

BSC10.02		Non-emergency Ground Ambulance	
Original Policy Date:	August 1, 2024	Effective Date:	September 1, 2024
Section:	10.0 Admin	Page:	Page 1 of 7

Policy Statement

- I. Non-emergency ground ambulance services are considered **medically necessary** when **ALL** of the following criteria are met:
 - A. The individual's condition requires close supervision and/or specialized medical services during transportation.
 - B. Public or private transportation (e.g., taxicab, private car, wheelchair coach, gurney van, and non-medical transport) is not suitable due to patient safety concerns or medical contraindications. Examples include bed-confined, unable to get up from bed without assistance, unable to ambulate, and unable to sit or tolerate a wheelchair, or requires skilled monitoring of a cardiac, respiratory, or other condition.
 - C. The destination of the transport service is **EITHER** of the following:
 - 1. To the nearest healthcare facility (e.g., medical, mental health, or substance use disorder facility) that can provide services appropriate to the covered person's illness or injury.
 - 2. To the individual's home from a healthcare facility upon completion of required medically necessary and covered diagnostic and/or therapeutic services.
 - D. The individual has a prescription from a licensed healthcare provider (i.e., Provider Certification Statement).
 - E. The ambulance must have the necessary equipment and supplies to address the needs of the individual.

- II. Non-emergency ground ambulance services are considered **not medically necessary** for all other indications.

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Non-emergency Ground Ambulance

A non-emergency ambulance transport is a medical ambulance provided for an individual who does not require the urgency of an emergency ambulance. Medical necessity requirements for non-emergency ambulance are met when the individual's health condition is such that the use of any other method of transportation (e.g., taxicab, private car, wheelchair coach) would be medically contraindicated (e.g., would endanger the member's medical condition). Ambulance services are covered to the extent that these types of services are generally covered by each member's benefit design as found in the Evidence of Coverage (EOC) and also subject to state and federal regulations.

Provider's Certification Statement (PCS)

A written order certifying the medical necessity for non-emergency ground ambulance service(s). This form must be completed and submitted before services can be authorized and provided to a member.

Provider Certification and Order:

Non-emergency ambulance providers must obtain a written order from the attending provider (i.e., physician, physician assistant, nurse practitioner or clinical nurse specialist) for all non-emergency, scheduled repetitive ambulance services and a written statement from the attending provider certifying the medical necessity of the ambulance services. Requirements for non-emergency ambulance transportation include:

1. The order and certification must be dated no earlier than 60 days in advance of the transport, for repetitive beneficiaries whose transportation is scheduled in advance.
2. For residents in facilities who are under the direct care of a provider, written orders from the patient's attending provider certifying medical necessity can be obtained within 48 hours after the transport.
3. The provider order may be signed by a physician, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) (where all applicable state licensure or certification requirements are met).
4. A provider order is not required prior to emergency ambulance or unscheduled transport of a beneficiary residing at home or in a facility, who is not under the direct care of a provider.
5. The presence of the signed provider certification statement does not by itself demonstrate that the transport was medically necessary.

Bed Confinement

Bed confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for ambulance benefits. It is simply one element of the beneficiary's condition that may be considered of whether means of transport, other than an ambulance, were contraindicated. Bed confinement does not include a beneficiary who is restricted to bed rest on a provider's instructions due to a short-term illness. Examples of situations in which beneficiaries are bed-confined and cannot be moved by wheelchair, but must be moved by stretcher include but not limited to the following:

- a. Contractures creating non-ambulatory status and the beneficiary cannot sit.
- b. Severe generalized weakness.
- c. Severe vertigo causing inability to remain upright.
- d. Immobility of lower extremities (beneficiary is in a spica cast, fixed hip joints, or lower extremity paralysis) and unable to be moved by wheelchair.

Coding

See the [Codes table](#) for details.

Description

A non-emergency ambulance transport is a medical ambulance provided for an individual who does not require the urgency of an emergency ambulance. Medical necessity requirements for non-emergency ambulance are met when the individual's health condition is such that the use of any other method of transportation (e.g., taxicab, private car, wheelchair coach) would be medically contraindicated (e.g., would endanger the member's medical condition). Ambulance services are covered to the extent that these types of services are generally covered by each member's benefit design as found in the Evidence of Coverage (EOC) and also subject to state and federal regulations.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibit plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances,

plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Background

An ambulance is a specially equipped vehicle used to transport the sick or injured. It becomes necessary when the patient is fully bed confined and has a clinical condition such that the use of any other method of transportation, such as taxi, private car, wheelchair coach, or other type of vehicle would be contraindicated. (i.e., would endanger the patient's medical condition), whether or not such other transportation is actually available. Ambulance services are frequently the initial step in the chain of delivery of quality medical care. They involve the assessment and administration of medical care by trained personnel and transportation of patients within an appropriate, safe, and monitored environment. The patient's condition at the time of the transport is the determining factor in whether a trip is necessary. The fact that the patient is elderly, has a positive medical history, or cannot care for him/herself does not establish medical necessity. The use of an ambulance service must be reasonable for the illness or injury involved.

Emergency

The term "emergency" describes a service provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in a poor clinical outcome.

Non-emergency

The term "non-emergency" refers to all scheduled transportation regardless of origin and destination. By definition, hospital discharge trips, trips to and from ESRD facilities for maintenance dialysis, to and from other outpatient facilities for chemotherapy, radiation therapy, and other diagnostic and therapeutic services, are scheduled runs, and, therefore, are considered non-emergency services.

Non-emergency Ground Ambulance

Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting individuals with acute medical conditions. 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, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by State or local law. This should include, at a minimum, one two-way voice radio or wireless telephone.

References

1. American College of Emergency Physicians (ACEP) Position Statement. Principles of appropriate patient transfer. *Ann Emerg Med* 1990;19:337-8.
2. American College of Emergency Physicians (ACEP) Position Statement. Appropriate Interhospital Patient Transfer. February 2002.
3. California Welfare & Institutions Code §14132(ad)(1) and the California Department of Healthcare Services (DHCS) All Plan Letter 17-010 guidance regarding non-emergency medical transportation (NEMT) and non-medical transportation.

4. Centers for Medicare & Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 10 - Definition of ambulance services. [CMS Web site]. (Revision #130BP: 01/01/11). Available at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R130BP.pdf>.
5. Centers for Medicare & Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 10 - Ambulance services. [CMS Web site]. (Revision #68: 03/30/07). Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c10.pdf>.
6. CMS Centers for Medicare & Medicaid Services. LCD for AMBULANCE Services (L28235). Palmetto GBA (01102) (Northern California). 4/29/2010.
7. CMS. Medicare Learning Network (MLN) Matters. Number MM7058. Related Change Request # 7058. Related Release date. July 30, 2010. Implementation date January 3, 2011. Ambulance Services Definition.
8. Rosen P, Barkin R, editors. Blackwell T. EMS: overview and ground transport. Emergency medicine concepts and clinical practice. St. Louis, MO: Mosby; 1998:313-23.
9. State of California—Health and Human Services Agency Department of Health Care Services DATE: May 18, 2022. All plan letter 22-008 [supersedes all plan letter 17-010 (revised)] Subject: non-emergency medical and non-medical transportation services and related travel expenses.

Documentation for Clinical Review

Please provide the following documentation:

- Provider's written order for transport.
- Trip record to include:
 - Detailed statement of the condition necessitating the ambulance service.
 - Name and address of the certifying provider.
 - Name and address of the provider ordering the service, if other than the certifying physician.
 - Point of pick-up (identify place and complete address).
 - Destination (identify place and complete address).
 - Number of loaded miles (the number of miles traveled when the beneficiary was in the ambulance).
 - Cost per mile.
 - Mileage charge.
 - Minimal or base charge.
 - Charge for special items or services with an explanation.
 - Rationale for the condition (bed confined if applicable) and any further documentation that supports the medical necessity of ambulance transport (i.e., emergency room report).

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	None	

Type	Code	Description
HCPCS	A0380	BLS mileage (per mile)
	A0382	BLS routine disposable supplies
	A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
	A0390	ALS mileage (per mile)
	A0392	ALS specialized service disposable supplies: defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
	A0394	ALS specialized service disposable supplies; IV drug therapy
	A0396	ALS specialized service disposable supplies; esophageal intubation
	A0398	ALS routine disposable supplies
	A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
	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); (requires medical review)
	A0425	Ground mileage, per statute mile
	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
	A0433	Advanced life support, level 2 (ALS 2)
	A0434	Specialty care transport (SCT)
	A0998	Ambulance response and treatment, no transport
	A0999	Unlisted ambulance service
	S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport
	S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
09/01/2024	New policy.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent

therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT	
BEFORE	AFTER <u>Blue font: Verbiage Changes/Additions</u>
<p>New Policy</p> <p>Policy Statement: N/A</p>	<p>Non-emergency Ground Ambulance BSC10.02</p> <p>Policy Statement:</p> <ul style="list-style-type: none"> I. Non-emergency ground ambulance services are considered medically necessary when ALL of the following criteria are met: <ul style="list-style-type: none"> A. The individual's condition requires close supervision and/or specialized medical services during transportation. B. Public or private transportation (e.g., taxicab, private car, wheelchair coach, gurney van, and non-medical transport) is not suitable due to patient safety concerns or medical contraindications. Examples include bed-confined, unable to get up from bed without assistance, unable to ambulate, and unable to sit or tolerate a wheelchair, or requires skilled monitoring of a cardiac, respiratory, or other condition. C. The destination of the transport service is EITHER of the following: <ul style="list-style-type: none"> 1. To the nearest healthcare facility (e.g., medical, mental health, or substance use disorder facility) that can provide services appropriate to the covered person's illness or injury. 2. To the individual's home from a healthcare facility upon completion of required medically necessary and covered diagnostic and/or therapeutic services. D. The individual has a prescription from a licensed healthcare provider (i.e., Provider Certification Statement). E. The ambulance must have the necessary equipment and supplies to address the needs of the individual. II. Non-emergency ground ambulance services are considered not medically necessary for all other indications.