



Clinical Policy: Ambulance Transportation Non Emergency

Reference Number: CP.MP.127

Last Review Date: May 2019

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

A nonemergency ambulance transport is a medical ambulance transport provided for an individual who has nonemergent conditions. 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 subject to state regulations.

Policy/Criteria

- I. It is the policy of Health Net of California that non-emergency ambulance transport is **medically necessary** when all (A, B and C) of the following are met:
 - A. The patient is bed confined at the time of transport. Bed confined is not meant to be the sole criterion to be used in determining medical appropriateness. Other criteria below must also be met. Bed confined is not synonymous with "bed rest," "non-ambulatory," or "stretcher-bound", but is defined by all of the following:
 - The individual is unable to get up from bed without assistance; and
 - The individual is unable to stand and ambulate; and
 - The individual is unable to sit in a chair or wheelchair; and
 - The individual is unable to tolerate any activity out of bed; and
 - Individual can only be moved by stretcher.

Examples of situations in which patients are bed-confined and cannot be moved by wheelchair, but must be moved by stretcher include:

- Contractures of lower extremities, in fetal position or patient unable to straighten out their body creating non-ambulatory status; or
- Severe generalized weakness and frailty near the ending stages of life from a terminal illness or cancer requiring traveling to hospital for radiation therapy and/or chemotherapy for metastatic disease; or
- Severe vertigo or truncal ataxia causing inability to remain upright; or
- Immobility of lower extremities (patient in spica cast, has fixed hip joints or unable to move or be moved by wheelchair); or
- Lower extremity paralysis patients who cannot move on their own
- Quadriplegic patients who cannot move at all below their neck



CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

- Patient with polio, muscular dystrophy or multiple sclerosis who cannot be transported in wheelchair
- Patient with dementia or a psychiatric illness where ambulance transportation is necessary for safety issues

B. Patient is transferred directly from one location to another and may involve any of the following scenarios:

1. The patient is transported from home to an acute care facility for specialized services
2. Hospital to hospital when all of the following are met:
 - a. Services are not available in the hospital in which the patient is an inpatient; and
 - b. The patient is transported to the nearest medical facility that can render appropriate specialized diagnostic and/or therapeutic services
3. Discharge from acute care hospital to a Skilled Nursing Facility (SNF), Intermediate Care Facility or Rehabilitation Facility when the patient's condition precludes transportation by other means; or
4. From SNF or Rehabilitation Facility to Hospital (non-emergent) when the patient cannot be transported by any other means and when the required medical service is not available at the originating facility

Note: If the transport is for the purpose of receiving a service considered not to be medically appropriate, then the transport is also considered to be not medically appropriate, even if the destination is an appropriate facility.

C. The patient's medical condition(s) at the time of transport contraindicates any other mode of transportation (such as automobile, taxi, wheelchair, van, invalid coach, bus, etc.) without endangering the patient's health *or* special handling enroute requires the attendance of medically trained personnel (individuals who have fulfilled state training and educational requirements and are certified or licensed by their respective state to provide basic life support). Examples would include:

1. Medical conditions that contraindicate transport by other means (i.e. danger to self or others) such as
 - Behavioral or cognitive risk such that patient requires an attendant to monitor for safety and assure that patient does not try to exit the ambulance prematurely that may require restraints and monitoring
 - Abnormal mental status; drug withdrawal; suicidal, homicidal, hallucinations, violent, Disoriented, DT's, withdrawal symptoms
 - Psychiatric/behavioral threat to self or others
 - Exacerbation of paranoia, or disruptive behavior
 - Patient's physical condition is such that patient risks injury during vehicle movement despite restraints
2. Special handling or skilled care enroute requiring the attendance of medically trained personnel including but not limited to;



CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

- Airway maintenance: Ventilator management / airway control / positioning / suctioning required enroute
- Oxygen delivery: Third party assistance/attendant required to monitor, apply, administer, regulate or adjust oxygen enroute. Note: This does not apply to patients who are generally mobile and capable of self-administration of portable oxygen in the home. Patient must require oxygen therapy and be so frail as to require assistance.
- Cardiac Status: Cardiac/hemodynamic monitoring required enroute
- Isolation: Includes patients with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure
- Orthopedic device: Major orthopedic device, which includes body cast (spica cast), backboard, halotraction, use of pins and traction, etc. which significantly hampers transport by wheelchair, van or other vehicle and where movement needs to be controlled
- Medications: IV meds required enroute (does not apply to self-administered IV medications)

II. It is the policy of Health Net of California that non-emergency ambulance transport is considered not medically necessary for any of the following if the patient can be :

- A. Patients characterized as not bed confined such as ambulatory, non-ambulatory, bedridden, homebound or invalid because these patients can often be transported without the use of an ambulance
- B. Need for assistance in and out of a vehicle and for transporting up or down stairs
- C. All transports from home to a physician's office, an out-patient clinic, hospital or podiatrist for routine evaluation, treatment, or follow-up such as office visits for suture removal follow-up visits after surgery, routine check-ups or to have prescriptions refilled
- D. Transportation from a skilled nursing facility/rehabilitation facility/acute care facility to the patient's home if the patient's condition is appropriate for private transportation, whether or not it is available;
- E. When other means of transportation could be utilized without endangering the individual's health, whether or not such other transportation is actually available (e.g., the patient could walk unassisted to the vehicle or could walk to the vehicle with assistance, including personal assistance or the use of a cane, crutches, walker or wheelchair)
- F. Transfer for convenience of doctor, staff or family; or
- G. Transportation of deceased member; or
- H. Transportation to a free-standing or hospital-based dialysis facility for routine maintenance dialysis because ordinarily they are not sufficiently ill enough to require ambulance transportation



CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

- I. Round trip transport from home for radiation therapy and/or chemotherapy if patient can be transported safely by other means
- J. The patient refuses to be transported by any other means than ambulance

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, Mediacar, 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.

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):

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



CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

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

Advanced Life Support

The advanced life support (ALS) ambulance transport must meet the same criteria as basic life support (BLS) in addition to having specialized life sustaining equipment, which includes telecommunications equipment, at a minimum, one two-way voice radio or wireless telephone. Typical of this type of ambulance are mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel trained and authorized to administer intravenous therapy (IVs), provide anti-shock trousers, establish and maintain a patient's airway, defibrillate the heart, stabilize pneumothorax conditions and perform other advanced life support procedures or services, such as cardiac (EKG) monitoring. An ALS intervention is a procedure that is in accordance with state and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.

Paramedic intercept services are advanced life support (ALS) services delivered by paramedics that operate separately from the agency that provides the ambulance transport. This type of service is most often provided for an emergency ambulance transport in which a local volunteer ambulance that can provide only basic life support (BLS) level service is dispatched to transport a patient. If the patient needs ALS services such as EKG monitoring, chest decompression, or IV therapy, another entity dispatches a paramedic to meet the BLS ambulance at the scene or once the ambulance is on the way to the hospital. The ALS paramedics then provide their services to the patient. The intercept service(s) is usually provided in a rural area under a contract with one or more volunteer ambulance services and its appropriateness is based on the condition of the patient receiving the ambulance service.

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



CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

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
T83.498-T83.498	Other mechanical complication of other prosthetic devices, implants and grafts of genital tract

Reviews, Revisions, and Approvals	Date	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 8/15 8/16
Revised to new template		5/17
Annual review: no changes		5/18
Annual review, minor changes to reflect Medicare		



CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

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CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

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Important Reminder

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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CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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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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CLINICAL POLICY

POLICY TITLE: Ambulance Transport NonEmergency

Tufts Health Plan may cover non-emergency, basic or advanced life support, ground ambulance transportation when **all** of the following criteria are met:

- The medical condition of the Member prevents safe transportation by any other means.
- The transportation is for the transport to and/or from medically necessary care.
- The Member's condition prohibits other forms of transportation.

The Member is bed confined. (This is defined as: unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair.)

OR

Other means of transportation is contraindicated for medical reasons. Examples include but are not limited to the following:

- a. The Member cannot safely sit upright while seated in a wheelchair.
- b. The Member can tolerate a wheelchair, but is medically unstable.
- c. The Member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain.
- d. The Member requires skilled/trained monitoring during transport for the following:
- e. The Member is comatose.
- f. The Member requires airway monitoring.
- g. The Member requires cardiac monitoring.
- h. The Member is dependent on a ventilator