

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Ground Ambulance

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	11/29/2004	Policy Last Updated:	12/06/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Note: This policy is based upon Medicare criteria (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** applies 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," 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:

Not applicable as this is a reimbursement policy.

Policy:

Ground ambulance services are covered according to CMS guidelines and BCBSRI Subscriber Agreement for all product lines.

Coverage:

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

Coverage is provided for all BCBSRI products for the following:

- 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).

Emergency and non-emergency services are covered for all BCBSRI products (except where noted) to the following destinations:

- To the closest available 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.
- From a physician's office to a skilled nursing facility.

Coverage is not provided 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.
- Transportation to a physician's office.
- Transportation from home to a renal dialysis facility is not covered for all product lines **except BlueCHIP for Medicare members***.

Coverage for 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. This is applicable for all our BCBSRI products. 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 a hospital inpatient that 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.

Coding:

Covered Benefits:

- A0225** Ambulance service; Neonatal transport, base rate, emergency transport, one way
- A0380** BLS mileage (per mile)
- A0390** ALS mileage (per mile)
- 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)
- A0998** Ambulance response and treatment, no transport **(Effective 3/1/12: will be not covered/member liability).**

Non-Covered Benefits:

- 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
- S0209** Wheelchair van, mileage, per mile

Not Separately Reimbursed:

- A0170** Transportation ancillary: parking fees, tolls, other
- 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)
- A0380** BLS mileage (per mile)
- 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 CPT codes are covered but **not separately reimbursed** when provided during ambulance transport:

93005
93041

Needs Medical Review:

A0999 Unlisted ambulance Service (Blue Card only)

The following code will follow the unlisted code review process.

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

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.

Ambulance Modifiers:

Please use correct modifier for destination to and from:

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

***SPECIAL NOTES FOR 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 a contract exclusion for all BCBSRI products.

Published:

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

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>

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