

BENEFIT COVERAGE POLICY

Title: BCP-10 Ambulance Transport

Payment Reimbursement Policy:

Effective Date: 01/01/2023



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

A. Emergency ambulance services (ground, air or water).

Coverage includes emergency ambulance transportation (including wait time and treatment at the scene) by a licensed ambulance service from the location of a sudden illness or injury, to the nearest appropriate hospital where emergency health services can be performed.

B. Non-emergency ambulance services (ground) between facilities with coverage for transport:

1. From a non-network hospital to the closest network hospital that can provide needed services.
2. To the closest network hospital or facility that provides covered health services that were not available at the original hospital or facility.
3. From an acute care facility to the closest network long-term acute care facility, inpatient rehabilitation facility, or sub-acute facility.

C. Emergency air ambulance – as a general guideline air transport may be appropriate when:

1. It would take more than 30-60 minutes to transport a member by ground ambulance, and
2. The member's medical condition at the time of pick-up requires immediate and rapid transport due to the nature and/or severity of the illness or injury.
3. Additional conditions for coverage of air ambulance transportation include:
 - a. The patient's destination is to an acute care hospital, and
 - b. The patient's condition is such that the ground ambulance would endanger the member's life or health, or
 - c. Inaccessibility to ground ambulance transport, or extended length of time required to transport the patient via ground ambulance could endanger the member.

- D. An ambulance must have customary patient care equipment and first aid supplies, including reusable devices and equipment such as backboards, neck boards, and inflatable leg and arm splints. These are all considered part of the general ambulance service and payment for them is included in the payment rate for the transport.
- E. Ambulance and medical transport services that are not covered and deemed not medically necessary because:
1. The medical guidelines shown above are not met; or
 2. Ambulance responded but there was no treatment and no transport; or
 3. The patient is legally pronounced dead before the ambulance is called; or
 4. Transportation services were to transfer a deceased patient to a funeral home, morgue, or hospital when the individual was pronounced dead at the scene; or
 5. Transportation was provided primarily for the convenience of the patient, patient's family or physician; or
 6. It is to receive care considered not medically necessary, even if the destination is an appropriate facility.
 7. Medical services were provided by fire departments, rescue squads or other emergency transport providers whose fees are in the form of donations.

2.0 Clinical Determination Guidelines:

See section 1.0 Policy above.

3.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

| COVERED CODES | | | |
|----------------------|---|-----------------------|---|
| Code | Description | Prior Approval | Benefit Plan Cost Share Reference |
| A0225 | Ambulance service, neonatal transport, base rate, emergency transport, one way | N | Ambulance services – ground, water or air |
| A0380 | BLS mileage (per mile) | N | Ambulance services – ground, water or air |
| A0390 | AL mileage (per mile) | N | Ambulance services – ground, water or air |
| A0420 | Ambulance waiting time (ALS or BLS), one half hour increments... | N | Ambulance services – ground, water or air |
| A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) | N | Ambulance services – ground, water or air |
| A0425 | Ground mileage, per statute mile | N | Ambulance services – ground, water or air |
| A0426 | Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS 1) | N | Ambulance services – ground, water or air |
| A0427 | Ambulance service, advanced life support, emergency transport, Level (ALS 1 – | N | Ambulance services – ground, water or air |

| COVERED CODES | | | |
|----------------------|--|-----------------------|---|
| Code | Description | Prior Approval | Benefit Plan Cost Share Reference |
| | Emergency) | | |
| A0428 | Ambulance service, basic life support, non-emergency transport (BLS) | N | Ambulance services – ground, water or air |
| A0429 | Ambulance service, basic life support, emergency transport (BLS-Emergency) | N | Ambulance services – ground, water or air |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) | N | Ambulance services – ground, water or air |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) | N | Ambulance services – ground, water or air |
| A0433 | Advanced life support, Level 2 (ALS2) | N | Ambulance services – ground, water or air |
| A0434 | Specialty care transport (SCT) | N | Ambulance services – ground, water or air |
| A0435 | Fixed wing air mileage, per statute mile | N | Ambulance services – ground, water or air |
| A0436 | Rotary wing air mileage, per statute mile | N | Ambulance services – ground, water or air |
| A0998 | Ambulance response and treatment, no transport | N | Ambulance services – ground, water or air |

| NON-COVERED CODES | | |
|--------------------------|--|--------------------------------------|
| Code | Description | Benefit Plan Reference/Reason |
| A0021 | Ambulance service, outside state per mile (Medicaid) | Specific exclusion |
| A0080 | Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest | Specific exclusion |
| A0090 | Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest | Specific exclusion |
| A0100 | Non-emergency transportation; taxi | Specific exclusion |
| A0110 | Non-emergency transportation and bus, intra or inter-state carrier | Specific exclusion |
| A0120 | Non-emergency transportation; mini-bus, mountain area transports, or other transportation | Specific exclusion |
| A0130 | Non-emergency transportation; wheelchair van | Specific exclusion |
| A0140* | Non-emergency transportation and air travel (private or commercial), intra-or inter-state | Specific exclusion |
| A0160 | Non-emergency transportation per mile – caseworker or social worker | Specific exclusion |
| A0170* | Transportation; ancillary; parking fees, tolls, other | Specific exclusion |
| A0180* | Non-emergency transportation; ancillary; lodging - recipient | Specific exclusion |
| A0190* | Non-emergency transportation; ancillary; meals - recipient | Specific exclusion |

| NON-COVERED CODES | | |
|--------------------------|--|--------------------------------------|
| Code | Description | Benefit Plan Reference/Reason |
| A0200 | Non-emergency transportation; ancillary; lodging - escort | Specific exclusion |
| A0210 | Non-emergency transportation; transportation; ancillary; meals - escort | Specific exclusion |
| A0382 | BLS routine disposable supplies | Bundled in primary code |
| A0384 | BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) | Bundled in primary code |
| A0392 | BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) | Bundled in primary code |
| A0394 | ALS specialized service disposable supplies; IV drug therapy | Bundled in primary code |
| A0396 | ALS specialized service disposable supplies; esophageal intubation | Bundled in primary code |
| A0398 | ALS routine disposable supplies | Bundled in primary code |
| A0422 | Ambulance (ALS or BLS) oxygen and oxygen supplies, life-sustaining situation | Bundled in primary code |
| A0432 | Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company, which is prohibited by state law from billing third party payers | Specific exclusion |
| A0888 | Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility) | Specific exclusion |
| G2021 | Health care practitioners rendering treatment in place (TIP) | Specific exclusion |
| G2022 | A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place) | Specific exclusion |
| S0207 | Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport | Specific exclusion |
| S0208 | Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport | Specific exclusion |
| S0209 | Wheelchair van mileage, per mile | Specific exclusion |
| S0215 | Non-emergency transportation; mileage per mile | Specific exclusion |
| S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) | Specific exclusion |
| S9961 | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing) | Specific exclusion |
| T2001 | Non-emergency transportation; patient attendant/escort | Specific exclusion |
| T2002 | Non-emergency transportation; per diem | Specific exclusion |
| T2003 | Non-emergency transportation; encounter/trip | Specific exclusion |
| T2004 | Non-emergency transport; commercial carrier, multi-pass | Specific exclusion |
| T2005 | Non-emergency transportation; stretcher van | Specific exclusion |
| T2049 | Non-emergency transportation; stretcher van, mileage; per mile | Specific exclusion |

4.0 Unique Configuration/Prior Approval/Coverage Details:

1. * = May be a reimbursable member expense for plans with a Travel & Lodging benefit related to Transplant Services.

2. The Health Plan 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.

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

QL - Patient pronounced dead after ambulance is called

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

5.0 Terms & Definitions:

Ambulance - A specially equipped vehicle (van, aircraft or boat) used to transport sick or injured people in emergency and nonemergency situations. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, etc. and be equipped with emergency warning lights, sirens, and telecommunication equipment as required by state or local law.

Angel Flights – name used by many volunteer, non-profit groups whose members provide free air transportation for passengers in need of medical treatment far from home. Angel Flight may be available for members who do not meet the guidelines for non-emergent services and require life-saving treatment in another state (e.g. member who wants to go to Texas for transplant services).

Confined to bed:

- Unable to get up from bed without assistance; and
- Unable to ambulate; and
- Unable to sit in a chair or wheelchair.

Emergency or emergent – The sudden onset of a medical condition that manifests itself by signs and symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health, or to a pregnancy in the case of a pregnant woman, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Fixed-wing aircraft – commercial or private airplane or jet.

Rotary-wing aircraft – helicopter.

Urgent treatment – Medical care for a medical condition which is not life threatening but which cannot be delayed and could not be anticipated such as: a child who develops a high fever, a fall resulting in pain or discomfort, rash or other condition, which requires treatment to relieve discomfort.

6.0 References, Citations & Resources:

Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services, 10.1.5 Equipment and Supplies. Rev. 243, 04-13-18. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>.

7.0 Associated Documents [For internal use only]:

Standard Operating Procedure (SOP) – MMP-09 Benefit Determinations; MMS-18 Processing a Service Request.

Sample Letter – Approval Letter; Reviewed Exclusion Letter; Specific Exclusion Letter.

Form – Request Form: Out of Network/Prior Authorization.

8.0 Revision History

Original Effective Date: 01/01/2018

Next Review Date: 01/01/2024

| Revision History | |
|------------------|---|
| Revision Date | Reason for Revision |
| 3/16 | Annual review with title changes: removed references to Medical Resource Management (MRM). Changed title to “Medical Policy” with responsible department assigned to UM. Removed references to Sparrow PHP, Healthy Michigan and MICHild. References and Resources updated. |
| 2/17 | Annual review – converted from Medical Policy 016 to BCP format. |
| 6/17 | Revised policy to merge emergency and non-emergency transportation services. Removed PA from ambulance services. |
| 11/18 | References updated. No changes to criteria or codes. |
| 9/19 | Annual review; citation updated. 2/18/20 added 1/1/20 new n/c codes added. |
| 10/20 | Annual review; no changes, added exclusion for ambulance when funded by donation, approved by BCC 3/1/21 |
| 10/21 | Annual review; no changes |
| 10/22 | Annual review; added ASO groups L0002237 and L0002193, updated associated documents titles |