

Payment Policy | Ambulance: Ground Transport



EFFECTIVE DATE: 11/29/2001
POLICY LAST UPDATED: 06/19/2012

OVERVIEW

This policy documents the coverage determination for Ambulance: Ground Transport. 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.

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

PRIOR AUTHORIZATION

Not Applicable

POLICY STATEMENT

Commercial 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 to 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.
- 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*.
- 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.

MEDICAL CRITERIA

None

BACKGROUND

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:

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

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

Blue CHiP for Medicare and Commercial

The following HCPC codes are covered:

A0225 A0425 A0426 A0427 A0428 A0429 A0433 A0434

The following HCPCS codes are non-covered:

A0021 A0080 A0090 A0100 A0110 A0120 A0130 A0140
A0160 A0180 A0190 A0200 A0210 A0432 A0888 A0998

S0209

The following HCPCS codes are not separately reimbursed:

A0170 A0380 A0382 A0384 A0390 A0392 A0394
A0396 A0398 A0420 A0422 S0207 S0208 S0215

The following code will follow the unlisted code review process:

A0424

The following HCPCS requires medical review for Blue Card only:

A0999

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) be 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 a contract exclusion 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 POLICIES

Ambulance: Air and Water

PUBLISHED

- Provider Update Aug 2013
- Provider Update Jan 2012
- Policy Update Feb 2008

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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