



# BlueCross BlueShield of Vermont

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## Ambulance and Medical Transport Services (Ground, Air and Water) Corporate Medical Policy

File Name: Ambulance and Medical Transport Services (Ground, Air and Water)

File Code: UM.SPSVC.06

Origination: 04/1994

Last Review: 07/2018

Next Review: 07/2019

Effective Date: 11/01/2018

### Description/Summary

Ambulance and medical transport services involve the use of specially designed and equipped vehicles to transport ill or injured members. Services may include ground, air, or sea transport in both emergency and nonemergency situations. Ambulance or medical transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits and the ambulance or other medical transport services must have the necessary patient care equipment and supplies.

Ambulance Services are licensed for two levels of service:

1. **Basic Life Support (BLS).** A (BLS) ambulance is one that provides transportation plus the equipment and staff needed for basic services such as control of bleeding, splinting fractures, treatment of shock, delivery of babies and cardiopulmonary resuscitation (CPR). Oxygen charges may be billed separately.
2. **Advanced Life Support (ALS).** An (ALS) ambulance has complex, specialized life sustaining equipment. Such ambulances are equipped and staffed by personnel trained and authorized to perform services such as administer IV's, provide ALS medications, establish and maintain a patient's airway, and defibrillate the heart. These listed services may be billed separately by the ambulance provider, as well as oxygen.

### Policy

#### Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- Procedural Coding Table & Instructions](#)

## Policy Guidelines

### When a service may be considered medically necessary

1. Ground emergency ambulance service for the transport of a member is considered **medically necessary** when all the following criteria are met:
  - A. The ambulance must be equipped with appropriate emergency and medical supplies, equipment, and personnel **AND**
  - B. The member's clinical condition must be such that any other form of transportation would be medically contraindicated, **AND**
  - C. The member must be transported to the nearest facility with the appropriate facilities for the treatment of the member's illness or injury.
2. Non-emergency medical transport services for the transport of a member are considered **medically necessary** when the medical condition of the member prevents safe transportation by any other means, whether or not transportation is available; **AND**
  - A. The transfer occurs from an acute care facility to another acute care facility/clinic if all the following criteria are met:
    - 1) The member is registered as inpatient in an acute care hospital, **AND**
    - 2) The specialized services are not available in the hospital in which the member is registered, and the specialized services are considered reasonable, medically necessary, and covered under the member's contract; **AND**
    - 3) The provider of the specialized services is the nearest one with the required capabilities; **OR**
  - B. Ambulance services are from a skilled nursing facility/rehabilitation facility to closest appropriate facility to treat the patient's condition; **OR**
  - C. Ambulance services outside of the state or country if the transfer is to or from an acute care hospital. The facility outside of the state or country must be the closest appropriate facility to treat the patient's condition; **OR**
  - D. Ambulance services are for the transfer of a patient from an acute care facility to a skilled nursing/rehabilitation facility not more than 125 miles from the discharging acute care facility; **OR**
  - E. Ambulance services are to a physician's office when the transporting ambulance stops at a physician's office because of dire need of professional attention. The

ambulance must immediately thereafter continue to the closest facility that can provide services appropriate for the treatment of the condition; OR

- F. Ground transportation is to the members home from an acute care, rehabilitation, or skilled nursing facility (not more than 125 miles from discharging facility); OR
  - G. Ambulance services are for a postpartum mother within the first 72hrs after delivery of a live infant that required emergent transport to higher level of care; OR
  - H. Ambulance services are for a member under the chronological age of 5 years (or developmental equivalent) that is registered as inpatient in a quaternary facility transferring to a tertiary facility for continued acute/intensive care (not to exceed 400 miles).
3. Air or Water 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 member's medical condition must require immediate and rapid transport to the nearest appropriate medical facility that could not have been provided by ground ambulance without posing a threat to the member's health; OR
  - B. The point of pick-up is inaccessible by ground vehicle; OR
  - C. Great distances, limited time frames, or other obstacles are involved in getting the member to the nearest hospital with appropriate facilities for treatment
4. Ambulance or medical transport services are considered eligible for coverage if the member is legally pronounced dead **after** the ambulance was called, but before pickup, or en route to acute care facility and when the applicable medical necessity criteria above are met.
5. Paramedic Intercepts/Advanced EMT (AEMT) Intercepts: Vermont based EMS providers function under statewide protocols which indicate EMT providers to "call for paramedic intercept, if available. If paramedic intercept is not available, call for AEMT intercept, if available." This directs ambulance services to "consider obtaining an intercept based upon the clinical situation and availability." These recommendations are specific to each clinical protocol and therefore these additional services will be considered medically necessary if they are consistent with the most current Vermont Statewide Emergency Medical Services Protocols and meet applicable medical necessity criteria as outlined in this policy.
6. Emergent Electrocardiograph (ECG or EKG): The acquirement and transmittal of a 12 lead ECG may be medically necessary when performed under emergent circumstances and if indicated by current Vermont Statewide Emergency

## Medical Services Protocols.

Appropriate facility is defined as having the necessary expertise, equipment, and ability to accept the patient.

### When a service is considered not medically necessary

The following circumstances are considered **not medically necessary** and therefore not eligible for benefits:

1. The member is legally pronounced dead before the ambulance is called.
2. Transportation to a morgue or funeral home.
3. The member refuses treatment and/or transport.
4. Ambulance and attendant services that do not result in transport.
5. The member's condition is appropriate for transportation by private means, regardless of whether or not private transportation is available.
6. Ambulance transportation is solely for the convenience of the physician, family, or member.
7. Charges for administrative fees, reusable equipment, and non-reusable/disposable supplies.
8. Transportation for the purpose of receiving a service that is considered NOT medically necessary by the Plan is also considered NOT medically necessary.
9. Transport by a non-licensed ambulance service.

### Reference Resources

1. NCBI. (January, 2012). Early Mother-Separation, Parenting and Child Well-Being in Early Head Start Families [On-line article]. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3115616/>
2. NCBI. (October, 2012). Closeness and Separation in Neonatal Intensive Care [On-line article]. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3468719/>
3. NCBI. (August, 2016). Parents and Nurses Balancing Parent Infant Closeness and Separation: A Qualitative Study NICU Nurses' Perception [On-line article]. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4992200/>

### Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

## Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

## Administrative and Contractual Guidance

### Benefit Determination Guidance

Prior approval is required for all **Non-Emergent** Ambulance Transportation Services and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

### Policy Implementation/Update information

|         |  |
|---------|--|
| 8/2008  | Format changes only. Reviewed by CAC 09/2008   |
| 11/2009 | Minor wording changes. Reviewed by CAC 01/2010   |
| 11/2011 | Updated and transferred to new policy format. Minor language changes. Coding verified by Coder-SAF |

|         |  |
|---------|--|
| 01/2015 | Added VT EMS guidelines hyperlink. Paramedic intercept language added. Clarification to “appropriate facility” language. A0080 & A0090 moved to Non-Covered.   |
| 04/2017 | Format changes; added language and mileage restriction re: transport to rehab facilities; added language re: postpartum transports; added language re: children under age 5 transferring from quaternary to tertiary facilities; coding table updated (removed A0382 & A0398 from medically necessary to not medically necessary per policy guidelines; clarified 400 mile limit for 5 years of age and younger. |
| 07/2018 | Reviewed with clarification to policy statement that all non-emergent ambulance transportation requires a prior approval.  |

**Eligible Providers**

Qualified healthcare professionals practicing within the scope of their license(s).

**Approved by BCBSVT Medical Directors      Date Approved**

Joshua Plavin, MD, MPH, MBA  
Chief Medical Officer

**Attachment I  
Procedural Coding Table & Instructions**

| Code Type   | Number | Description   | Policy Instructions |
|---|--------|---|---------------------|
| The following codes will be considered as medically necessary when applicable criteria have been met. |        |   |                     |
| HCPCS   | A0225  | Ambulance service, neonatal transport, base, rate, emergency transport, one way |                     |
| HCPCS   | A0380  | BLS mileage per mile  |                     |
| HCPCS   | A0384  | BLS specialized service disposable supplies; defibrillation                     |                     |
| HCPCS   | A0390  | ALS mileage per mile  |                     |
| HCPCS   | A0392  | ALS specialized service disposable supplies; defibrillation                     |                     |
| HCPCS   | A0394  | ALS specialized service disposable supplies; IV drug therapy                    |                     |

|       |       |   |                                      |
|-------|-------|---|--------------------------------------|
| HCPCS | A0396 | ALS specialized service disposable supplies; IV drug therapy  |                                      |
| HCPCS | A0422 | Ambulance (ALS or BLS) oxygen   |                                      |
| HCPCS | A0425 | Ground mileage, per statute mile  |                                      |
| HCPCS | A0426 | Ambulance service, advanced life support, non-emergency transport, level 1  | Non-Emergent Requires Prior Approval |
| HCPCS | A0427 | Ambulance service, advanced life support, emergency transport, level 1  |                                      |
| HCPCS | A0428 | Ambulance service, basic life support, non-emergency transport  | Non-Emergent Requires Prior Approval |
| HCPCS | A0429 | Ambulance service, basic life support, emergency transport  |                                      |
| HCPCS | A0430 | Ambulance service, conventional air services, transport, one way (fixed wing)   | Non-Emergent Requires Prior Approval |
| HCPCS | A0431 | Ambulance service, conventional air services, transport, one way (rotary wing)  | Non-Emergent Requires Prior Approval |
| HCPCS | A0432 | Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers |                                      |
| HCPCS | A0433 | Advanced life support, level 2  |                                      |
| HCPCS | A0434 | Specialty care transport  |                                      |
| HCPCS | A0435 | Fixed wing air mileage, per statute mile  | Non-Emergent Requires Prior Approval |
| HCPCS | A0436 | Rotary wing air mileage, per statute mile   | Non-Emergent Requires Prior Approval |
| HCPCS | A0999 | Unlisted ambulance service  | Prior Approval                       |
| HCPCS | S9960 | Ambulance service, conventional air services, Non-emergency transport, on way (fixed wing)  | Non-Emergent Requires Prior Approval |
| HCPCS | S9961 | Ambulance service, conventional air service, Non-emergency transport, one way (rotary wing)   | Non-Emergent Requires Prior Approval |
|       |       |   |                                      |

| The following codes will be denied as Not Medically Necessary, Non-Covered, Contract Exclusions or Investigational |       |   |                         |
|--|-------|---|-------------------------|
| HCPCS  | A0080 | Non-emergency transportation; per mile volunteer  | Not Medically Necessary |
| HCPCS  | A0090 | Non-emergency transport per mile vehicle provided by individual   | Not Medically Necessary |
| HCPCS  | A0021 | Ambulance service, outside state per mile, transport Medicaid only  | Not Medically Necessary |
| HCPCS  | A0100 | Non-emergency transportation; taxi  | Contract Exclusion      |
| HCPCS  | A0110 | Non-emergency transportation and bus, intra-or interstate carrier   | Not Medically Necessary |
| HCPCS  | A0120 | Non-emergency transportation; mini-bus, mountains area transports, or other transportation systems        | Not Medically Necessary |
| HCPCS  | A0130 | Non-emergency transportation; wheelchair van  | Not Medically Necessary |
| HCPCS  | A0140 | Non-emergency transportation and air travel (private or commercial) intra-or interstate                   | Contract Exclusion      |
| HCPCS  | A0160 | Non-emergency transportation: per mile-caseworker or social worker  | Not Medically Necessary |
| HCPCS  | A0170 | Transportation ancillary: parking fees, tolls, other  | Contract Exclusion      |
| HCPCS  | A0180 | Non-emergency transportation: ancillary: lodging, recipient   | Contract Exclusion      |
| HCPCS  | A0190 | Non-emergency transportation: ancillary: meals, recipient   | Contract Exclusion      |
| HCPCS  | A0200 | Non-emergency transportation: ancillary: lodging, escort  | Contract Exclusion      |
| HCPCS  | A0210 | Non-emergency transportation: ancillary: meals, escort  | Contract Exclusion      |
| HCPCS  | A0382 | BLS Routine disposable supplies   | Not Medically Necessary |
| HCPCS  | A0398 | ALS Routine disposable supplies   | Not Medically Necessary |
| HCPCS  | A0420 | Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments                                       | Not Medically Necessary |
| HCPCS  | A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) | Not Medically Necessary |
| HCPCS  | A0888 | Non-Covered ambulance mileage, per mile (e.g. for miles traveled beyond closest appropriate facility)     | Not Medically Necessary |



|       |       |  |                            |
|-------|-------|--|----------------------------|
| HCPCS | A0998 | Ambulance response and treatment,<br>no transport  | Not Medically<br>Necessary |
| HCPCS | S0215 | Non-emergency transportation;<br>mileage, per mile | Not Medically<br>Necessary |
|       |       |  |                            |