when the member's medical condition is such that any other method of transportation would endanger the member's health.

**CRITERIA FOR COVERAGE: Non-Emergency Ambulance Transport Requires Prior Authorization by a Plan Medical Director or designee**

Ambulance transport service will be considered medically necessary if:

A. The member is **bed confined**. (**All** of the following must be met):

- The member is unable to get up from bed without assistance
- The member is unable to ambulate
- The member is unable to sit in a chair or wheelchair or maintain a sitting posture

**OR:**

B. The member **must have a medical condition that justifies ambulance transportation**

such as: (This list is a set of examples and not intended to be all inclusive)

- Requires restraints to prevent harm and/or injury to self or others
- Requires cardiac/hemodynamic monitoring en route
- Requires continuous IV therapy en route
- Requires advanced airway management (e.g., ventilator dependent, apnea monitor, deep suctioning, etc)
- Must remain immobile because of a fracture or possibility of fracture
- Requires continuous oxygen monitoring by trained medical personnel
- **For Medicaid Business Segment:**  
coverage for ambulance transportation is limited to the transportation of eligible recipients to their home, or to the nearest appropriate medical facility site only when the condition of the patient absolutely precludes another method of transportation, or to a nonhospital drug and alcohol detoxification or rehabilitation facility from a hospital when a recipient presents to the hospital for inpatient drug and alcohol treatment and the hospital has determined that the required services are not medically necessary in an inpatient facility.

**LEVEL OF SERVICE:**

**Basic Life Support (BLS)** ambulance transport will be considered medically necessary when any of the following services are required during the transport:

- Oxygen administration (nasal cannula or mask)
- Spinal immobilization
- Pulse oximetry (when the ambulance service is approved to provide this component by the agency's medical director)
- Soft restraints (with local medical command approval)
- Assistance with member self-administration of drug
- Member wears an automatic or semi-automatic defibrillator

**Advanced Life Support (ALS)** ambulance transport will be considered medically necessary when a minimum of one EMT-Paramedic is required to perform any of the following services during the transport:

- Drug administration

- Electrocardiography (basic or 12 lead)
- IV initiation or maintenance
- Ventilator monitoring or artificial ventilation
- Paramedic assessment
- Tracheal monitoring or deep suctioning.
- Administration of blood or blood products.
- Pulse oximetry/CPAP when the member's medical condition presents a likelihood that medical intervention will be necessary (eg, breathing treatment, etc.)

**Specialty Care Transport (SCT)** will be considered medically necessary when the inter-facility transport of a critically ill members requires provision of service at a level beyond the scope of an EMT-Paramedic. The transport must be staffed by at least one of the following:

- Physician
- Physician assistant
- Advanced practice nurse
- Registered Nurse
- Respiratory Therapist
- Critical Care Paramedic

Requests for level of service upgrades from BLS to ALS, or ALS to SCT require prior approval.

#### **PARAMEDIC INTERCEPT (Non-emergency transport)**

Paramedic intercept is considered medically necessary when:

- ALS service is required but unavailable and a BLS ambulance service is dispatched.
- BLS transport is planned but the member becomes medically unstable during transport and requires services beyond the scope of the BLS service.

#### **For Medicare Business Segment:**

##### **Per CMS Benefit Manual 10.5 -Joint Responses**

###### **A. BLS/ALS Joint Responses**

In situations where a BLS entity provides the transport of the beneficiary and an ALS entity provides a service that meets the fee schedule definition of an ALS intervention (e.g., ALS assessment, Paramedic Intercept services, etc.), the BLS supplier may bill Medicare the ALS rate provided that a written agreement between the BLS and ALS entities exists prior to submitting the Medicare claim. Providers/suppliers must provide a copy of the agreement or other such evidence (e.g., signed attestation) as determined by their A/B MAC (A) or (B) upon request. A/B MACs (A) and (B) must refer any issues that cannot be resolved to the regional office.

Medicare does not regulate the compensation between the BLS entity and the ALS entity. If there is no agreement between the BLS ambulance supplier and the ALS entity furnishing the service, then only the BLS level of payment may be made. In this situation, the ALS entity's services are not covered, and the beneficiary is liable for the expense of the ALS services to the extent that these services are beyond the scope of the BLS level of payment.

#### **CONTRAINDICATIONS:**

- Any case in which some means of transportation other than an ambulance could be utilized without endangering the member's health including but not limited to:
  - Wheelchair van
  - Stretcher van
  - Public transportation vehicle

## COVERED SERVICES:

Ground ambulance transport services are provided in accordance with benefit description as outlined in the member's benefit documents.

## LIMITATIONS:

The ambulance provider must operate according to all applicable local, state and federal laws, and must have all of the appropriate, valid licenses and permits.

If necessary, Out of Network Retrieval Process will be utilized as outlined in Medical Management policy #25.

Air or Sea Ambulance transport will be utilized in accordance with Medical Management policy #25 "Management of Emergency/Urgent Admission to a Non-Participating Facility" and/or at the discretion of a Plan Medical Director.

## EXCLUSIONS:

- Non-Emergency ambulance transportation is non-covered if the services needed could be safely and effectively done in the residence.
- If the member is legally pronounced dead **BEFORE** the ambulance is called then the services are not medically necessary and are **NOT COVERED**
- If the member is legally pronounced dead **AFTER** the ambulance is called but **BEFORE** the ambulance arrives on scene, the services will be considered to be at a BLS level.
- If the member is legally pronounced dead after being loaded into the ambulance, regardless of whether the pronouncement is made during or subsequent to the transport (including at Dead on Arrival determination at the destination facility), coverage follows the rules as if the member had not died.

Ambulance transportation primarily for convenience is **NOT COVERED**

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

## CODING ASSOCIATED WITH: Ambulance Transport Service

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

A0225 Ambulance service, neonatal transport

A0380 BLS mileage (per mile)

A0390 ALS mileage (per mile)

A0422 Ambulance (ALS or BLS) oxygen & oxygen supplies, life sustaining situation

A0424 Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)

A0425 Ground mileage, per statute mile

A0426 Ambulance service, advanced life support, non-emergency transportation

A0427 Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency)

A0428 Ambulance service, basic life support, non-emergency transportation

A0429 Ambulance service, basic life support, emergency transport (BLS - emergency)

A0430 Air ambulance service, one way, fixed wing

A0431 Air ambulance service, one way, rotary wing

A0432 Paramedic Intercept (PI) rural area, transportation furnished by volunteer ambulance company which is prohibited by law from billing 3rd party payers  
A0433 Advanced life support, level 2 (ALS 2)  
A0434 Specialty care transport (SCT)  
A0435 Fixed wing air mileage, per statute mile  
A0436 Rotary wing air mileage, per statute mile  
A0998 Ambulance response and treatment, no transport

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

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Gibson G, "Measures of Emergency Ambulance Effectiveness: Unmet Need and Inappropriate Use", *JACEP*, 1977 Sep;6(9):389-92.

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Witzel K, Hoppe H, Raschka C, "The Influence of the Mode of Emergency Ambulance Transportation on the Emergency Patient's Outcome", *Eur J Emerg Med*, 1999 Jun;6(2):115-8.

LMRP Medicare Medical Policy Bulletin T-2-L,"Covered Ambulance Services".

CMS on-line Manual, Pub. 100.2, Chapter 10 and 100-5 Chapter 15 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>

Centers for Medicare & Medicaid Services. Ambulance (Ground) Services. LCD. L32252. Revised on 6/20/2013. <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32252&ContrId=170&ver=36&ContrVer=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Pennsylvania&Keyword=ambulance&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAA A%3d%3d&>

Pennsylvania Statewide Advanced Life Support Protocols. Pennsylvania Department of Health Bureau of Emergency Medical Services.

Pennsylvania Statewide Basic Life Support Protocols. Pennsylvania Department of Health Bureau of Emergency Medical Service.

Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual Chapter 10 - Ambulance Services. Section 10.5 - Joint Responses <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>

Pennsylvania Insurance Company Law of 1921, Article XXI(c), Section 2116, amended October 24th, 2018

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 11/01

**Revised:** 12/02 (add medical necessity definition); 1/04(limitations clarification); 3/08 (wording); 2/14 (re-established with revisions); 5/14 (criteria additions); 12/15 (add PA Code language for Medicaid), 5/19 (joint response update)

**Reviewed:** 3/05, 03/06, 3/07, 3/09, 3/10, 12/16, 5/17, 5/18