

## Ambulance Services

### MPM 1.1

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**Disclaimer**

**Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.**

**Description**

Ambulance service should be utilized when medically necessary and it is medically unsafe to move the member by a non-medical vehicle such as a car or van. Ambulance services can be either air or ground transport and can be used in an emergency situation, a high-risk situation or for inter-facility transfers.

**Coverage Determination**

**Ambulance services do not require Prior Authorization. However, all claims are subject to retrospective review.** The following coverage guidelines apply:

1. Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated.
2. Ground and air ambulance services, including non-emergent medically necessary services, do not require Prior Authorization.
3. Ambulance services must be provided by a licensed ambulance service in a vehicle that is equipped and staffed with life-sustaining equipment and appropriately trained personnel.
4. High risk ambulance services must be prescribed by the member's attending physician. High risk conditions include high risk pregnant women with impending delivery, or when it is necessary to transport a mother or infant.
5. Non-emergent inter-facility transfers must be medically necessary and prescribed by the member's attending physician. The following conditions apply:
  - Documentation confirms that the member's condition is such that other methods of transport are contraindicated, and that transport by ambulance is medically necessary.
  - As a general rule, scheduled, repetitive trips require physician certification dated no earlier than 60 days before the date of service.
6. Air ambulance is covered when medically necessary. The following conditions apply:
  - The member's destination must be to an acute care hospital.
  - The member's condition is such that ground ambulance transport would endanger the member's life or health.
  - Inaccessibility to ground ambulance transport or extended length of time required to transport via ground ambulance could endanger the member.

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- Weather or traffic conditions exist which make ground ambulance impractical, impossible or overly time consuming.
  - If a member dies before an air ambulance arrives, the air ambulance is covered for the initial leg of trip, **IF** the air ambulance began its trip before the member died. Payment will be made according to the appropriate fee schedule or provider contract.
7. Origin and destination information – **all requirements noted above apply:**
- Ambulance services are covered from any point of origin to the nearest hospital or skilled-nursing facility (SNF) that is capable of furnishing the required level and type of care for the member's illness or injury.
  - Ambulance services are covered from a hospital or SNF to the member's home.
  - Ambulance services are covered from a SNF to the nearest supplier of medically necessary services not available at the SNF where the member is a resident, including the return trip.
  - Non-emergency ambulance transportation is not covered if the service could have been safely and effectively provided at the point of origin (residence, SNF, hospital, etc.). Such transportation is not covered even if the patient could only have gone for the service by ambulance.
  - Ambulance services are covered for dialysis treatment for ESRD patients from the member's home to the nearest facility that furnishes renal dialysis, including the return trip, when all of the above requirements are met.

**Documentation Requirements**

It is the responsibility of the ambulance supplier to maintain, and furnish if requested, complete and accurate documentation of the beneficiary's condition to demonstrate the ambulance service is medically necessary and meets criteria. The following documentation may be required:

- Physician certification of medical necessity. For repetitive services, this certification should be dated no earlier than 60 days before the date of the service. Please note: See Trailblazer's LCD L28627 for circumstances when providers other than a physician may provide a certificate of medical necessity for non-repetitive non-emergent transports.
- Detailed description of the patient's condition at the time of transport, which must be consistent with other supporting medical documentation. This description should report symptoms, functional status, any traumatic event, existing safety issues, any special precautions taken, and any special monitoring undertaken.
- Point of pickup, number of miles, dispatch record.

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- For hospital-to-hospital transport, indicate specific treatment or specialist.
- Bed confinement is not a sole criterion in determining medical necessity of ambulance transportation. It is one factor that is considered in medical necessity determinations. To be considered as bed-confined, the following criteria must be met:
  - Inability to get up from the bed without assistance.
  - Inability to ambulate.
  - Inability to sit in a chair or a wheelchair.

### Exclusions

Ambulances services are not covered in the following circumstances:

1. Any ambulance service that is not medically necessary.
2. Ambulance services used as a convenience for either the member or family.
3. Ambulance service when the member refuses assessment, treatment or transportation.
4. Air ambulance when the time required to transport the member by ground ambulance poses no threat and the point of pick-up is accessible by a land vehicle.
5. Ambulance service (ground or air) if the member is pronounced dead prior to the time the ambulance is called.
6. Non-emergency wheelchair transport (a specially-designed vehicle equipped with a wheelchair lift or other modifications to transport a patient in a wheelchair).

### Definitions

Medical Necessity for Ambulance Transfer: The member's condition is such that other means of transportation are contraindicated.

Ambulance Service: A licensed transportation service, capable of providing medically necessary life support care in the event of a life-threatening emergency.

Emergency Ambulance Services: Ambulance services provided after the sudden onset of what reasonably appears to be a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a reasonable layperson, to result in:

- Jeopardy to the person's health
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Disfigurement to the person

High-risk Ambulance: Ambulance services that are non-emergent but medically necessary for a high-risk patient and ordered by a physician. This does not include mental health conditions and/or circumstances.

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Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

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Inter-facility Transfer: Ground or air ambulance transportation between any of the following: hospitals, skilled nursing facilities or diagnostic facilities.

**Coding**

**The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included within this list.**

<b>HCPCS® Codes</b>	<b>Description</b>
A0425	Ground mileage, per statute mile
A0426	Ambulance service, ALS, non-emergency transport, level 1
A0427	Ambulance service, ALS, emergency transport, level 1
A0428	Ambulance service, BLS, non-emergency transport
A0429	Ambulance service, BLS, emergency transport
A0433	Advanced life support, level 2 (ALS2)
A0434	Specialty Care Transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0888	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond appropriate facility)

**References**

1. Centers for Medicare and Medicaid Services, Medicare Benefits Policy Manual (Pub. 100-02), Chapter 10 – Ambulance Services. Accessed on the Internet 08-27-09: Accessed on the internet 11-4-11 <http://www.cms.hhs.gov/manuals/Downloads/bp102c10.pdf>
2. New Mexico Administrative Code (NMAC): Title 13, Chapter 10, Part 13.9D. “Basic Health Care Services: Emergency and urgent care services.” Accessed on the Internet 08-27-09: Accessed on the Internet 11-4-11 <http://www.nmcpr.state.nm.us/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://www.nmcpr.state.nm.us/nmac/parts/title13/13.010.0013.htm:geturl;terms=13.10>
3. New Mexico Administrative Code (NMAC): Title 8, Chapter 306, Part 7.11D. “Services Included in the SCI Benefit Package: Emergency and urgently needed health services.” Accessed on the Internet 06-25-09: <http://www.nmcpr.state.nm.us/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://www.nmcpr.state.nm.us/nmac/parts/title08/08.306.0007.htm:geturl;terms=8.306>

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4. Center for Medicare and Medicaid Services, TrailBlazer Health Enterprises. Local Coverage Determination for Ambulance Services (L28627). Original Determination Effective Date: 04-14-09.
5. Presbyterian Health Plan, Benefit Interpretation Manuals for Commercial, Medicare Advantage and SCI

**Approval  
Signatures:****Clinical Quality Committee:** Mark Whitaker MD**Medical Director:** Albert Rizzoli MD**Date:** November 30, 2011**Publishing  
History:**

- 02-28-00: Original effective date for Commercial Benefit Interpretation Manual, Revised 7-25-05.
- 01-22-01: Original effective date for Medicare Advantage Benefit Interpretation Manual, Revised 07-22-02, 11-25-02, 06-23-03, 06-28-04, 04-23-07.
- 06-27-06: Original effective date for State Coverage Insurance Benefit Interpretation Manual.
- 12-07-07: Merging of Benefit Interpretation Manuals as noted above into Medical Policy.
- 08-26-09: Annual update and revision.
- 11-30-11: Annual Review

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policies are not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical directors in reviewing the case. Please note that all PHP Medical Policies are available online at:  
<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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