MEDICAL POLICY – 10.01.512
Ambulance and Medical Transport Services

Effective Date: Feb. 1, 2017
Last Revised: Jan. 10, 2017
Replaces: N/A

RELATED MEDICAL POLICIES:
None

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

Clicking this icon returns you to the hyperlinks menu above.

Introduction

The plan covers ambulance transport for a medical emergency. An emergency is when a person’s health is in serious danger and an ambulance is the only safe way to get to the closest medical facility. There are also cases where medical vehicles may be needed for nonemergency medical transport. This policy describes the situations in which ground, air, and sea ambulances, as well as nonemergency medical transport, are covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

This policy provides medical guidelines that are appropriate for the majority of individuals who need ambulance and medical transport services in both emergency and nonemergency situations. Unique clinical circumstances may justify individual consideration for coverage, based on a review of applicable medical records.
<table>
<thead>
<tr>
<th>Emergency Medical Transport</th>
<th>Coverage Criteria</th>
</tr>
</thead>
</table>
| **Ground emergency medical transport** | Ground emergency medical transport (ambulance) services may be considered medically necessary when ALL of the following criteria are met:  
- Any other form of transportation would be medically contraindicated due to the patient’s condition.  
- The patient must be transported to the nearest hospital with the appropriate level of services for the treatment of the patient’s illness or injury, or in the case of organ transplantation, to the approved transplant facility.  
- The emergency medical transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits.  
- The ambulance or other ground emergency medical transport vehicle must have the necessary personnel, patient care equipment and supplies. |
| **Air/sea emergency medical transport** | Air or sea emergency medical transport services may be considered medically necessary in exceptional circumstances when ALL of the criteria for ground emergency medical transport and ALL of the following criteria are met:  
- Great distances, limited time frames, or other obstacles prevent getting the patient to the nearest hospital with appropriate facilities for treatment, e.g., transport of a critically ill patient to an approved transplant facility with a waiting organ.  
- Due to the severity of the patient’s condition (see Serious Health Conditions below) ground emergency medical transport poses a threat to the patient’s health and/or life. |
| **Serious health conditions** | Air ambulance transport could be justified as medically necessary for serious health conditions that may include but are not limited to:  
- Conditions requiring treatment in a hyperbaric oxygen unit  
- Intracranial bleeding requiring neurosurgical intervention  
- Life-threatening shock, sepsis, or organ failure requiring immediate intervention at an appropriately equipped facility  
- Life-threatening trauma requiring immediate surgical intervention at an appropriately equipped facility  
- Neonatal emergencies |
Emergency Medical Transport

### Situation

<table>
<thead>
<tr>
<th>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Severe burns</td>
</tr>
<tr>
<td>• Significant multi-system injuries</td>
</tr>
</tbody>
</table>

**Note:** The list above is not inclusive of all situations that justify air transportation, nor is it intended to justify air transportation in all locales under the circumstances listed.

### Hospital-to-hospital medical transport

**Ground ambulance transport may be considered medically necessary for transfer of a patient from one hospital to another hospital under the following conditions:**

- The transferring hospital is not equipped to provide the appropriate medical services needed by the patient
  - **AND**
- The receiving hospital is the nearest acute care facility equipped to provide the appropriate specialized medical services (see **Specialized Medical Services** below) needed by the patient.

### Service

<table>
<thead>
<tr>
<th>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialized medical services</strong></td>
</tr>
<tr>
<td>Examples of specialized medical services that may not be available at all hospitals or acute care facilities include but are not limited to:</td>
</tr>
<tr>
<td>• Burn care</td>
</tr>
<tr>
<td>• Cardiac care</td>
</tr>
<tr>
<td>• Critical care</td>
</tr>
<tr>
<td>• Trauma care</td>
</tr>
</tbody>
</table>

**Air-ambulance transport may be considered medically necessary to transfer a patient from one hospital to another hospital when ALL of the criteria for hospital-to-hospital ground transportation are met (see above) AND**

- Due to the severity of the patient’s condition (see **Serious Health Conditions** above) ground emergency medical transport poses a threat to the patient

**Transport from a hospital capable of treating the patient**
because the patient and/or the patient’s family prefer a specific hospital or physician is considered not medically necessary.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergency medical transport</td>
<td>Non-emergency medical transport services may be considered medically necessary when ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• The medical transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits.</td>
</tr>
<tr>
<td></td>
<td>• The patient is a registered inpatient in an acute care hospital and the specialized services are not available in that hospital.</td>
</tr>
<tr>
<td></td>
<td>• The patient is transported to the nearest provider of the specialized medical service that is the nearest one with the required capabilities.</td>
</tr>
<tr>
<td></td>
<td>• The patient’s condition would be jeopardized in the absence of medically-trained personnel or other means of transportation is contraindicated (for example, though not all inclusive: patient is bed-confined; patient has full body cast).</td>
</tr>
<tr>
<td>Other non-emergency medical ambulance transport</td>
<td>Other non-emergency medical transport services may be considered medically necessary when ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• The medical transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits.</td>
</tr>
<tr>
<td></td>
<td>• The patient is transported to the nearest provider of the specialized medical service that is the nearest one with the required capabilities.</td>
</tr>
<tr>
<td></td>
<td>• The patient’s condition would be jeopardized in the absence of medically-trained personnel or other means of transportation is contraindicated (for example, though not all inclusive: patient is bed-confined; patient has full body cast).</td>
</tr>
<tr>
<td></td>
<td>AND one of the following:</td>
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<tr>
<td></td>
<td>• Transportation is from one hospital or medical facility to another hospital or medical facility, skilled nursing facility or free standing dialysis center in order to obtain medically necessary diagnostic or therapeutic services such as MRI, CT, acute interventional cardiology provided such services are not available where the individual initially resides</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage Criteria</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Service Coverage Criteria</td>
<td></td>
</tr>
<tr>
<td>• Transfer from an acute care facility to an individual’s home or skilled nursing facility is required and the individual is unable to be transferred by any other method. Examples include being bed confined and unable to sit in a wheelchair or presence of a condition that only allows transport by stretcher.</td>
<td></td>
</tr>
<tr>
<td>Ambulance services for deceased member</td>
<td>Ambulance services are considered medically necessary if the patient is legally pronounced dead after the ambulance was called, but before pickup, or death occurs en route to the hospital.</td>
</tr>
<tr>
<td></td>
<td>Ambulance services are considered not medically necessary if the patient is legally pronounced dead before the ambulance was called.</td>
</tr>
</tbody>
</table>

In all cases, the appropriate documentation must be kept on file and upon request, presented to the plan. The presence or absence of a physician’s order for ambulance transport does not necessarily prove or disprove whether the service was medically necessary.

### Coding

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0140</td>
<td>Non-emergency transportation and air travel (private or commercial) intrastate or interstate</td>
</tr>
<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)</td>
</tr>
<tr>
<td>A0428</td>
<td>Ambulance service, basic life support, nonemergency transport, (BLS)</td>
</tr>
<tr>
<td>A0429</td>
<td>Ambulance service, basic life support, emergency transport</td>
</tr>
<tr>
<td>A0430</td>
<td>Ambulance service, conventional air services, transport, one way (fixed wing)</td>
</tr>
<tr>
<td>A0431</td>
<td>Ambulance service, conventional air services, transport, one way (rotary wing)</td>
</tr>
<tr>
<td>A0434</td>
<td>Specialty care transport (SCT)</td>
</tr>
</tbody>
</table>
## Related Information

### Description

Ambulance and medical transport services involve the use of specially designed and equipped vehicles to provide transportation for patients who are injured or have acute medical conditions. These services may involve ground, air, or sea transport in both emergency and nonemergency situations.

### Benefit Application

All devices and supplies are considered an integral part of the ambulance and medical transport services and no additional benefits are provided for reusable or disposable devices or supplies.

Consult the member benefit booklet to determine coverage for ambulance transport services. Some Plans offer riders for air or sea ambulance services. If a member or group does not accept this rider, the Plan may consider reimbursement in these situations up to the limits of the ground ambulance benefits. If a life-support ambulance is used, the life-sustaining equipment must also be used for it to be covered.

### Cabulance Van: Ambulatory/Non-ambulatory/Wheelchair Transport Services

Wheelchair vans do not contain the required equipment to qualify as an ambulance.
Evidence Review

N/A

References

N/A

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/12/11</td>
<td>New Policy - Add to Administrative section. Held for provider 90-day notification; policy effective date December 1, 2011.</td>
</tr>
<tr>
<td>07/20/12</td>
<td>Replace Policy. Reviewed without literature review. Minimal rewriting for clarity. Added HCPCS codes A0140 Nonemergency transportation and air travel (private or commercial) intrastate or interstate and A0434 Specialty care transport, Policy statements unchanged.</td>
</tr>
<tr>
<td>09/11/12</td>
<td>Replace policy. Policy Guidelines section updated with statement to allow use of clinical judgment in special circumstances. Added: “Note: This policy provides medical guidelines that are appropriate for the majority of individuals who need ambulance and medical transport services in both emergency and nonemergency situations. Unique clinical circumstances may justify individual consideration for coverage, based on review of applicable medical records.” Policy statement unchanged.</td>
</tr>
<tr>
<td>07/24/13</td>
<td>Replace policy. Policy reviewed. Minor edits and reformatting for clarification and</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
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<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>01/30/14</td>
<td>Minor update. HCPCS codes A0426 and 0428 added to the coding section; these already appear on the RMN list and should be listed. Scope section updated with language indicating this policy is not applicable to Medical Advantage.</td>
</tr>
<tr>
<td>06/19/14</td>
<td>Annual Review. Policy reviewed without literature review. Minor reformatting for readability. Policy statement unchanged. All HCPCS removed with the exception of A0140, A0426, A0428, A0430-A0431 and A0999 – they do not suspend for review.</td>
</tr>
<tr>
<td>04/24/15</td>
<td>Annual Review. Minor formatting changes made for reading clarity. HCPCS codes A0434-A0436 added to the policy; these had been inadvertently removed and should be listed.</td>
</tr>
<tr>
<td>11/10/15</td>
<td>Interim Update. Policy section updated to address coverage of “other non-emergent medical transportation” considered medically necessary when criteria are met.</td>
</tr>
<tr>
<td>04/12/16</td>
<td>Annual review. Policy reviewed. Policy statement unchanged.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2017 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentinquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Oromo (Cushite):

Francês (French):

Kreyòl ayisyen (Creole):
Avi sila a gen enfòmasyon enpòtan ladan. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konseన kouvèti asirans lan atrave Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kék aksyon avan sèten dat limit pou ka benbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):

Iloko (Ilocano):
Daytoy a Pakdaa ket nagaon iti Napateg nga Impormasion. Daytoy a pakdaa mabalini nga adda ket nagaon iti napateg nga impormasion maipanggep iti aplikasyonu wenn coverage babaen iti Premera Blue Cross. Daytoy ket mabalini dagiti importanta a petsa iti daytoy a pakdaa. Mabalini nga adda rumbang nga aramidenyu nga addang sakyab dagiti partikular a naituding nga aldwaw tapno mapagatalianedyu ti coverage ti salun-atyo wenn tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkaupo sa pamamagitan ng Premera Blue Cross. Es posible que haya fechas clave en este aviso. Este aviso contiene información importante.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkaupo sa pamamagitan ng Premera Blue Cross. Es posible que haya fechas clave en este aviso. Este aviso contiene información importante.