

Clinical Policy: Ambulance Transportation Non Emergency

Reference Number: HNCA.CP.MP.127

Last Review Date: 04/2025

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[Revision Log](#)

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Description

A nonemergency ambulance transport is a medical ambulance transport provided for an individual who does not require the urgency of emergency ambulance transport. Medical necessity requirements for nonemergency ambulance transport 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 Explanation of Benefits (EOC) and also subject to state and federal regulations. Please refer to Medicare and California Medicaid guidelines for more specific information.

Policy/Criteria

It is the policy of Health Net of California that non-emergency ambulance services are considered **medically necessary** when the following criteria are met:

- A. The ambulance must have the necessary equipment and supplies to address the needs of the individual, **and**
- B. The individual's medical condition prevents the use of lower acuity transportation modalities (e.g., taxicab, private car, wheelchair coach) 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 conditions.

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, Medi-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.

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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.

Definitions (These are based on Medicare, however, please refer to member evidence of coverage or other documents for specific coverage guidance such as APLs):

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. 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. However, clinically stable patients who are ordinarily not sufficiently ill enough do not require ambulance transportation.

Basic Life Support

A basic life support (BLS) ambulance is one that provides ground transportation plus the equipment and staff without the use of advanced therapeutic interventions. Such basic skills include airway management (oral and nasal airways, bag-valve-mask ventilation), cardiopulmonary resuscitation (CPR), hemorrhage control, treatment for shock, fracture and spine immobilization, and childbirth assistance. Defibrillation using an automated external defibrillator (AED) is often included by many BLS systems. Services are provided by EMTs, usually certified at the basic level (EMT-B).

The ambulance vehicle must be staffed by at least two people who meet the requirements of the state and local laws where the services are being furnished, and at least one of the staff members must be certified at a minimum as an emergency medical technician-basic (EMT-Basic) by the state or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. These laws may vary from state to state or within a state

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

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Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description

HCPCS Codes	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)
A0428	Ambulance service, basic life support, non-emergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport, (BLS emergency)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

NOT AN ALL INCLUSIVE LIST

ICD-10-CM Code	Description
F34.0-F34.9	Persistent mood (affective) disorder
F39	Unspecified Mood disorder
R27.0-R27.9	Unspecified mood (affective) disorder
R26.0-R26.9	Abnormalities of gait and mobility
Z74.01	Bed confinement status
Z74.3	Need for continuous supervision
Z78.1	Physical restraint status
Z99.89	Dependence on other enabling machines and devices

Reviews, Revisions, and Approvals	Approval Date
Initial Review	4/04
Update. Added Ambulance transport from a Skilled Nursing Facility to a Physician's office* for any reason, as not considered medically necessary. If a SNF's Part A resident requires transportation to a physician's office and meets the general medical necessity requirement for transport by ambulance, then ambulance roundtrip is the responsibility of the SNF and is included in the Prospective Payment System (PPS) rate	7/10
Added Medicare Template and link to LCD page. Added information about 'Definition of Ambulance Services' from MLN.	8/10
Update with no major revisions	9/11 8/12 8/13 8/14

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Reviews, Revisions, and Approvals	Approval Date
	8/15
	8/16
Revised to new template	5/17
Annual review: no changes	5/18
Annual review, minor changes to reflect Medicare	5/19
Revised language, added Medicare and APL references	6/20
Added Z74.01, Z74.3, Z78.1, Z99.89 as examples	4/21
Annual review; no changes	4/22
Annual review: no changes	4/23
Annual review. Removed outdated references, Added APL 22-008	4/24
Annual review; Removed outdated references. No criteria update	4/25

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. 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>.
4. 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>.
5. CMS Centers for Medicare & Medicaid Services. LCD for AMBULANCE Services (L28235). Palmetto GBA (01102) (Northern California). 4/29/2010.
6. 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.
7. 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.
8. 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
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

Important Reminder

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This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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