Medical Coverage Policy

Ambulance: Ground Transport

☐ **Device/Equipment**   ☐ **Drug** ☐ **Medical**   ☐ **Surgery**   ☐ **Test**   ☒ **Other**

Effective Date:	11/29/2001	Policy Last Updated:	6/19/2012

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

Note: This policy is consistent with The Centers for Medicare and Medicaid Services (CMS) guidelines and with BCBSRI Subscriber Agreement.

Description:

There are three levels of ambulance service: basic medical care (BLS), advanced emergency medical care (ALS), and air/water ambulance services. This policy refers only to **BLS and ALS** services. For air and water transport, please see the policy "Ambulance: Air/Water."

Basic ambulance service means at least one member of the ambulance crew is certified at the basic emergency medical technician (EMT) level.

Advanced ambulance service means at least one of the ambulance crew is additionally certified to provide emergency procedures, which at a minimum includes defibrillation and/or synchronized cardioversion.

Ambulance services are categorized as **Emergency and Non-Emergency**.

Emergency ambulance services are covered when the sudden onset of a medical condition manifests itself by acute symptoms of such severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placement of the patient's health in serious (life-threatening) jeopardy;
2. Serious (life-threatening) impairment to bodily functions; or
3. Serious (life-threatening) dysfunction of any organ or bodily part.

Non-emergency medical transport services are covered when transporting a bed confined* patient, from one facility to another facility (hospital or non-hospital based treatment facility, such as a diagnostic or therapeutic facility) in order to obtain necessary specialized services.

*Bed confined refers to individuals who are unable to tolerate any activity out of bed. This term is not the same as "bed rest," "non-ambulatory," or "stretcher bound."

In order for the patient to meet the requirements of the definition of "bed confined," all of the following conditions must be met:

I.   The member is unable to get up from bed without assistance; AND
II.   The member is unable to ambulate; AND
III.   The member is unable to sit in a chair or wheelchair.

Medical Criteria:
None

Policy:
All BCBSRI Products

Transport services are covered to the closest appropriate hospital when the patient's clinical condition or ambulatory status is such that use of any other method of transportation is contraindicated; including the following:
- For the transport of a baby from the primary hospital to and from another medical facility (i.e., neonatal intensive care unit (NICU).
- For the transport of the mother, when transport of the baby is required, to another medical facility during the mother's initial hospital stay (typically 48 hours for vaginal delivery and 96 hours for Cesarean section).

BlueCHiP for Medicare
BlueCHiP for Medicare has chosen too provide an enhanced benefit for the coverage of emergency transportation to the closest facility anywhere in the world.

Emergency and non-emergency services are covered for all BCBSRI products (except where noted) to the following destinations:
- To the closest appropriate hospital for an inpatient admission;
- From a hospital to home or to a skilled nursing facility after being discharged as an inpatient;
- To the closest available hospital emergency room immediately in an emergency;
- To and from a hospital for medically necessary services not available in the facility where the member is inpatient;
- To and from a renal dialysis facility for **BlueCHiP for Medicare** members only.

Transport services are not covered for all BCBSRI products (except where noted) for the following:
- When some means of transportation is used other than an ambulance.
- For interstate transportation, when requested by the patient or surrogate, for the convenience of the family.

- o Transportation to a physician's office.
- o Transportation from home to a renal dialysis facility is not covered for all product lines except **BlueCHiP for Medicare** members*.
- o Return ground transportation home.

Inpatient related transfers:

Ambulance services related to the transfer of a patient who is an inpatient at a facility are covered. Reimbursement for these ancillary services is included in our inpatient rates for hospitals. As a result, independent suppliers of ambulance services must seek payment for these services from the hospital, rather than from BCBSRI or the member. All ambulance transportation provided to hospital inpatients who are leaving and returning to the hospital must be bundled into the hospital bill. Transportation for transfers at discharge (e.g., to a skilled nursing facility) are not included in this policy.

Note: The allowance for the ground ambulance includes attendant services, drugs, supplies, and cardiac monitoring.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber agreement for the applicable "Ambulance Services" or "Emergency Care" benefits/coverage.

Coding and reimbursement:

For all BCBSRI products

The following HCPCS are covered:
A0225   Ambulance service; Neonatal transport, base rate, emergency transport, one way
A0425   Ground mileage, per statute mile
A0426   Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1)
A0427   Ambulance service, advanced life support, emergency transport, Level 1 (ALS1-emergency)
A0428   Ambulance service, basic life support, non-emergency transport (BLS)
A0429   Ambulance service, basic life support, emergency transport (BLS-emergency)
A0433   Advanced life support, Level 2 (ALS2)
A0434   Specialty care transport (SCT)

The following HCPCS codes are non-covered:
A0021   Ambulance service; outside state per mile, transport
A0080   Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interested
A0090   Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interstate

A0100	Non-emergency transportation; taxi
A0110	Non-emergency transportation and bus, intrastate or interstate carrier
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non-emergency transportation: wheelchair van
A0140	Non-emergency transportation and air travel (private or commercial) intrastate or interstate
A0160	Non-emergency transportation: per mile case worker or social worker
A0180	Non-emergency transportation; ancillary: lodging-recipient
A0190	Non-emergency transportation; ancillary: meals recipient
A0200	Non-emergency transportation; ancillary: lodging escort
A0210	Non-emergency transportation; ancillary: meals escort
A0432	Paramedic intercept (PI), rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers
A0888	Non-covered ambulance mileage
A0998	Ambulance response and treatment, no transport
S0209	Wheelchair van, mileage, per mile

The following HCPCS codes are not separately reimbursed:

A0170	Transportation ancillary: parking fees, tolls, other
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 by 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
S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport
S0208	Paramedic intercept, hospital based ALS service (non-voluntary), non-transport
S0215	Non-emergency transportation, per mile

The following code will follow the unlisted code review process

| **A0424** | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged) |

The following HCPCS requires medical review for Blue Card only:

| **A0999** | Unlisted ambulance Service |

The following CPT codes are covered but **not separately reimbursed** when provided during ambulance transport:
93005
93041

Multiple Arrivals:
- When multiple units respond to a call for services, the ambulance that provides the transport for the member should bill for all services furnished.
- If both a BLS and an ALS ambulance respond to a call and the BLS provides the transport after an ALS assessment was made, the BLS ambulance should bill utilizing the transport code for ALS1.

Modifiers:
BCBSRI requires origin and destination modifiers (see below) appended to all ambulance HCPCS codes on claims submissions. Absence of the two digit HCPCS ambulance service modifier may cause the claim to deny.

BlueCHiP for Medicare Members:
Ambulance services with a destination code of "G" (hospital based dialysis) or "J" (non-hospital-based dialysis) to and from are **only covered for BlueCHiP for Medicare.**

Ambulance services with a destination code of "P" (physician's office) are **not covered**; it is considered contract exclusions for all BCBSRI products**.**

HCPCS ambulance modifiers:
- **D -** Diagnostic or therapeutic site other than -P or -H when these are used as origin codes
- **E -** Residential, domiciliary, custodial facility (other than SNF)
- **G -** Hospital-based dialysis facility (hospital or hospital related)
- **H -** Hospital
- **I -** Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
- **J -** Non-hospital-based dialysis facility
- **N -** Skilled nursing facility (SNF) (1819 facility)
- **P -** Physician's office
- **R -** Residence
- **S -** Scene of accident or acute event
- **X -** (Destination only code) Intermediate stop at physician's office on the way to the hospital

Related Topics:
Ambulance: Air and Water
https://www.bcbsri.com/sites/default/files/polices/Ambulance_Air_and_Water.pdf

Published:
Provider Update, January 2012
Policy Update, February 2008
Policy Update, July 2005
Policy Update, September 2006

References:
Centers for Medicare and Medicaid Services. Internet-only Manuals (IOMs)-Medicare Benefit
Policy Manual: Chapter 10 - Ambulance Services
http://www.cms.gov/manuals/Downloads/bp102c10.pdf

Review History:
6/9/2012: Annual review of the policy.