

Ambulance and Medical Transport Services (Ground, Air and Water) Corporate Medical Policy

File Name: Ambulance and Medical Transport Services (Ground, Air and Water)

File Code: 10.01.VT05

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Next Review: 06/2027

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Description/Summary

Ambulance and medical transport services involve the use of specially designed and equipped vehicles to transport ill or injured members. Services may include ground, air, or sea transport in both emergency and non-emergency situations. Ambulance or medical transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits and the ambulance or other medical transport services must have the necessary patient care equipment and supplies.

Ambulance Services are licensed for two levels of service:

1. **Basic Life Support (BLS).** A (BLS) ambulance is one that provides transportation plus the equipment and staff needed for basic services such as control of bleeding, splinting fractures, treatment of shock, delivery of babies and cardiopulmonary resuscitation (CPR). Oxygen charges may be billed separately.
2. **Advanced Life Support (ALS).** An (ALS) ambulance has complex, specialized life sustaining equipment. Such ambulances are equipped and staffed by personnel trained and authorized to perform services such as administer IV's, provide ALS medications, establish and maintain a patient's airway, and defibrillate the heart. These listed services may be billed separately by the ambulance provider, as well as oxygen.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- Procedural Coding Table & Instructions](#)

Policy Guidelines

When a service may be considered medically necessary

1. Emergency ground ambulance transportation of a member within the United States may be considered **medically necessary** when **ALL** the following criteria are met:
 - 1) The ambulance must be equipped with appropriate emergency and medical supplies, equipment, and personnel; **AND**
 - 2) The member's clinical condition must be such that any other form of transportation would be medically contraindicated; **AND**
 - 3) The member must be transported to the nearest facility with the appropriate capabilities for the treatment of the member's illness or injury.
2. Non-Emergency ground ambulance transportation of a member within the United States may be considered **medically necessary** when the medical condition of the member prevents safe transportation by any other means, whether or not other transportation is available; **AND one or more of sections A-I are met:**
 - A. The transfer occurs from an acute care facility/clinic to another acute care facility/clinic and **ALL** the following criteria are met:
 - 1) The member is registered as an inpatient in an acute care facility; **AND**
 - 2) The specialized services are not available in the facility in which the member is registered, the specialized services are considered reasonable, medically necessary, and covered under the member's contract; **AND**
 - 3) The facility to which the transport is occurring is the nearest one with the required capabilities; **OR**
 - B. Ground ambulance transportation is from a skilled nursing facility/rehabilitation facility to the closest appropriate facility to treat the member's condition; **OR**
 - C. Ground ambulance transportation is of a member who was hospitalized for an approved hospitalization and is being transferred from a hospital to a skilled nursing/rehabilitation facility/hospice facility that has been approved by Blue Cross VT for this service, and is not more than 300 miles from the discharging hospital.
 - 1) If the skilled/nursing/rehabilitation facility/hospice is greater than 300 miles from the discharging hospital, **ALL** of the following criteria must also be met:
 - The member is registered as an inpatient in an acute care facility; **AND**
 - The specialized services are not available in the facility in which the member is registered, the specialized services are considered reasonable, medically necessary, and covered under the member's contract; **AND**

- The facility to which the transport is occurring is the nearest one with the required capabilities; **OR**
- D. Ground ambulance transportation is to a physician's office when the transporting ambulance stops at a physician's office because of dire need of professional attention. The ambulance must immediately thereafter continue to the closest facility that can provide services appropriate for the treatment of the condition; **OR**
- E. Ground ambulance transportation is to the member's home (including anywhere an individual resides on a permanent basis) after an approved hospitalization, when the member's home is not more than 300 miles from the discharging hospital, and the member is terminally ill. "Terminally ill" means that the member's medical prognosis is such that their life expectancy is six (6) months or less if the illness runs its normal course as determined by a licensed treating provider.
- 1) If the member's home is greater than 300 miles from the discharging hospital, **ALL** of the following criteria must also be met:
- The member is registered as an inpatient in an acute care facility; **AND**
 - The specialized services are not available in the facility in which the member is registered, the specialized services are considered reasonable, medically necessary, and covered under the member's contract; **OR**
- F. Ground ambulance transportation is to the member's home (including anywhere an individual resides on a permanent basis) after an approved hospitalization and the member's home is not more than 300 miles from the discharging hospital; **OR**
- G. Ground ambulance transportation is of a postpartum mother within the first 72 hours after delivery of a live infant that required emergent transport to higher level of care; **OR**
- H. Ground ambulance transportation is of a member under the chronological age of 5 years (or developmental equivalent) that is registered as inpatient in a quaternary facility transferring to a tertiary facility for continued acute/intensive care (not to exceed 400 miles); **OR**
- I. Ground ambulance transportation incidentally occurs outside of the United States and **ALL** of the following criteria are met:
- 1) The member is registered as an inpatient in an acute care facility; **AND**
 - 2) The specialized services are not available in the facility in which the member is registered, the specialized services are considered reasonable, medically necessary, and covered under the member's contract; **AND**
 - 3) The facility to which the transport is occurring is the nearest one with the required capabilities

3. Air or Water Ambulance transportation may be considered **medically necessary** in exceptional circumstances. Air or Water Ambulance transportation may only be considered medically necessary if medical necessity criteria pertaining to ground ambulance transportation above are met. **ADDITIONALLY, one or more of the following three criteria must also be met:**
 - The member's medical condition must require immediate and rapid transport to the nearest appropriate medical facility and transportation by ground ambulance could not have been provided without posing a threat to the member's health; **OR**
 - The point of pick-up is inaccessible by ground ambulance; **OR**
 - Great distances, limited time frames, or other obstacles are involved in getting the member to the nearest hospital with appropriate facilities for treatment.
4. Ambulance or medical transport services are considered eligible for coverage if the member is legally pronounced dead **after** the ambulance was called, but before pickup, or enroute to acute care facility and when the applicable medical necessity criteria above are met.
5. Paramedic Intercepts/Advanced EMT (AEMT) Intercepts: Vermont based EMS providers function under statewide protocols which indicate EMT providers to "call for paramedic intercept, if available. If paramedic intercept is not available, call for AEMT intercept, if available." This directs ambulance services to "consider obtaining an intercept based upon the clinical situation and availability." These recommendations are specific to each clinical protocol and therefore these additional services will be considered **medically necessary** if they are consistent with the most current Vermont Statewide Emergency Medical Services Protocols and meet applicable medical necessity criteria as outlined in this policy.
6. Emergent Electrocardiograph (ECG or EKG): The acquirement and transmittal of a 12 lead ECG may be **medically necessary** when performed under emergent circumstances and if indicated by current Vermont Statewide Emergency Medical Services Protocols.
7. Ambulance services provided that do not result in a transport (HCPCS A0998: Ambulance response and treatment, no transport) may be considered **medically necessary** if **ALL** of the following criteria are met:
 - A. Services follow response originated through a 9-1-1 call; **AND**
 - B. The member consents to evaluation and treatment; **AND**
 - C. After evaluation, medic and member agree there is not a medical emergency; **AND**
 - D. Evaluation and treatment are rendered to the member per EMS protocols; **AND**
 - E. Member does not desire transport to an emergency department for evaluation; **AND**
 - F. Member is stable for referral to and follow up with member's primary care provider or other community resource; **AND**

- G. Member has the ability (i.e. mental capacity and transportation resources) to obtain assistance and medically indicated follow up.

Appropriate facility is defined as having the necessary expertise, equipment, and ability to accept the member.

When a service is considered not medically necessary

The following circumstances are considered **not medically necessary** and therefore not eligible for benefits:

1. The member is legally pronounced dead before the ambulance is called.
2. Transportation to a morgue or funeral home.
3. The member's condition is appropriate for transportation by private means, regardless of whether or not private transportation is available.
4. Ambulance transportation is solely for the convenience of the physician, family, or member.
5. Charges for administrative fees, reusable equipment, and non-reusable/disposable supplies.
6. Transportation for the purpose of receiving a service that is considered not medically necessary by the Plan is also considered not medically necessary.
7. Transport by a non-licensed ambulance service.
8. Ambulance transportation to/from a physician's office for a routine office visit.
9. Transport that is 300 miles or greater from the discharging hospital, when medically necessary treatment is available within 300 miles from the discharging hospital.
10. Air or Water Ambulance transportation that does not meet ground ambulance transportation medical necessity criteria **AND** one or more of the medical necessity criteria specific to Air or Water Ambulance transportation above.

Reference Resources

1. NCBI. (January 2012). Early Mother-Separation, Parenting and Child Well-Being in Early Head Start Families [On-line article]. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3115616/>
2. NCBI. (October 2012). Closeness and Separation in Neonatal Intensive Care [On-line article]. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3468719/>
3. NCBI. (August 2016). Parents and Nurses Balancing Parent Infant Closeness and Separation: A Qualitative Study NICU Nurses' Perception [On-line article]. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4992200/>

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The

applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required for all **Non-Emergent** Ambulance Transportation Services and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

08/2008	Format changes only. Reviewed by CAC 09/2008
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11/2009	Minor wording changes. Reviewed by CAC 01/2010
11/2011	Updated and transferred to new policy format. Minor language changes. Coding verified by Coder-SAF
01/2015	Added VT EMS guidelines hyperlink. Paramedic intercept language added. Clarification to “appropriate facility” language. A0080 & A0090 moved to Non-Covered.
04/2017	Format changes; added language and mileage restriction re: transport to rehab facilities; added language re: postpartum transports; added language re: children under age 5 transferring from quaternary to tertiary facilities; coding table updated (removed A0382 & A0398 from medically necessary to not medically necessary per policy guidelines; clarified 400-mile limit for 5 years of age and younger.
07/2018	Reviewed with clarification to policy statement that all non-emergent ambulance transportation requires a prior approval.
07/2019	Reviewed updated not medically necessary section criteria of medical policy added language around ambulance transport for medical appointments.
11/2019	Policy reviewed changes to mileage in policy statement. Clarifying language added through medical policy.
11/2020	Updated policy language to extend the distance covered to 300 miles.
11/2021	Policy reviewed. Input from provider group representative regarding A0998: Ambulance response and treatment, no transport added as medically necessary with criteria.
10/2022	Policy reviewed. Minor formatting changes. No change to policy statement.
07/2023	Policy reviewed. Changes to policy for clarity and consistency. Clarification of existing policy stance that Air or Water Ambulance transportation must also meet ground ambulance medical necessity criteria to be considered medically necessary. No change to policy stance.
10/2024	Policy reviewed. Minor formatting changes for clarity and consistency. No change to policy statement. Prior approval requirement for non-emergent ground transport codes (A0426 & A0428) removed.
06/2025	Reinstated Prior Approval requirement for non-emergent land transport (HCPCS A0426 & A0428) based on high utilization of not medically necessary transport services.
06/2026	Policy reviewed. No change to policy statement.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President and Chief Medical Officer

Attachment I
Procedural Coding Table & Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
HCPCS	A0225	Ambulance service, neonatal transport, base, rate, emergency transport, one way	
HCPCS	A0380	BLS mileage per mile	
HCPCS	A0384	BLS specialized service disposable supplies; defibrillation	
HCPCS	A0390	ALS mileage per mile	
HCPCS	A0392	ALS specialized service disposable supplies; defibrillation	
HCPCS	A0394	ALS specialized service disposable supplies; IV drug therapy	
HCPCS	A0396	ALS specialized service disposable supplies; IV drug therapy	
HCPCS	A0422	Ambulance (ALS or BLS) oxygen	
HCPCS	A0425	Ground mileage, per statute mile	
HCPCS	A0426	Ambulance service, advanced life support, non-emergency transport, level 1	Non-Emergent Requires Prior Approval
HCPCS	A0427	Ambulance service, advanced life support, emergency transport, level 1	
HCPCS	A0428	Ambulance service, basic life support, non-emergency transport	Non-Emergent Requires Prior Approval
HCPCS	A0429	Ambulance service, basic life support, emergency transport	
HCPCS	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Non-Emergent Requires Prior Approval

Code Type	Number	Description	Policy Instructions
HCPCS	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Non-Emergent Requires Prior Approval
HCPCS	A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	
HCPCS	A0433	Advanced life support, level 2	
HCPCS	A0434	Specialty care transport	
HCPCS	A0435	Fixed wing air mileage, per statute mile	Non-Emergent Requires Prior Approval
HCPCS	A0436	Rotary wing air mileage, per statute mile	Non-Emergent Requires Prior Approval
HCPCS	A0998	Ambulance response and treatment, no transport	Suspend for Medical Review
HCPCS	A0999	Unlisted ambulance service	Requires Prior Approval
HCPCS	S9960	Ambulance service, conventional air services, Non-emergency transport, one way (fixed wing)	Non-Emergent Requires Prior Approval
HCPCS	S9961	Ambulance service, conventional air service, Non-emergency transport, one way (rotary wing)	Non-Emergent Requires Prior Approval
The following codes will be denied as Not Medically Necessary, Non-Covered, Contract Exclusions or Investigational			
HCPCS	A0080	Non-emergency transportation; per mile volunteer	Not Medically Necessary
HCPCS	A0090	Non-emergency transport per mile vehicle provided by individual	Not Medically Necessary
HCPCS	A0021	Ambulance service, outside state per mile, transport Medicaid only	Not Medically Necessary
HCPCS	A0100	Non-emergency transportation; taxi	Contract Exclusion
HCPCS	A0110	Non-emergency transportation and bus, intra-or interstate carrier	Not Medically Necessary
HCPCS	A0120	Non-emergency transportation; mini-bus, mountains area transports, or other transportation systems	Not Medically Necessary
HCPCS	A0130	Non-emergency transportation; wheelchair van	Not Medically Necessary

Code Type	Number	Description	Policy Instructions
HCPCS	A0140	Non-emergency transportation and air travel (private or commercial) intra- or interstate	Contract Exclusion
HCPCS	A0160	Non-emergency transportation: per mile-caseworker or social worker	Not Medically Necessary
HCPCS	A0170	Transportation ancillary: parking fees, tolls, other	Contract Exclusion
HCPCS	A0180	Non-emergency transportation: ancillary: lodging, recipient	Contract Exclusion
HCPCS	A0190	Non-emergency transportation: ancillary: meals, recipient	Contract Exclusion
HCPCS	A0200	Non-emergency transportation: ancillary: lodging, escort	Contract Exclusion
HCPCS	A0210	Non-emergency transportation: ancillary: meals, escort	Contract Exclusion
HCPCS	A0382	BLS Routine disposable supplies	Not Medically Necessary
HCPCS	A0398	ALS Routine disposable supplies	Not Medically Necessary
HCPCS	A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	Not Medically Necessary
HCPCS	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	Not Medically Necessary
HCPCS	A0888	Non-Covered ambulance mileage, per mile (e.g. for miles traveled beyond closest appropriate facility)	Not Medically Necessary
HCPCS	S0215	Non-emergency transportation; mileage, per mile	Not Medically Necessary