

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Ambulance: Land/Ground
Policy Number	10.01.07
Category	Contract Clarification
Original Effective Date	12/16/99
Committee Approval Date	09/19/01, 02/28/02, 02/27/03, 04/22/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 08/25/17, 04/26/18, 04/18/19, 04/23/20, 04/22/21, 04/21/22, 03/23/23
Current Effective Date	03/23/23
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. The Health Plan provides benefits for land/ground ambulance services in accordance with the New York State mandate, where applicable.
- II. When the New York State mandate does not apply, medical necessity of land/ground ambulance services will be based on the following criteria:
 - A. **Emergency Ambulance Transportation:** Ambulance services for the emergency transportation of patients with suspected emergency conditions are considered **medically appropriate** and eligible for coverage when **ALL** of the following criteria are met:
 1. The services must be provided by an ambulance service issued a certificate under the New York Public Health Law;
 2. The ambulance must have the necessary patient-care equipment and supplies;
 3. The patient's condition must be such that any other form of transportation would be medically contraindicated; **AND,**
 4. The patient is transported to the nearest hospital with the appropriate facilities for the treatment of the patient's illness or injury.
 - B. **Urgent Ambulance Transportation:** Ambulance transportation for patients with suspected **urgent** conditions is considered **medically appropriate** and eligible for coverage when **ALL** of the following criteria are met:
 1. The patient is unable to get up from bed without assistance;
 2. The patient is unable to ambulate; **AND,**
 3. The patient is unable to sit in a chair or wheelchair.
 - C. **Non-Emergency Ambulance Transportation:** Non-emergent medical transport services by a licensed ambulance service with the necessary patient care equipment and supplies, is considered **medically appropriate** and eligible for coverage between facilities when the transport is any of the following:

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1. From a non-participating hospital to a participating hospital; or
2. To a hospital that provides a higher level of care that was not available at the original hospital; or
3. Of a registered inpatient from one acute care facility to another acute care facility, to obtain necessary, specialized diagnostic and/or therapeutic services when the necessary diagnostic and/or therapeutic services are not available in the facility in which the patient is registered; and the provider of the necessary service(s) is the participating facility nearest to the facility in which the patient is currently admitted, or such other facility as approved by the Health Plan pursuant to CMP# 11.01.18 (Interfacility Transfer of a Registered Inpatient); or
4. To a more cost-effective acute care facility; or
5. From an acute care facility to a sub-acute setting.

AND

The patient's condition is such that another form of transport would be contraindicated; and the provider of the specialized service is the nearest one with the required capabilities.

- D. Elective or convenience ambulance transportation (e.g., patient/patient's family desire, transportation from one facility to another facility within the same health care system for capacity management) is considered **not medically necessary**.
- E. The **non-emergent** medical transport of a bed-confined patient, when specialized medical services during transport are not necessary, is considered to be a non-ambulance transportation and is **ineligible for coverage** as non-ambulance transportation, such as ambulette, van or taxi cab is generally excluded by contract.
- F. Transportation services utilizing vehicles that are not equipped and certified under the New York Public Health Law to provide emergency medical services (e.g., ambulette, van or taxi cab) are **ineligible for coverage** as they do not provide medical care or monitoring during transportation.
- G. Ambulance services for deceased members may be **eligible for coverage** if the patient is legally pronounced dead after the ambulance is called, but before pick-up or enroute to the hospital. These services are **ineligible for coverage** if the patient is pronounced dead before the ambulance is called.

Refer to Corporate Medical Policy #10.01.12 Emergency Care Services.

Refer to Corporate Medical Policy #11.01.06 Air Ambulance Services.

Refer to Corporate Medical Policy #11.01.18 Interfacility Transfer of a Registered Inpatient.

POLICY GUIDELINES

- I. When the New York State mandate does not apply to ambulance transportation, contractual distance restrictions may apply. Refer to the member's subscriber contract regarding specific limitations.
- II. Prior authorization for interfacility transfer is contract-dependent, and, where a member's subscriber contract so requires, authorization must be obtained prior to transfer of the patient. Some members' subscriber contracts exclude coverage for the transfer of its members between health care facilities. Please contact your local Customer (Member/Provider) Service Department to determine contract coverage.

Accepting the transfer of a registered inpatient from another facility through the emergency department, when the patient is not in need of emergent services, does not negate the requirement for prior authorization of the transfer if the member contract requires prior authorization for inpatient admissions.

DESCRIPTION

Ambulance services involve the assessment and administration of care to the ill or injured patient by specially trained personnel and transportation of the patient in specially designed and equipped vehicles within an appropriate, safe and monitored environment. The emergency medical personnel, ambulances, and equipment must follow New York State laws, codes, rules and regulations not addressed in this policy. Ambulance services are frequently the initial step in the chain of the delivery of medical care.

Ambulance and medical transport may involve:

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- I. The emergency transportation of a patient to the nearest hospital with the appropriate facilities for the treatment of patient’s illness or injury; or
- II. The non-emergent medical transport of a registered hospital inpatient to another location to obtain medically necessary, specialized diagnostic or therapeutic services.

Ambulance services are rendered for emergent, urgent or non-emergent reasons:

- I. An **Emergency Condition** is defined as services for a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity , including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:
 - A. Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;
 - B. Serious impairment to such person’s bodily function; or
 - C. Serious dysfunction of any body organ or part of such person; or
 - D. Serious disfigurement of such person.
- II. **Urgent services** are defined as services for a medical or behavioral condition that require immediate attention, although the condition may not be an emergency situation. An urgent care condition has the potential to become emergent in the absence of treatment.
- III. **Non-emergent services** are defined as services for a medical or behavioral condition that are not considered to be of an emergent or urgent nature (e.g., elective surgery).

The New York Insurance Law mandates coverage for pre-hospital emergency services and land transportation provided by ambulance services certified under the New York Public Health Law. The mandate requires coverage of pre-hospital emergency services and ground ambulance transport when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in:

- I. Placing the health of the person afflicted with such condition (or with respect to a pregnant woman, placing the health of the woman or her unborn child), in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;
- II. Serious impairment to such person’s bodily function;
- III. Serious dysfunction of any bodily organ or part of such person; or
- IV. Serious disfigurement of such person.

The New York State mandate does not require coverage of air ambulance transportation and explicitly excludes ambulance transportation between hospitals or health care facilities.

The New York State mandate applies to all major medical or similar comprehensive-type contracts, including HMO contracts and Child Health Plus contracts.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
No code(s)	

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Code	Description
A0021	Ambulance service, outside state per mile, transport (Medicaid only)
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382-A0384	BLS disposable supplies (code range)
A0390	ALS mileage (per mile)
A0392-A0398	ALS disposable supplies (code range)
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, ALS, non-emergency transport, level 1
A0427	Ambulance service, ALS, emergency transport, level 1
A0428	Ambulance service, BLS, non-emergency transport
A0429	Ambulance service, BLS, emergency transport
A0432	Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payors
A0433	Advanced life support, level 2 (ALS2)
A0434	Specialty care transport (SCT)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance services
S0207	Paramedic intercept, non-hospital based ALS service (non-voluntary), non-transport
S0208	Paramedic intercept, hospital based ALS service (non-voluntary), non-transport
Non-covered codes:	
A0080-A0130 (NCB)	Non-emergency transportation; ground vehicle (code ranges)
A0160-A0210 (NCB)	Non-emergency transportation (code ranges)
A0420 (NCB)	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0888 (NCB)	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
S0215 (NCB)	Non-emergency transportation; mileage, per mile
T2001-T2007 (NCB)	Non-emergency transportation (code ranges)
T2049 (NCB)	Non-emergency transportation; stretcher van, mileage; per mile

ICD10 Codes

Code	Description
Numerous codes	

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- *Key Article

KEY WORDS

Ambulance, Ground medical transportation

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, ambulance services are not addressed in a National or Local Medicare coverage determination or policy. However, ambulance services are addressed in Chapter 10 of the Medicare Benefit Policy Manual. Please refer to the following website for Medicare Members:

[<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>]