Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

***Current Policy Effective Date: 3/1/25**
(See policy history boxes for previous effective dates)

Title: Ground Ambulance Services

Description/Background

An ambulance is a specially designed and equipped vehicle to transport ill or injured individuals. These services may involve ground, air or sea transport in both emergency and non-emergency situations.

Ambulance services are transportation and life-support services furnished to sick, injured or incapacitated persons by a licensed ambulance company. There are three major categories of ambulance services:

- Basic life-support (BLS) services provide for the initial stabilization and transport of a patient, and must include at least two professionals licensed to provide emergency services present during the trip. One of the emergency medical services personnel must ride in the patient compartment of the ambulance.
- Limited advanced life-support services include all basic life support services as well as endotracheal intubation, intravenous therapy (IV therapy) and establishment and maintenance of airway
- Advanced life-support services (ALS) include all basic and limited advanced life-support services as well as drug administration, cardiac monitoring and use of appropriate telemetry and defibrillation equipment.

Occasionally, a hospitalized patient may need to be transported to another hospital or facility for treatment and the ambulance service may include waiting time. Waiting time is defined as the time between the delivery of the patient to a treatment site and the time the same patient is loaded in the ambulance for the return trip to the originating hospital or facility.

Ambulance services include mileage for the distance traveled by an ambulance vehicle transporting patients. Transportation is covered to the nearest facility that is qualified to treat the patient.

Regulatory Status

Ambulance and medical transport services are regulated by local, state and federal laws. The ambulance and medical transport services should be operated according to all applicable laws and must have all the appropriate, valid licenses and permits.

Medical Policy Statement

The safety and effectiveness of ground ambulance service has been established. It may be considered a useful option when indicated for transporting patients when medical circumstances could endanger the patient's health or life.

Inclusionary and Exclusionary Guidelines

Patients must be transported in a state-licensed vehicle designated as an ambulance and the ambulance must carry personnel qualified to treat the patient. Ambulance transport is medically necessary for:

- Transporting a patient to a hospital
- Transferring a patient from a hospital to another treatment location such as another hospital, a skilled nursing facility, a medical clinic or the patient's home. (The attending physician must order the transfer).
- Ambulance providers to respond and treat the patient without transport.

Ambulance services must meet the following criteria:

- Services must be medically necessary. Medically necessary means that transportation other than by ambulance could endanger the patient's health or life.
- Emergency ambulance services are considered medically necessary as a result of an accidental injury or medical emergency when requested by an employer, school or public safety official.
- Non-emergency ambulance services are covered when medically necessary and authorized by the patient's physician.
- The services must be provided by an approved, state-licensed ambulance provider.
- If the services were not ordered by the attending physician, extenuating circumstances may warrant individual consideration for the service.
- The patient must be transported to the nearest facility equipped to provide the necessary treatment.
- Transportation coordination to airfield or heliopad.

Deceased patients:

- Ambulance services are medically appropriate only to the place where the patient is found (one-way) if the patient is pronounced dead after the ambulance is called but before it arrives at the scene.
- Ambulance services are medically appropriate for the entire ambulance trip (round-trip) if the patient was pronounced dead while enroute to or upon arrival at the hospital

The following services do not meet the definition of medically necessary ambulance services:

- Use of vehicles not certified by the state as an ambulance
- Ambulance trips when a *patient* is not transported
- Ambulance services for the convenience of the patient, family or physician.
- Coverage is only provided to the place where the patient was found (one-way) if the patient was pronounced dead after the ambulance was called but before it arrives at the scene.
- Ambulance services are not medically appropriate when the patient was pronounced dead by an authorized individual *before* the ambulance was called.
- Ambulance services are not medically appropriate when the patient was found deceased and pronounced at home with ground ambulance transport to morgue for post-mortem care.

Coverage Limitations:
Travel and transportation expenses for clinical trials are excluded from coverage. These include, but are not limited to, the following examples:

- Fees for all types of transportation (e.g., personal vehicle, taxi, medical van, ambulance)
- Rental car expenses
- Mileage reimbursement for driving a personal vehicle

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

A0225 A0398 A0426-A0429 A0433-A0434 A0998

*A0398 is paid within the global fee and cannot be billed separately

Other codes (investigational, not medically necessary, etc.):

N/A

Medical Necessity

Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment is generally made for ambulance services under the guidance of this policy. In all cases, the appropriate documentation must be kept on file and, upon request, presented to the carrier/intermediary. It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made.

In addition, the reason for the ambulance transport must be medically necessary. No payment is generally made for the transport of ambulance staff or other personnel when the beneficiary is not onboard the ambulance (e.g., an ambulance transport to pick up a specialty care unit

from one hospital to provide services to a beneficiary at another hospital). This policy requirement applies to both ground and air ambulance transports.

Unusual ambulance and medical transport services, such as advanced life support charges, should be reviewed by individual consideration.

Government Regulations
National:

Medicare Benefit Policy Manual. Ch 10-Ambulance Services, Rev. 236, 06/16/17.

To be covered, ambulance services must be medically necessary and reasonable.

Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services. In all cases, the appropriate documentation must be kept on file and, upon request, presented to the A/B MAC (A) or (B). It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made.

In addition, the reason for the ambulance transport must be medically necessary. That is, the transport must be to obtain a Medicare covered service, or to return from such a service.

An ambulance transport is covered to the nearest appropriate facility to obtain necessary diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy) as well as the return transport. In addition to all other coverage requirements, this transport situation is covered only to the extent of the payment that would be made for bringing the service to the patient.

Medicare covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations:

- Hospital;
- Critical Access Hospital (CAH);
- Skilled Nursing Facility (SNF);
- Beneficiary's home;
- Dialysis facility for ESRD patient who requires dialysis; or
- A physician's office is not a covered destination. However, under special circumstances an ambulance transport may temporarily stop at a physician's office without affecting the coverage status of the transport.

Full Medicare coverage details may be found within the manual at:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

Air Ambulance Services

References

1. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual, Chapter 10-Ambulance Services. Rev. 236, 06/16/17. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf. Last accessed November 2024.
2. Michigan Legislature. Public Health Code, Act 368. 333.20920-333.20929. Ambulance Transportation.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through November 2024, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
3/1/20	12/17/19		Joint policy established
3/1/21	12/15/20		Routine policy maintenance, no change in policy status.
3/1/22	12/14/21		Routine policy maintenance, no change in policy status.
3/1/23	12/20/22		Routine policy maintenance, no change in policy status.
3/1/24	12/19/23		Routine policy maintenance, no change in policy status.
3/1/25	12/17/24		Routine policy maintenance, no change in status. Vendor managed: N/A (ds)

Next Review Date: 4th Qtr. 2025

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN:	Revised:
BCBSM:	Revised:

BLUE CARE NETWORK BENEFIT COVERAGE POLICY: GROUND AMBULANCE SERVICES

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered per policy guidelines
BCNA (Medicare Advantage)	See government section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.