



## Medicare Part C Medical Coverage Policy

### Ambulance and Medical Transport Services

**Origination:** June 30, 1988

**Review Date:** October 18, 2023

**Next Review:** October 2024

***\*\*\*This policy applies to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.\*\*\****

#### **DESCRIPTION OF PROCEDURE OR SERVICE**

An ambulance is a specially equipped vehicle designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions during the transportation of ill or injured members. The member's clinical condition is such that the use of any other method of transportation would be contraindicated.

The vehicle must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting individuals with acute medical conditions.

Ambulance and medical transport services may involve ground, air or sea transport in both emergency and non-emergency situations. Air or ground ambulance service is covered to the nearest medical facility capable of providing emergency care for an emergency medical condition.

Non-emergent ambulance transportation is covered when other methods of transportation would endanger a member's health or otherwise be contraindicated.

#### **POLICY STATEMENT**

Coverage will be provided for ambulance and medical transport services when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

#### **BENEFIT APPLICATION**

Please refer to the member's individual Evidence of Coverage (EOC) for benefits.

Coverage decisions are made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations;
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and

- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

### **INDICATIONS FOR COVERAGE**

**Preauthorization by the Plan is required for non-emergent transport;**

**AND**

**The member must meet BOTH of the criteria below for NON-EMERGENT GROUND ambulance transportation:**

1. Any other means of transportation would be contraindicated because:
  - a) The member is bed-confined (unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair) *and* the member's medical condition is such that other methods of transportation are contraindicated, meaning any other means of transportation would endanger the members health *or*
  - b) The member's medical condition would be jeopardized by transportation in the absence of medically trained personnel.

**AND**

2. The member is transported:
  - a) To a hospital, critical access hospital (CAH) or skilled nursing facility (SNF) from any point of origin; *or*
  - b) To his or her home from a hospital or SNF; *or*
  - c) Round-trip from a SNF to the nearest supplier of medically necessary services not available at the SNF where the member is a resident, and the cost would be prohibitive to bring the service to the member; *or*
  - d) Round-trip from the member's home or SNF to the nearest facility that furnishes renal dialysis for a member receiving renal dialysis for treatment of ESRD.
  - e) Physician's office if enroute to a Medicare approved destination; but only if the member is in dire need for professional attention, and immediately thereafter, the ambulance continues to a covered destination.

**The member must meet ALL of the criteria below for NON-EMERGENT AIR ambulance (helicopter or fixed-wing aircraft) transportation:**

1. The members medical condition is such that transportation by either basic or advanced life support land ambulance is not appropriate, **AND**
2. The member's medical condition required immediate and rapid ambulance transportation that could not have been provided by land ambulance and one of the following conditions applies:

- a) The point of pick-up is inaccessible by land vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States), *or*
  - b) Great distances, limited time frames, or other obstacles (for example, heavy traffic) are involved in getting the patient to the nearest hospital with appropriate facilities, *or*
  - c) The member's condition is such that the time needed to transport a member by land to the nearest appropriate medical facility poses a threat to the member's health.
    - Serious health conditions that require immediate air transport may include, but are not limited to:
      - a. Intracranial bleeding- requiring neurosurgical intervention;
      - b. Cardiogenic shock;
      - c. Burns requiring treatment at a Burn Center;
      - d. Conditions such as carbon monoxide poisoning requiring treatment in a Hyperbaric Oxygen Unit;
      - e. Multiple severe injuries;
      - f. Life-threatening trauma.
3. Air transportation from facility to facility requires prior approval unless urgent/emergent.

### **WHEN COVERAGE WILL NOT BE APPROVED**

- When medical attention is not required, routine transportation is not covered.
- Ambulance transportation to/from a physician's office for a routine office visit is not covered
- Ambulance transportation if the member was pronounced deceased prior to the ambulance being called is not covered. The pronouncement must be made by a person who is legally authorized to make such a pronouncement, usually a physician.
- Transportation from one (1) institution to another for the member's or family's convenience is not covered. If any means of transportation other than an ambulance could be utilized without endangering the member's health, whether or not this transportation is available, ambulance service is not covered.
- Transportation for the purpose of receiving an excluded service (such as, but not limited to, a routine dental examination) is not covered.
- Transportation for the purpose of receiving a service that could have been safely and effectively provided at the point of origin, then the transport is not covered even if the member could only have gone by ambulance.

### **BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION**

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

Applicable Codes: A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436.

All ambulance transport codes and mileage codes must be reported with both the corresponding origin and destination modifiers.

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### **SPECIAL NOTES**

- Examples of non-emergent transportation include transportation from:
  - a) Acute care to a lesser level of covered care must meet MN.
  - b) A covered SNF to a contracting physician's office to obtain medically necessary diagnostic or therapeutics services not available at the SNF.
  - c) A non-contracting facility to a contracting facility, or a contracting facility to a contracting facility for testing or therapy that is not available at the first facility.
  - d) Bed-confinement is neither sufficient or is it necessary to determine coverage for Medicare benefits. Documentation of the current medical status is required.
- When a Member is in a SNF stay, in order to review whether transport is covered under Part A (Consolidated Billing) or Part B (Separately Billable) benefits please see Chapter 10 of the Medicare Benefit Policy Manual, and Chapter 15, of the Medicare Claims Processing Manual.

### **References:**

1. Medicare Local Coverage Determination for Ambulance Services- Palmetto GBA Part A/B (L34549); Effective date: 10/01/2015. Accessed via [LCD - Ambulance Services \(L34549\) \(cms.gov\) viewed on 09/18/2023](#).
2. Medicare Local Coverage Article for Billing and Coding: Ambulance Services—Palmetto GBA Part A/B (A56468); Effective date: 04/04/2019. Accessed via [Article - Billing and Coding: Ambulance Services \(A56468\) \(cms.gov\) on 09/18/2023](#).
3. Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services; Effective date, 7/11/2014, Accessed via Internet site [www.cms.gov](#). Viewed on 09/18/2023.
4. Medicare Claims Processing Manual, Chapter 15 – Ambulance; Effective date, 10/7/2014, Accessed via Internet site [www.cms.gov](#). Viewed on 09/18/2023.

### **Policy Implementation/Update Information:**

Revision Dates: March 23, 1998; September 25, 2001; June 22, 2005 (Policy renamed "Ambulance Transportation" on May 18, 2005: Previous title "Non-emergent Transportation")

Revision Date: May 2007: Formatting changes; Added bullet "c" under #2 for air ambulance transport; Added transportation for excluded services are not covered under When coverage will not be approved.

Revision Date: September 2009: No changes proposed to the review criteria. Formatting and minor wording changes only.

Revision Date: March 2012: Added language under indications for coverage under 1A to match LCD regarding to clarify what constitutes bed-confined requiring transportation; added language to address when transportation to physician's office is eligible for coverage.

Revision Date: February 20, 2013; Edited language to mirror NCD and LCD. Deleted Codes A0382, A0384, A0392, A0394, A0396, A0398, A0420, A0422, A0999.

Revision Date: March 18, 2015; No updates to coverage criteria, no revisions to policy. October 29, 2015 updated LCD due to ICD-10 update only.

Revision Date: March 15, 2017; Annual review. No updates to coverage criteria, no revisions to policy.

Revision Date: June 20, 2018; Staff Clarification; Added "Transportation for the purpose of receiving a service that could have been safely and effectively provided at the point of origin, then the transport is not covered even if the member could only have gone by ambulance." to "When Coverage Will Not Be Approved" per staff request. Added Special Note: "When a Member is in a SNF stay, in order to review whether transport is covered under Part A (Consolidated Billing) or Part B (Separately Billable) benefits please see Chapter 10 of the Medicare Benefit Policy Manual, and Chapter 15, of the Medicare Claims Processing Manual."

Revision Date: June 17, 2020: Annual Review. No CMS Updates. Minor Revisions Only.

Revision Date: July 20, 2022: Annual Review. No CMS Updates. Minor Revisions Only.

Revision Date: October 18, 2023: Annual Review. No CMS Updates. Minor Revisions Only. Added an additional reference.

Approval Dates:

Medical Coverage Policy Committee:      October 18, 2023

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