



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Ambulance Supplies

Policy Number: 10.01.529

Last Review: 1/2025

Origination: 5/1/14

Next Review: 1/2026

Blue KC has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits.

When reviewing for a Medicare beneficiary, guidance from National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) supersede the Medical Policies of Blue KC. Blue KC Medical Policies are used in the absence of guidance from an NCD or LCD.

NCDs

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=&keywordType=starts&areaId=s29&docType=NCD&contractOption=all>

LCDs

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=&keywordType=starts&areaId=s29&docType=F,P&contractOption=all>

Policy

Blue Cross and Blue Shield of Kansas City (Blue KC) will not provide separate payment for ambulance supplies and services billed with A0999 (Unlisted Ambulance Service) that appear in the chart below. These services are considered inclusive to the ambulance base code.

The following supplies and services are included in the reimbursement for the ambulance base rate:

- Additional time
Emergency Medical

- Egg crate mattress.
- Electrocardiogram

- Nose clip.
- Para-med scissors

Technician (EMT).*

- Air splint.
- Alcohol preps.
- Alcohol.
- Ambulance bag, nondisposable.
- Application of equipment.
- Backboards.
- Blood draw for chemostrip.
- Blood pressure cuff.
- Blood pressure monitoring.
- Blood sample draw.
- Blood tubes, green, red, purple.
- Canister, nondisposable.
- Cassette tape.
- Cervical collar, nondisposable.
- Cervical Immobilization Systems (CIDS).
- Chair stretcher.
- Charges for reusable devices and equipment.
- Charges for vehicle sterilization.
- Chemstrips/Dextrose Stix.**
- Cloth.
- Code blue.
- Cot cover.
- Counter shock automatic.
- Cardiopulmonary Resuscitation (CPR).

(EKG) monitoring for infection control.

- Geriatric chairs.
- Gloves, disposable or sterile.
- Glucose stix.
- Glucometer supplies.
- Glucometer.
- Glucose monitoring.
- Goggles.
- Gowns, including disposable.
- Graph paper.
- Hazardous materials collection bags.
- Heart monitor.
- Infection control kit.
- Infusion pump.
- Inhalant.
- Intravenous infusion.
- Intubation.
- Isolation kits.
- Intermediate skills, I-Skills, D-Skills.
- IV pump.
- IV therapy.
- K-Y jelly.
- Kendrick Extrication Device (KED).
- Lancets.
- Laryngoscope blades, nondisposable.
- Linens.
- Loading assist.
- Long board.

Peak flow meter.

- Perfusion monitoring.
- Pillow/pillowcases.
- Probe cover, thermoscan.
- Propaq monitor.
- Protective clothing.
- Pulmonary resuscitation.
- Pulse oximetry.
- Razor.
- Recording tape.
- Resuscitator, equipment charge.
- Sand bags.
- Scoop stretcher.
- Sharps container.
- Sheets.
- Splints, nondisposable.
- Stair chair.
- Straps.
- Stretcher.
- Suction.
- Surgical masks.
- Syringes.
- Tape.
- Telemetry.
- Temperature strip.
- Thermometer.
- Thermoscan.
- Towel.
- Traction splints bare treatment.
- Ventilator.
- Vita trac.

<ul style="list-style-type: none"> • CPR/CPR board. • Defibrillator monitor. • Defibrillator, inverter. • Demand valve resuscitator. • Disposable face mask, not an oxygen mask. • Dopplers. • Drugs used in transit or for starting IV solutions. 	<ul style="list-style-type: none"> • Major and minor bandaging. • Mast trousers. • Monitoring cassette. • Needles. 	<ul style="list-style-type: none"> • Voice tape. • Washcloth.
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Billing Coding/Physician Documentation Information

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member. Other Policies and Guidelines may apply.

A0999 Unlisted ambulance service

Additional Policy Key Words

N/A

Policy Implementation/Update Information

5/1/14 New policy; services considered inclusive.
5/1/15 No policy statement changes.
5/1/16 No policy statement changes.
5/1/17 No policy statement changes.
5/1/18 No policy statement changes.
8/29/19 No policy statement changes.
8/1/20 No policy statement changes.
1/1/21 No policy statement changes.
1/1/22 No policy statement changes.
1/1/23 No policy statement changes.
1/1/24 No policy statement changes.
1/1/25 No policy statement changes.

State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.

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