

## Medical Policy

Ambulance Services - Medical Transportation	
<b>MEDICAL POLICY NUMBER</b>	MED_Clin_Ops-118
<b>CURRENT VERSION EFFECTIVE DATE</b>	January 1, 2024
<b>APPLICABLE PRODUCT AND MARKET</b>	<i>Individual Family Plan: All Small Group: All Medicare Advantage: All</i>

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan Medical Policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

### PURPOSE

The purpose of this policy is to establish the medical necessity review criteria used by Brand New Day/Central Health Medicare Plan to determine approval of coverage for medical transportation.

### POLICY

*Note: Emergency care coverage is described in MED-079 Emergency Care and ED Services Policy. Reimbursement for ambulance services is addressed in NET-027 Ambulance Payment Policy.*

### Ambulance Services

#### *Emergency Ambulance*

Covered ambulance transportation may include ground, water, or air ambulance services, as determined by Brand New Day/Central Health Medicare Plan based on the member's condition.

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Brand New Day/Central Health Medicare Plan does not require members to use a participating emergency transportation service organization for emergency care.

Ambulance services may be covered if **ALL** of the following are met:

1. The member's condition meets the definition of emergency medical condition. Use of an ambulance as transportation to an emergency facility for a condition that does not satisfy the definition of emergency service will not be covered as an emergency service.
2. The transportation is provided by an ambulance service that is licensed by the state.
3. The transportation is provided to the nearest appropriate facility.

#### *Air Ambulance*

Emergency air ambulance transportation may be covered if the **one or more** of the following are met:

1. The member's condition requires immediate and rapid transportation that cannot safely be provided by land ambulance (regardless of the member's location).
2. The pick-up location is not accessible by a land vehicle (for example, a very remote location or sparsely populated area without adequate road access)
3. The member needs to travel a significant distance or there are other obstacles (such as, weather, heavy traffic, or construction that impacts the route and speed of a land vehicle) that may prevent the member from getting to the nearest appropriate facility.
  - a. The ground travel time is expected to be greater than 30-60 minutes AND the longer transport time of ground travel may endanger the member's life or health.

### Non-Emergent transportation

Non-emergent medical transportation requires prior authorization. Covered medical transportation services may include non-emergency ambulance transportation as follows:

1. Transportation from an out-of-network inpatient facility to an in-network facility, such as a hospital, long-term acute care (LTAC) facility, skilled nursing facility (SNF), inpatient rehabilitation facility, or residential treatment center.
2. Transportation for medically necessary services from a facility where required services are not available to a facility where the services are available. This may include transportation from an out-of-network or in-network inpatient or outpatient facilities.

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Transportation services may be eligible for authorization when ALL of the following are met:

1. The member is clinically stable for transfer and expected to remain stable during transportation. The member is considered clinically stable at a [level of patient acuity](#) of I, II, or III. (See below for patient acuity levels)
2. The necessary diagnostic or therapeutic services are not available at the facility in which the member is admitted OR the member is currently in an out-of-network facility.
3. The member is being transported to a facility that can provide the medically necessary services and has current availability to provide these services to the member.

### *Additional considerations for transfer:*

- The member's expected medically necessary length of stay after the planned date of transfer is expected to be multiple days and/or the cost of transfer to an INN facility is appropriate given the member's situation and expected treatment needs.

## EXCLUSIONS

The following transportation services are not covered:

- Ambulance services when other transportation options are available and clinically appropriate.
- Ambulance services from an ambulance service provider that is not properly licensed to perform the services.
- Air ambulance transportation that does not meet the criteria above.
- The services are for a member or provider's convenience or personal preference.
- Transportation to a coroner's office or mortuary.
- Transportation to the member's home or residential facility.
  - One-time transfer upon discharge may be covered in limited situations depending on the member's condition, living situation (for example, a nursing home or assisted living facility) and the member's access to appropriate transportation.
- Non-ambulance transportation such as a taxi, ride-share, or van transportation (*refer to the Non-Medical Transportation policy (MA only – in development) for information on reimbursable non-medical transportation expenses*)

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### DEFINITIONS

1. **Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:
  - Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
  - Serious impairment to bodily functions.
  - Serious dysfunction of any bodily organ or part.
  - Inadequately controlled pain.
  - a. **Psychiatric Emergency Medical Condition:** A mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either of the following:
    - An immediate danger to themselves or to others.
    - Immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.
2. **Emergency Care or Emergency Services:** Services that are:
  - Furnished by a provider that is qualified to deliver these services.
  - Needed to evaluate or stabilize an emergency medical condition.
3. **Levels of Patient Acuity** – Stable patients are separated into four levels of potential deterioration, and unstable patients are designated under an independent category.<sup>1</sup> In order to provide safe and effective care, provider capabilities must match the member's current and potential needs. The levels of patient acuity are listed below with examples:
  - I. *Stable with no risk for deterioration* — Member may need oxygen, monitoring of vital signs, saline lock; basic emergency medical care.
  - II. *Stable with low risk of deterioration* — Member may need a running IV, some IV medications including pain medications, pulse oximetry, increased need for assessment and interpretation skills; advanced care.
  - III. *Stable with medium risk of deterioration* — Member may need 3-lead EKG monitoring, basic cardiac medications, e.g., heparin or nitroglycerine.
  - IV. *Stable with high risk of deterioration* – Member may require advanced airway but is secured, intubated, on ventilator, multiple vasoactive medication drips (advanced care +), members whose condition has been initially stabilized, but has likelihood of deterioration, based on assessment or knowledge of provider regarding specific illness/injury.
  - V. *Unstable* — Any member who cannot be stabilized who is deteriorating or likely to deteriorate, such as members who require invasive monitoring,

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<sup>1</sup> The National Highway Traffic Safety Administration categorizes the transportation of patients by acuity level

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balloon pump, who are post-resuscitation, or who have sustained multiple trauma (critical care or available crew with time considerations).

- 4. Prudent Layperson:** A person who is without medical training and who draws on their practical experience when making a decision regarding whether emergency medical or psychiatric treatment is needed.

### APPLICABLE CODES

Air Ambulance (Also see Air Ambulance Revenue Code 0545 below)

A0430 Ambulance service, conventional air services, transport, one way (fixed wing)

A0431 Ambulance service, conventional air services, transport, one way (rotary wing)

A0435 Fixed wing air mileage, per statute mile

A0436 Rotary wing air mileage, per statute mile

S9960 Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)

S9961 Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

T2007 Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments

Ground/Other Ambulance

A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way

A0380 BLS mileage (per mile)

A0382 BLS routine disposable supplies

A0384 BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS

ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)

A0390 ALS mileage (per mile)

A0392 ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where

defibrillation cannot be performed in BLS ambulances)

A0394 ALS specialized service disposable supplies; IV drug therapy

A0396 ALS specialized service disposable supplies; esophageal intubation

A0398 ALS routine disposable supplies

A0420 Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments

A0422 Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation round/Other Ambulance

A0424 Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)

A0425 Ground mileage, per statute mile

A0426 Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)

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

A0428 Ambulance service, basic life support, nonemergency transport, (BLS)

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

A0432 Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is

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prohibited by state law from billing third-party payers  
 A0433 Advanced life support, level 2 (ALS 2)  
 A0434 Specialty care transport (SCT)  
 A0998 Ambulance response and treatment, no transport  
 A0999 Unlisted ambulance service  
 S0207 Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport  
 S0208 Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport

### POLICY HISTORY

This policy has been approved by the approval body listed below or has received other necessary approval pursuant to Brand New Day/Central Health Medicare Plan policies on clinical criteria and policy development.

Approval Body		Utilization Management Committee	
Version History	Approval Date	Effective Date	Action
V1	08-18-2022	09-01-2022	New Policy
V2	08-18-2022	03-01-2023 01-01-2024	Adopted by MA UMC Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)