

Corporate Medical Policy

Ambulance and Medical Transport Services

File Name: ambulance_and_medical_transport_services
Origination: 4/1981
Last CAP Review: 2/2019
Next CAP Review: 2/2020
Last Review: 2/2019

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 patients. The patient'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.

Policy

BCBSNC will provide coverage for Ambulance and Medical Transport Services when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Ambulance and Medical Transport Services are covered

1. Ground emergency ambulance service for the transport of a patient is considered medically necessary when all the following criteria are met:
 - a. The ambulance must be equipped with appropriate emergency and medical supplies and equipment;
 - b. The patient's condition must be such that any other form of transportation would be medically contraindicated;
 - c. The patient must be transported to the nearest hospital with the appropriate facilities for the treatment of the patient's illness or injury.
2. Non-emergency medical transport services for the transport of a hospital inpatient to another facility for specialized services are considered eligible for coverage when all of the following criteria are met:
 - a. The patient is a registered inpatient in an acute care hospital;

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- b. The specialized services are not available in the hospital in which the patient is registered, and those specialized services are considered reasonable, medically necessary, and covered under the members benefit plan;
 - c. The provider of the specialized services is the nearest one with the required capabilities.
3. Air or Sea Ambulance services may be medically necessary in exceptional circumstances. All of the criteria pertaining to ground transportation must be met, as well as one of the following additional conditions:
 - a. The patient's medical condition must require immediate and rapid ambulance transport to the nearest appropriate medical facility that could not have been provided by land ambulance;
 - b. The point of pick-up is inaccessible by land vehicle;
 - c. Great distances, limited time frames, or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities for treatment;
 - d. The patient's condition is such that the time needed to transport a patient by land to the nearest appropriate medical facility poses a threat to the patient's health.
4. Ambulance or medical transport services are considered eligible for coverage if the patient is legally pronounced dead after the ambulance was called, but before pickup, or enroute to the hospital.
5. Transportation from a hospital, skilled nursing facility or rehabilitation facility to a patient's residence when the patient's condition requires skilled monitoring during transport with the services of an EMT attendant or other licensed healthcare practitioner.

When Ambulance and Medical Transport Services are not covered

1. When the medical guidelines shown above are not met;
2. If the patient is legally pronounced dead before the ambulance is called, the services are not considered medically necessary.
3. Transportation provided primarily for the convenience of the patient, patient's family or physician is not covered.
4. Transportation for the purpose of receiving a service considered NOT medically necessary is also considered NOT medically necessary, even if the destination is an appropriate facility.

Policy Guidelines

Ambulance and medical transport services are regulated by local, state and federal laws. The ambulance and medical transport services should be operated according to all applicable laws and must have all the appropriate, valid licenses and permits.

Reusable devices are considered an integral part of the general ambulance and medical transport services and are not eligible for coverage as separate services.

Unusual ambulance and medical transport services, such as advanced life support charges, and those situations involving air or sea transport should be reviewed by individual consideration.

Services solely for the convenience of the insured, the insured's family or the provider are not covered. For medically necessary services, the Plan may compare the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered.

It is not within generally accepted standards of medical care in the community to transfer a patient great distances for the provision of care that may be rendered locally.

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BCBSNC does not cover services that are not medically necessary and will not reimburse for any services, procedures, drugs or supplies associated with those not medically necessary services. See also corporate medical policy titled, "Medical Necessity."

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: A0021, A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0888, A0998, A0999, S0207, S0208, S0209, S0215, S9960, S9961

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

BCBSNC 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.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual

Certificate Provisions

BCBSA Medical Policy Reference Manual - 4/98

Medical Policy Advisory Group - 3/99

Medical Policy Advisory Group - 3/1/2001

Specialty Matched Consultant Advisory Panel - 9/2002

Specialty Matched Consultant Advisory Panel - 4/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 10.01.05, 12/17/03.

BCBSA Medical Policy Reference Manual [Electronic Version]. 10.01.05, 2/11/2010.

Specialty Matched Consultant Advisory Panel – 2/2013

Specialty Matched Consultant Advisory Panel- 2/2014

Specialty Matched Consultant Advisory Panel- 2/2015

Specialty Matched Consultant Advisory Panel- 2/2016

Policy Implementation/Update Information

4/81 Original Policy

3/84 Reaffirmed

6/84 Reaffirmed

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- 3/89 Reaffirmed: Ambulance Services and Medical Transport for Special Services policies combined
- 1/97 Reaffirmed
- 3/99 Added information regarding air and sea ambulance transfers. Reaffirmed by MPAG.
- 7/99 Reformatted, Medical Term Definition added.
- 12/00 New 2001 HCPCS coding added. System coding changes.
- 3/01 Medical Policy Advisory Group review. No changes in criteria. Reaffirmed.
- 5/01 System changes. Coding reformatted.
- 7/01 Statement removed under policy guidelines which says, "Additional payment may be considered for the use of disposable supplies." System changes.
- 12/01 Policy revised under 3.a. and 3.d. to include "to the nearest appropriate medical facility". Format changes.
- 10/02 Specialty Matched Consultant Advisory Panel review. No change in policy. System coding changes.
- 5/03 Specialty Matched Consultant Advisory Panel review. Additional criteria added to "When Ambulance and Medical Transportation Services are Not Covered" section of the policy. Code A0200 added to policy. Code Q3017 removed.
- 12/03 Benefits Application and Billing/Coding sections updated for consistency.
- 10/14/04 Added new HCPCS code A0800 to the Billing/Coding Section of the policy.
- 3/03/05 Policy status changed to: "Active policy, no longer scheduled for routine literature review." Reference added.
- 4/10/06 Deleted "Next Review" date. Added CPT code A0998 to Billing/Coding section.
- 8/13/07 Deleted codes A0800, Q3019 and Q3020 from Billing/Coding Section. (adn)
- 2/11/08 Revised Description of Service for clarity. Revised Item 2 B in the Covered section to read: "The specialized services are not available in the hospital in which the patient is registered, and those specialized services are considered reasonable, medically necessary, and covered under the members benefit plan." Added Item 5 to Covered section to read, "Transportation from a hospital, skilled nursing facility, rehabilitation facility or nursing home to a patient's residence when the patient's condition is such that any other form of transportation would be medically contraindicated." Reformatted the Not Covered section into a numbered list. Added "rehabilitation facility" to Item 3. Reworded Item 4 to read, "Transportation provided primarily for the convenience of the patient, patient's family or physician is not covered." Added Item 5 to read, "Transportation for the purpose of receiving a service considered NOT medically necessary is also considered NOT medically necessary, even if the destination is an appropriate facility." (adn)
- 10/20/08 Deleted "nursing home" from Item 5 in the When Ambulance is Covered section, and from Item 3 in the When Ambulance is Not Covered section. Added the definition of "emergency" to the Medical Term Definitions section. Added the following statement to the Billing/Coding/Physician Documentation Information section: All ambulance transport codes and mileage codes must be reported with both the corresponding origin and destination modifiers. Notification given 10/20/08. Effective date 2/02/09 . (adn)
- 6/22/10 Policy Number(s) removed. (amw)
- 1/24/12 Deleted statement #3 under "When Not Covered" section: Transportation from the member's home to a facility other than a hospital, skilled nursing facility or rehabilitation facility is not covered. Transportation from a facility other than a hospital, skilled nursing

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- facility or rehabilitation facility to the member's home is not covered. Reviewed by medical director. (lpr)
- 5/15/12 Revised statement #5 under "When Covered" section from "Transportation from a hospital, skilled nursing facility or rehabilitation facility to a patient's residence when the patient's condition is such that any other form of transportation would be medically contraindicated to "Transportation from a hospital, skilled nursing facility or rehabilitation facility to a patient's residence when the patient's condition requires skilled monitoring during transport with the services of an EMT attendant or other licensed healthcare practitioner." Reviewed with medical director 4/2012. (lpr)
- 3/12/13 Specialty Matched Consultant Advisory Panel review meeting 2/20/2013. No change to policy statement. (lpr)
- 12/31/13 Added HCPCS codes S9960 and S9961 to Billing/Coding section for 2014 code update. (lpr)
- 3/11/14 Specialty Matched Consultant Advisory Panel review meeting 2/25/2014. No change to policy statement. (lpr)
- 3/10/15 Specialty Matched Consultant Advisory Panel review meeting 2/25/2015. No change to policy statement. (lpr)
- 11/24/15 Revised the policy statement to include the phrase "coverage for". No change to policy intent. (lpr)
- 4/1/16 Specialty Matched Consultant Advisory Panel review 2/24/2016. No change to policy. (an)
- 3/31/17 Specialty Matched Consultant Advisory Panel review 2/22/2017. No change to policy statement. (an)
- 3/29/18 Specialty Matched Consultant Advisory Panel review 2/28/2018. No change to policy. (an)
- 10/26/18 The following information added to Policy Guidelines: Services solely for the convenience of the insured, the insured's family or the provider are not covered. For medically necessary services, the Plan may compare the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered. It is not within generally accepted standards of medical care in the community to transfer a patient great distances for the provision of care that may be rendered locally. BCBSNC does not cover services that are not medically necessary and will not reimburse for any services, procedures, drugs or supplies associated with those not medically necessary services. See also corporate medical policy titled, "Medical Necessity." (an)
- 3/12/19 Specialty Matched Consultant Advisory Panel review 2/20/2019. (an)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.