

Medical Policy:

Non-Emergent Ambulance Services

POLICY NUMBER	LAST REVIEW
M20200049	August 13, 2024

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Guideline

Non-emergency transportation by ambulance is appropriate if the member is being transported to/from an appropriate destination and meets certain medical conditions at the time of transport when criterion A or B are met, as applicable.

A. This is a Medicare member who meets ALL the following:

- Transportation service requested for **1 or more**:
 - Hospital to home
 - Home to another medical facility or required service
 - Hospital to skilled nursing or rehabilitation facility or long term acute care hospital (LTACH)
 - Dialysis services
- The member's condition at the time of transport is the determining factor in whether medical necessity is met. Transportation by any other means (such as taxi, private car, wheelchair van or other type of vehicle) is contraindicated by the medical condition of the member, and stretcher services are needed if the clinical condition includes **1 or more**:
 - Unable to sit for transport without severe pain or risk to recent orthopedic injury

- Dementia or a psychiatric illness where ambulance transportation is necessary for safety issues
- Frail, debilitated, extreme muscle atrophy with risk of falling out of wheelchair while in motion
- Comatose, unconscious or in shock
- Seizure-prone and requires trained personnel to monitor condition during transport
- Suffers from paralysis (hemi, semi, quad)
- Existence of decubitus ulcers or other wounds requiring extreme caution
- Chemotherapy or radiation therapy with medical necessity for ambulance documented in the medical record (such as extreme weakness or debility, etc.)
- Dialysis round trip transportation with medical necessity
- Required oxygen (that member could not self-manage) during transport
- If the condition contraindicating other means of transportation is “bed confined”, the member must meet **ALL**:
 - Unable to get up from bed without assistance
 - Unable to ambulate
 - Unable to sit in a chair or wheelchair
- Member is on restraints, at risk for self-harm or harm to others

B. This is a Commercial member (not Medicare or Medicaid) going to 1 of the following appropriate destinations AND has at least 1 of the below medical conditions, **ALL** the following:

- Going from one of the following appropriate destinations **1 or more** of the following:
 - Facility to facility transfer (includes acute care hospitals, skilled nursing facilities, rehabilitation facilities, and LTAC hospitals)

The member’s condition at the time of the transport is the determining factor in whether medical necessity is met. Transportation by any other means (such as taxi, private car, wheelchair van or other type of vehicle) is contraindicated by the medical condition of the member and stretcher services are needed if the member’s clinical condition includes **1 or more** of the following:

- Unable to sit for transport without severe pain or risk to recent orthopedic injury
- Dementia or a psychiatric illness where ambulance transportation is necessary for safety issues
- Frail, debilitated, extreme muscle atrophy with risk of falling out of wheelchair while in motion
- Comatose, unconscious or in shock
- Seizure prone and requires trained personnel to monitor condition during transport
- Suffers from paralysis: (Hemi, Semi, Quad)
- Existence of decubitus ulcers or other wounds requiring extreme caution
- Chemotherapy or radiation therapy with medical necessity for ambulance documented in medical record (such as extreme weakness or debility, etc.)
- Dialysis round trip transportation with medical necessity
- Required oxygen (that member could not self-manage) during transport
- Member is on restraints, at risk for self-harm or harm to others
- If the condition contraindicating other means of transportation is “bed confined”,

the member must meet **ALL** the following:

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

Procedure Codes

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)

References

Centers for Medicare & Medicaid Services. Pub. 100-102. Medicare Benefit Policy Manual. Chapter 10 –Ambulance Services (Rev. 12268 09-28-23, Rev. 243 04-13-18). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>. Accessed August 14, 2024.

Medicare Claims Processing Manual. Chapter 15- Ambulance (Rev. 12414, 12-19-23). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>. Accessed August 14, 2024.