



## Medical Policy Reference Manual Medical Policy

### 10.01.005 Ambulance Services

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#### **Description**

Ambulance services involve the use of specially designed and equipped vehicles to transport ill or injured patients. These services may involve ground, air, or sea transport in both emergency and non-emergency situations.

#### **Policy**

**Emergency ambulance** services are considered **medically necessary** when the patient's condition is such that any other form of transportation would be medically contraindicated and would endanger the patient's health as outlined in the Policy Guidelines section.

**Ground emergency** ambulance services are considered **medically necessary** when criteria outlined in the Policy Guidelines section are met.

**Air or sea emergency** ambulance services, in exceptional circumstances, are considered **medically necessary** when criteria outlined in the Policy Guidelines section are met.

**Non-emergency ambulance** services are those which do not meet the criteria for emergency ambulance and are considered **medically necessary** when criteria outlined in the Policy Guidelines section are met.

**Routine transport** services are considered **not medically necessary**, as these services do not meet criteria for ambulance services as outlined in the Policy Guidelines section.

#### **Policy Guidelines**

Emergency ambulance services are considered **medically necessary** when the patient's condition is such that any other form of transportation would be medically contraindicated and would endanger the patient's health. Examples of this are patients:

- Who have sustained trauma or experienced an illness with acute symptoms (e.g., hemorrhaging, shock, chest pain, respiratory distress, acute onset of neurologic dysfunction);
- Who require restraints and/or supervision by a professionally trained ambulance attendant (e.g., violent, acutely psychotic, exhibiting behaviors that may be harmful to self or others);
- With a newly developed state of altered consciousness (e.g., unconscious, unresponsive);
- Who require emergency measures or treatments (e.g., administration of drugs or IV fluids, cardiac monitoring, oxygen, respiratory support, control of hemorrhage, cardiopulmonary resuscitation).

Ground emergency ambulance services are considered **medically necessary** when:

- The patient is transported to the nearest hospital with the appropriate facilities for the treatment of the patient's illness or injury.

Air or sea emergency ambulance services, in exceptional circumstances, are considered **medically necessary**. In these circumstances, all the criteria pertaining to ground transportation must be met as well as any of the following:

- The patient's medical condition is such that the time needed to transport by land poses a threat to the patient's health and requires immediate and rapid transport that could not have been provided by a ground ambulance;
- The point of pick-up is inaccessible by land vehicle;
- Great distances, limited timeframes, or other obstacles are involved in getting the patient to the nearest hospital with the appropriate facilities for treatment, (e.g., transport of a critically ill patient to an approved transplant facility with a waiting organ).

Non-emergency ambulance services are those which do not meet the criteria for emergency ambulance and are considered **medically necessary** only when **at least one** of the following criteria are met:

- The patient is registered as inpatient in an acute care hospital and the specialized services are not available in that hospital, and the provider of the specialized service is the nearest one with the required capabilities; or
- The patient is confined to a bed, is unable to get out of bed with or without assistance, and cannot tolerate activities out of bed (e.g., patients with severe contractures, in spica casts).

Routine transport services are considered **not medically necessary**, as these services do not meet criteria for ambulance services as outlined in this Policy section. Examples of these services include, but are not limited to:

- Scheduled or non-scheduled transports to or from physician's offices or outpatient facilities for services such as dialysis\*, chemotherapy, radiation therapy, or physical therapy; or
- Transportation services primarily for the convenience of the patient or patient's family (e.g., another facility is closer to the patient/family residence, patient/family prefer the services of a particular physician not on staff at a facility); or
- Transportation services by private vehicles including, but not limited to, taxis, vans, etc.; or
- Situations in which some means of transportation other than an ambulance could be utilized.

\*NOTE: The diagnosis of chronic renal failure or end stage renal disease alone does not, in and of itself, establish medical necessity for ambulance transportation to outpatient dialysis treatments.

#### **Rationale:**

Ambulance services are considered medically necessary when provided at the appropriate level of service sufficient to meet the patient's health and safety needs as defined below. The levels of life support have been defined by the National Emergency Medical Service Practice Blueprint (1993).

#### **General requirements:**

The type of ambulance transport must be appropriate for each patient's medical condition.

The ambulance service must comply with all local, state, and federal laws and must have all the appropriate valid licenses and permits;

The ambulance service must have the necessary and appropriate patient care equipment and supplies.

**Documentation of medical necessity** for emergency and non-emergency transports on either an ambulance "run sheet" or physician order/statement of necessity must be clear and legible. Documentation which simply states "not ambulatory" is not sufficient as it does not specify whether the patient could have ridden in a car or other vehicle (e.g., wheelchair van). Documentation on ambulance "run sheets" must clearly support that the service:

- was actually performed; **and**
- was performed at the level reported (i.e., BLS or ALS1); **and**

- was medically necessary.

**Basic Life Support (BLS)** is intended to maintain organ perfusion. An ambulance providing basic life support must include transportation plus equipment, disposable supplies and staff needed for such basic services as:

- control of bleeding
- splinting fractures
- treatment for shock
- delivery of babies
- cardiopulmonary resuscitation (CPR)
- defibrillation of the heart
- EKG monitoring
- oxygen delivery

**The following definitions are from the National EMS Blueprint:**

**Basic Life Support (BLS) -Emergency-** intended as the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance supplier is called, is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, in impairment to bodily functions, or in serious dysfunction to any bodily organ or part.

**Advanced Life Support, Level 1 (ALS1)- Non-Emergency** - intended as the provision of an assessment by an advanced life support (ALS) provider or supplier or the provision of one or more ALS interventions. An ALS provider/supplier is defined as a provider trained to the level of the EMT-Intermediate or Paramedic as defined in the National EMS Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint.

**Advanced Life Support, Level 1 (ALS1) - Emergency** - intended as the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance supplier is called, is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, in impairment to bodily functions, or in serious dysfunction to any bodily organ or part.

**Advanced Life Support, Level 2 (ALS2) - Emergency** - when services include the administration of three or more different medications or the provision of at least one of the following ALS procedures:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

**Specialty Care Transport (SCT)** - defined as a level of inter-facility service provided beyond the scope of the paramedic as defined in the National EMS Education and Practice Blueprint intended for a critically injured or ill patient. Considered necessary when a patient's condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area, e.g., nursing, medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

**Paramedic Intercept (PI)** - Paramedic Intercept services are ALS services provided by an entity that does not provide the ambulance transport.

Update 2025: A search of peer-reviewed literature was performed for the period of May 2024 through April 2025. Findings in the recent literature do not change the conclusion of Ambulance Services as outlined in this Medical Policy. However, the Policy statement has changed to only include the coverage decision for services. The criteria for services that are medically necessary and services that are considered not medically necessary have been relocated to the Policy Guideline section of this policy.

## **Benefit Applications**

The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.

When the contract includes coverage for air, sea and/or ground ambulance services, benefits are provided as outlined in the policy section, and according to the following guidelines:

- Benefits **are provided** for ambulance services and mileage. Benefits **are provided only** for mileage to the nearest appropriate facility, therefore A0888 is not reimbursable.
- In general, benefits **are provided** for medically necessary ambulance transport for which the member is billed a fee. This applies in all jurisdictions, including Virginia, where, despite the name designation of "volunteer" to their fire departments, residents are charged a fee for ambulance service.
- When benefits **are provided** in the member's contract, benefits are allowed for ALS and BLS services when provided on the same date of service.
- Benefits **may be provided** for air or sea emergency ambulance services but must be verified by reviewing the specific contract.
- Additional benefits **are not provided** for extra crew members, nurse/physician accompaniment or night/weekend/holiday differentials.
- Benefits **are not provided** for voluntary donations made by a member for 911 response or other volunteer ambulance service for which a charge has not been assessed.
- Vehicles such as mobility bus, ambulette, van, and taxi are not acceptable for transfer/transport and **are not reimbursable** as an ambulance.
- Additional benefits **are not provided** for basic life support (BLS) or advanced life support (ALS) ambulance waiting time (HCPCS code A0420); this is considered **included in** the overall allowance.
- Additional benefits **are not provided** for an extra BLS or ALS ambulance attendant (HCPCS code A0424); this is considered **included in** the overall allowance. **For FEP Only:** Additional benefits are available for an extra BLS or ALS ambulance attendant. Documentation of medical necessity is required.
- Additional benefits **are not provided** for disposable supplies (A0382, A0384, A0392-A0398) or oxygen (A0422) as they are **included in** the allowance for the ambulance services.
- Benefits **are not provided** for non-emergency transport that does not meet medical necessity criteria or for ancillary fees related to transport (for example: parking fees, tolls, lodging, meals) (A0021-A0210).

**NOTE:** Preauthorization is required for non-emergency, medically necessary air ambulance services. Some contracts may require preauthorization prior to any ambulance transport. Check the member's contract.

**NOTE:** The No Surprises Act (NSA), which took effect on January 1, 2022, is a federal law that protects patients from surprise air ambulance bills. Under this law, out-of-network air ambulance providers cannot charge patients more than their normal in-network cost-sharing amounts (such as deductibles, copays, or coinsurance). The NSA also established an Independent Dispute Resolution (IDR) process to settle payment disagreements between insurers and providers—keeping patients out of billing conflicts. These rules ensure patients only pay in-network rates for air ambulance

transport (Center for Medicare & Medicaid Services [CMS], 2022). Ground ambulance services are **not** currently covered under the NSA. For more information, please visit <https://www.cms.gov/files/document/a274577-1a-training-1-balancing-billingfinal508.pdf>.

**NOTE:** In case of emergency where no authorization is obtained, a retrospective medical review will be performed.

## **Provider Guidelines**

Some services, devices, drugs, and places of service require prior authorization. Always check the member's contract for benefits. Providers should submit preauthorization requests online at [www.provider.carefirst.com](http://www.provider.carefirst.com) or call 1-866-773-2884 (1-866-PRE-AUTH).

Ambulance services may be reported on an *inpatient* claim in situations such as the following:

An inpatient at Hospital A requires a test not available at Hospital A. The patient is transported via ambulance to Hospital B for the test. Upon completion of the test, the patient is returned to Hospital A via ambulance. The charge for the ambulance services is included on Hospital A's UB-92 form.

It is inappropriate for facilities to report 911 emergency ambulance transportation charges on the UB-92 form. These charges are appropriately reported on the CMS-1500 form by the transportation company.

Ambulance claims must include a two-letter origin-destination modifier indicating where a trip begins and ends.

### **Ambulance Modifiers**

Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.

- D Diagnostic or therapeutic site other than 'P' or 'H' when these are used as origin codes
- E Residential, domiciliary, custodial facility (other than 1819 facility)
- G Hospital-based ESRD facility
- H Hospital
- I Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
- J Free standing ESRD facility
- N Skilled nursing facility (SNF)
- P Physician's office
- R Residence
- S Scene of accident or acute event
- X Intermediate stop at physician's office on the way to the hospital (destination code only)

Note: Modifier X can only be used as a destination code in the second position of a modifier.

Note: Modifiers DN (Diagnostic Center-Nursing Facility transport) and ND (Nursing Facility-Diagnostic Center transport) are SNF consolidated billing. These services are included in the SNF payment rate and are not separately payable.

### **When ambulance benefits are available:**

A0225 and A0434 are allowed when billed with modifiers HH and HI.

A0425, A0426, A0427, A0428, A0429 are allowed when billed with modifiers DH, DI, EH, EN, GH, HD, HE, HG, HH, HI, HN, HR, IH, JH, NH, PH, PI, RH, SH, SI.

A0432 is allowed only for ambulance modifier combinations: EH, RH, SH, SS

A0433 is allowed only for ambulance modifier combinations DH, DI, EH, EN, GH, HD, HE, HG, HI, HN, HR, IH, JH, NH, PH, PI, RH, SH, SI

Codes A0430, A0431, A0435, A0436 **require prior authorization or review** for medical necessity.

## **Cross References to Related Policies and Procedures**

There are no Related Policies for this Medical Policy.

## **References**

**The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.**

Center of Medicare & Medicaid Services. (2022). No Surprise Act: Protect yourself from surprise medical bills. U.S. Department of Health & Human Services. Retrieved May 16, 2025 from <https://www.cms.gov/files/document/a274577-1a-training-1-balancing-billingfinal508.pdf>

Georgia Medicare Part B, Special Bulletin. (2001, January). *Ambulance Services National Fee Schedule Implementation and New HCPCS Codes*. Retrieved March 7, 2001 from the World Wide Web at: <http://www.gamedicare.com/newspubs/SpecBull/2001-2htm>

National EMS Practice Blueprint. Retrieved March 12, 2001 from the World Wide Web at: [http://www.nhtsa.dot.gov/people/injury/ems/EdAgenda/Peer/EMS%20Educ%20Agenda.htm#National EMS Practice Blueprint](http://www.nhtsa.dot.gov/people/injury/ems/EdAgenda/Peer/EMS%20Educ%20Agenda.htm#National%20EMS%20Practice%20Blueprint)

National Highway Traffic Safety Administration. Emergency Medical services Education Agenda for the Future: A Systems Approach. Retrieved November 29, 2006 from the world wide web at: <http://www.nhtsa.dot.gov/people/injury/ems/EdAgenda/final/>.

U.S. Department of Health and Human Services (n.d.). 42 CFR SS 414.605- Definitions. Electronic Code of Federal Regulations. Retrieve April 25,2025 from <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-H/section-414.605>

**This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.**