

# BENEFIT COVERAGE POLICY

**Title:** BCP-10 Ambulance Transport

**Payment Reimbursement Policy:**

**Effective Date:** 01/01/2024

## Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan 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 UM Health Plan Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

Please refer to the member's benefit plan coverage guidelines for Ambulance Services-Ground, Air, or Water for specific benefit description, guidelines, coverage, and exclusions.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

### 2.0 Background:

An ambulance is a special vehicle to transport ill or injured individuals. These services may involve ground, water, or air transportation in both emergency and non-emergency situations.

Ambulance services are transportation and life-support services furnished to sick, injured or incapacitated persons by a licensed ambulance company. There are three major categories of ambulance services:

- Basic life-support (BLS) services provide for the initial stabilization and transport of a patient, and must include at least two professionals licensed to provide emergency services present during the trip. One of the emergency medical services personnel must ride in the patient compartment of the ambulance.
- Limited advanced life-support services include all basic life support services as well as endotracheal intubation, intravenous therapy (IV therapy) and establishment and maintenance of airway
- Advanced life-support services (ALS) include all basic and limited advanced life-support services as well as drug administration, cardiac monitoring and use of appropriate telemetry and defibrillation equipment.

Occasionally, a hospitalized patient may need to be transported to another hospital or facility for treatment and the ambulance service may include waiting time. Waiting time is defined as the time between the delivery of the patient to a treatment site and the time the same patient is loaded in the ambulance for the return trip to the originating hospital or facility.

Ambulance services include mileage for the distance traveled by an ambulance vehicle transporting patients. Transportation is covered to the nearest facility that is qualified to treat the patient.

### **3.0 Benefit Guidelines:**

#### **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.

#### 4.0 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.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
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 – Emergency)	N	Ambulance services – ground, water or air
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

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
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
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

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
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

#### **5.0 Unique Configuration/Prior Approval/Coverage Details:**

- \* = May be a reimbursable member expense for plans with a Travel & Lodging benefit related to Transplant Services.
- 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 an accident or acute event
  - X - (Destination only code) Intermediate stop at physician's office on the way to the hospital

#### **6.0 Terms & Definitions:**

Ambulance - A specially equipped vehicle used to transport sick or injured people in emergency and non-emergency 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 – the 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 that 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.

**7.0 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>.

**8.0 Associated Documents [For internal use only]:**

Policy and Procedure (P&P) - MMP-09 Benefit Determinations, MMP-02 Transition and Continuity of Care.

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization

**9.0 Revision History**

Original Effective Date: 01/01/2018

Next Review Date: 01/01/2025

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 the responsible department assigned to UM.  Removed references to Sparrow UM Health Plan, Healthy Michigan and MICHild.

<b>Revision History</b>	
	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
10/23	Annual review, updated section 1.0 to align with other BCP policy language, added 2.0 background section, moved guidelines from section 1.0 to section 3.0, changed title of section 3.0 from clinical determination guidelines to "benefit guidelines", updated associated documents in section 8.0, updated definitions.