

Ambulance Services

Benefit Coverage

Medically necessary emergency air and ground transportation is covered to the nearest hospital, when there is an emergency condition present which requires immediate medical intervention at the hospital, or on the way to the hospital.

Transportation from one hospital facility to another hospital facility, rehabilitation facility, or skilled nursing facility is covered when the member's condition is such that transportation by ambulance is medically necessary and prior authorization is obtained.

The basic plan covers ambulance services as follows:

Emergency Ambulance Services

Services are a covered benefit if Blue Shield HMO determines that emergency transportation by ambulance is, or was, required for emergency services to the nearest hospital which can provide such emergency care. Medically necessary ambulance transportation is determined independently of medical necessity criteria for emergency room service.

Emergency ambulance services include those situations where a reasonable person would have believed that a medical emergency existed.

Non-Emergency Ambulance Services

Medically necessary authorized ambulance services to transfer the member from a non-plan hospital to a plan hospital or between plan facilities when in connection with authorized confinement/admission and use of the ambulance is authorized.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusion

Transportation services other than medically necessary ambulance transportation.

Ambulance Services

Benefit Limitations

Payment or denial of ambulance transport resulting from 911 calls will be determined based on medical necessity and a determination of the emergency nature of the services. For example, a reasonable person would believe it to be an emergency, based on the symptoms experienced.

A Primary Care Physician authorization for Emergency Services does not validate medical necessity for emergency transport. Dry run ambulance claims are not payable. This occurs when an ambulance responds to a call and the patient either did not need or refused medical care and/or transport to a hospital.

Paramedic services rendered at the scene where transport was not needed will require medical necessity review.

Examples of Covered Services

- Use of ambulance in a life-threatening emergency. Examples of a life-threatening emergency include, but not limited to:
 - Heart Attack
 - Loss of Consciousness
 - Major Burns
- Use of ambulance transportation when instructed to do so by emergency response personnel (e.g., police, paramedic, fire department, Coast Guard, etc.) in an emergency situation.
- Medically necessary life support and/or transport received from municipalities.
- Medically necessary transportation when prior authorization has been obtained, e.g., when a member requires professional medical care during a transfer from an acute setting to a skilled nursing facility.
- Air ambulance transportation from foreign countries to the U.S. when Blue Shield Medical Care Solutions authorizes a hospital-to-hospital transfer and determines that commercial airline transportation would be unsafe for the patient.

Examples of Non-Covered Services

- Commercial aircraft
- Taxi
- Wheelchair van, other non-ambulance assisted transportation