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# Ambulance and Transport Services

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## Disclaimer

**Carefully check state regulations and/or the member contract.**

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

## Coverage

**This medical policy has become inactive as of the end date above. See MED201.058 Ambulance and Transport Services for dates of service 01/01/2026 and after.**

**CAREFULLY REVIEW the member's benefit plan, summary plan description or contract for ambulance coverage provisions. If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

**NOTE 1:** When a patient is transferred from one provider to another, in-network consideration may apply.

**\*\*\*EMERGENCY AMBULANCE TRANSPORT SERVICES\*\*\***

**NOTE 2:** An **emergency** is the sudden onset, or significant worsening of a medical condition that manifests itself by symptoms of sufficient severity or pain, and that in the absence of immediate transport could reasonably be expected by the prudent layperson to result in:

- The health of the individual being placed in serious jeopardy; or
- Serious impairment to the individual's bodily functions; or
- Serious dysfunction of the individual's bodily organs or parts.

I. Emergency Ground Ambulance Transport

A. Emergency ground ambulance transport services **may be considered medically necessary** when **ALL** the following criteria are met:

- The transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits; and
- The ambulance or other transport services must have the necessary patient care equipment and supplies; and
- The patient's condition must be such that **any** other form of transportation would be medically contraindicated; and
- The patient must be transported to the nearest hospital with the appropriate facilities for the treatment of the patient's illness or injury or, in the case of organ transplantation, to the approved transplant facility, unless the nearest appropriate hospital is on divert or has no available beds or accepting physician.

II. Emergency Air Ambulance Transport from Site of Accident, Injury or Illness

A. Emergency air ambulance transport services from the site of accident, injury or illness **may be considered medically necessary** when the criteria for Emergency Ground Ambulance Transport in Section I are met, **AND** the patient is in critical condition and/or has unstable vital signs, respiratory status or cardiac status, including but not limited to ONE of the following conditions:

- Intracranial bleeding requiring emergent intervention;
- Cardiogenic shock;
- Acute myocardial infarction requiring emergent intervention;
- Burns requiring immediate treatment in a Burn Center;
- Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit;
- Multiple severe injuries;
- Life-threatening trauma;
- Transplants;
- High-risk pregnancy (high risk of preterm delivery or high medical risk to the mother or fetus); **AND**

ONE of the following:

- The point of pick-up is inaccessible by land vehicle, or ground ambulance transport is precluded due to adverse weather and/or road conditions (e.g., flooding, ice, or snow); **OR**
- Transportation by ground ambulance poses a threat to the patient's survival or seriously endangers the patient's health due to the time, distance or lack of availability for transportation by ground. As a general rule, the time and distance requirement is met if the total estimated time for transportation from the site of

accident, injury, or illness is projected to be at least 30 minutes shorter for air ambulance than for ground ambulance.

III. Emergency Air Ambulance Transport from a Health Care Facility/Hospital Emergency Department or Inpatient Setting

A. Emergency air ambulance transport services from a Health Care Facility/Hospital Emergency Department or Inpatient Setting **may be considered medically necessary** when **ALL** the following criteria are met:

- The patient is in critical condition, including but not limited to ONE of the following conditions:
  - Intracranial bleeding requiring emergent intervention;
  - Cardiogenic shock;
  - Acute myocardial infarction requiring emergent intervention;
  - Burns requiring immediate treatment in a Burn Center;
  - Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit;
  - Multiple severe injuries;
  - Life-threatening trauma;
  - Transplants;
  - High-risk pregnancy (high risk of preterm delivery or high medical risk to the mother or fetus); **AND**
- The patient requires acute medical or surgical intervention(s) that the transferring facility cannot provide; **AND**
- The patient is being transferred to the nearest equivalent or higher level of acuity inpatient facility unless the nearest appropriate hospital is on divert, has no available beds or accepting physician, or the air ambulance cannot land; **AND**
- Transportation by ground ambulance poses a threat to the patient's survival or seriously endangers the patient's health due to the time, distance or lack of availability for transportation by ground. As a general rule, the time and distance requirement is met if the total estimated time for transportation from the originating to the receiving facility is projected to be at least 30 minutes shorter for air ambulance than for ground ambulance.

**\*\*\*NON-EMERGENCY AMBULANCE TRANSPORT SERVICES\*\*\***

**NOTE 3:** Non-emergency conditions are conditions that require medical attention, which may be provided or directed by a physician, but are not severe enough to meet this policy's definition of emergency.

**NOTE 4:** Ground ambulance transport is appropriate when the criteria are met, transport is available in less than 20 hours, and travel duration is reasonable and not excessive. Air ambulance is appropriate when the criteria is met, ground ambulance transport is precluded due to adverse weather and/or road conditions (e.g., flooding, ice, snow), ground transportation is not available for more than 20 hours, or ground travel duration is excessive and not reasonable. Total time in transit must be less time than ground transportation.

I. Non-Emergency Ground Ambulance Transport

A. Non-emergency ground ambulance transportation from one acute care hospital or Emergency Department to another acute care hospital for diagnostic or therapeutic services **may be considered medically necessary** when **ALL** the following criteria are met:

- The patient is a registered inpatient or registered emergency department patient; and
- The services are medically necessary for the immediate care of the patient; and
- The services are unavailable at the originating facility; and
- The receiving hospital is the nearest one with the required capabilities.

B. Non-emergency ground ambulance transportation to or from a hospital or medical facility, outside of the acute care hospital setting, **may be considered medically necessary** when:

- The patient's condition is such that trained ambulance attendants are required to monitor the patient's clinical status (e.g., vital signs and oxygenation), or treatments such as oxygen, intravenous fluids, or medications, in order to safely transport the patient; or
- The patient is confined to bed and cannot be safely transported by any other means; or
- A member is going to a residential treatment center (RTC) level of care or other residential setting from an inpatient level of care and their behavior creates a danger to self or others during ambulance transport, and the behavior cannot be ameliorated with escorts or medication.

C. Non-emergency ground ambulance transportation from a member's place of residence to an acute or residential treatment center [RTC] level of care, **may be considered medically necessary** when **ALL** the criteria are met:

- A member's behavior creates a danger to self or others during ambulance transport.
- The behavior or health condition cannot be ameliorated with escorts and or medication.
- The patient must be transported to the nearest health facility for the treatment of the patient's behavior or health condition, unless the nearest health facility does not have the capabilities, is on divert or has no available beds or accepting physician.

D. Non-emergency ground ambulance transportation services provided primarily for the convenience of the patient, the patient's family/caregivers or physician, or the transferring facility **are considered not medically necessary**.

II. Non-Emergency Air Ambulance Transport

**NOTE 5:** Any situations not meeting the criteria for emergency air ambulance transport from a Health Care Facility/Hospital Emergency Department or Inpatient Setting are considered non-emergency situations.

- A. Non-emergency air ambulance transportation from a Health Care Facility/Hospital Emergency Department or Inpatient Setting to an equivalent or higher level of acuity facility **may be considered medically necessary** when **ALL** the following criteria are met:
- The patient requires acute inpatient care or residential treatment center (RTC) care; and
  - The patient requires services that are unavailable at the originating facility; and
  - The receiving hospital is the nearest one with the required capabilities; and
  - The patient cannot be safely discharged from inpatient setting or 24-hour supervised setting; and
  - The patient cannot be safely transported using commercial air transport; and
  - Ground ambulance transport is precluded due to adverse weather and/or road conditions (e.g., flooding, ice, or snow).
- B. Non-emergency air ambulance transportation services provided primarily for the convenience of the patient, the patient's family/caregivers or physician, or the transferring facility, including situations where long distances exist between the transferring and receiving facilities, **are considered not medically necessary**.
- C. Non-Emergency Air Ambulance Transport for Solid Organ Transplants  
Non-emergency air ambulance transportation from the patient's local health care facility/airport to an approved transplant facility **may be considered medically necessary** for the potential organ recipient when **ALL** the following criteria are met:
- Member meets medical necessity criteria for a solid organ transplant;
  - The procured organ is from a deceased donor or medically unstable donor;
  - Transportation by ground/commercial flight poses a threat to the successful outcome of transplantation due to the time, distance or instability of transportation by ground.

**NOTE 6:** As a general rule, patients should be available to the transplant facility within 4 hours of procurement.

**\*\*\*OTHER\*\*\***

Ambulance services without transportation **may be considered medically necessary** when the patient requires basic life support or advanced life support services.

The following ground or air transport services **are considered not medically necessary**:

- Services for which the criteria listed above have not been met;
- Services are for a patient that has been legally pronounced dead prior to the ambulance being called;

- Transport services such as those provided by medical vans or commercial transportation.

## Policy Guidelines

A0435, A0436 - The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles). (2)

## Description

Basic first aid is when an individual provides emergency aid or treatment to someone that is injured or suddenly ill prior to the arrival of medical services. (1) Once the individual is assessed by a trained medical professional, it may be determined that transport services may be indicated to move the individual to a higher level of care.

Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in nonemergency situations, be capable of transporting beneficiaries with acute medical conditions. These services may involve ground or air transport in both emergency and non-emergency situations. The means of transport must be staffed by individuals who are qualified in accordance with State and local laws where the services are being rendered. These laws may vary from State to State or within a State. (2)

Levels of transport include (2):

- Basic Life Support (BLS);
- Advanced Life Support, Level 1 (ALS1);
- Advanced Life Support, level 2 (ALS2);
- Specialty Care Transport (SCT).

### **Advanced Cardiac Life Support (ACLS)**

A constellation of clinical interventions for the urgent treatment of cardiac arrest, stroke and other life-threatening medical (non-traumatic) emergencies in which basic life support efforts of cardiopulmonary resuscitation (CPR) are augmented. ACLS may include airway management, vein assessment, interpretation of electrocardiogram (ECG/EKG), application of emergency pharmacology and early defibrillation with automated external defibrillators (AED) as needed. (3)

### **Advanced Life Support, level 1 (ALS1)**

When medically necessary, includes the transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. (2)

### **Advanced Life Support, level 2 (ALS2)**

Advanced Life Support, level 2 (ALS2) includes the transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services including at least 3

separate administrations of 1 or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) OR at least 1 of the ALS2 procedures listed below (2):

- Defibrillation/cardioversion;
- Endotracheal intubation;
- Central venous line;
- Cardiac pacing;
- Chest decompression;
- Surgical airway; or
- Intraosseous line.

### **Basic Life Support (BLS)**

When medically necessary, the provision of BLS services is defined as transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined per individual State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). (2) Each state has an individualized defined scope of practice; generally, the duties of the EMT-Basic are to quickly assess and triage requests for medical care, provide stabilizing measures, provide necessary transport and request additional resources as needed. The EMT-Basic is often paired with higher levels of personnel as part of an ambulance crew or other responding group. Additional tasks may include at a minimum, but are not limited to, the following interventions (2, 4):

- Assessment and management of airway (e.g., oropharynx or nasopharynx);
- Use of positive pressure ventilation devices (e.g., manually triggered ventilators, automatic transport ventilators);
- Over the counter pharmacological interventions;
- Stabilization of fractures.

### **Basic Life Support (BLS) - Emergency**

When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response (defined below). Advanced Life Support, level 1 (ALS1): when medically necessary, 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. An ALS intervention provides procedures beyond the scope of an EMT-Basic as defined in the National EMS Scope of practice model. (2, 4)

### **Emergency**

The sudden onset of a medical or traumatic condition that manifests itself by acute symptoms of severity, including severe pain, such that the absence of immediate medical attention to result in:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment of bodily functions; or

- Serious dysfunction of any bodily organ or part. (5)

### Specialty Care Transport (SCT)

When medically necessary, it includes the provision of medically necessary supplies and services beyond the scope of an Emergency Medical Technician-Paramedic (EMT-Paramedic). SCT is the inter-facility transportation of a critically ill or injured individual may be necessary because the individual's condition requires ongoing medical or behavioral health care furnished by one or more professionals in an appropriate specialty (i.e., emergency or critical care nursing, emergency medicine, respiratory or cardiovascular care, or specialized psychiatric facility). (2)

### Ambulance and Medical Transport Services for Transplant Patients

When medically necessary, patients may require transportation to the transplant facility when a solid organ becomes available. As a general rule, patients should be available to the transplant facility within 4 hours of procurement. General times an organ can be sustained out of the body include (6):

- Heart/lung: 4 to 6 hours.
- Intestines: 8 to 16 hours.
- Pancreas: 12 to 18 hours.
- Liver: 12-15 hours.
- Kidneys: 36-48.

## Rationale

This is an administrative medical policy that describes situations in which ground, and air ambulance transports may be considered appropriate.

## Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	None
HCPCS Codes	A0021, A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434,



	A0435, A0436, A0888, A0998, A0999, S0207, S0208, S0209, S0215, S9960, S9961
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\*Current Procedural Terminology (CPT®) ©2023 American Medical Association: Chicago, IL.

## References

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2. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services. (Apr 13, 2018). Available at <<https://www.cms.gov>> (accessed April 4, 2024).
3. Advanced cardiac life support. Segen's Medical Dictionary. 2024. Farlex, Inc. Available at <<https://medical-dictionary.thefreedictionary.com>> (accessed April 8, 2024).
4. The National Highway Traffic Safety Administration. National EMS Scope of Practice Model. (Aug 2021). Available at <<https://www.ems.gov>> (accessed April 4, 2024).
5. The Texas Department of State Health Services: Texas Health & Safety Code; Title 9, Chapter 773. Emergency Medical Services. Available at <<https://dshs.texas.gov/>> (accessed April 8, 2024).
6. Health Resources and Service Administration (HRSA). Matching Donors and Recipients. (Apr 2021). Available at <<https://www.organdonor.gov>> (accessed April 9, 2024).
7. Svenson, J., O'Connor J.E., Lindsay M.B., et al. Is air transport faster? A comparison of air verses ground transport times for interfacility transfers in a regional referral system. Air Med J. Jul-Aug 2006; 25(4):170-172. PMID 16818167
8. American College of Emergency Physicians. Appropriate and Safe Utilization of Helicopter Emergency Medical Services: A Joint Policy Resource and Education Paper (PREP) of the Air Medical Physician Association (AMPA), the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the American Academy of Emergency Medicine. (Apr 2011, reaffirmed Sep 2018). Available at <<https://www.acep.org>> (accessed April 9, 2024).

## Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <<http://www.cms.hhs.gov>>.

Policy History/Revision	
Date	Description of Change
12/31/2025	Document became inactive.
06/15/2024	Document updated with literature review. Coverage unchanged. No new references: others updated.
06/01/2023	Reviewed. No changes.
12/15/2022	The following modification was made to Coverage under III. Emergency Air Ambulance Transport from a Health Care Facility/Hospital Emergency Department or Inpatient Setting: Changed “The patient is in critical condition, has unstable vital signs, unstable respiratory or cardiac status, including but not limited to ONE of the following conditions...” to “The patient is in critical condition, including but not limited to ONE of the following conditions...”
08/15/2022	Document updated with literature review. The following changes were made to Coverage: 1) Removed specific language referencing non-emergency transports related to behavioral health and medical and combined into one criterion set; and 2) Revised NOTE 4 to read: Ground ambulance transport is appropriate when the criteria are met, transport is available in less than 20 hours, and travel duration is reasonable and not excessive. Air ambulance is appropriate when the criteria is met, ground ambulance transport is precluded due to adverse weather and/or road conditions (e.g., flooding, ice, snow), ground transportation is not available for more than 20 hours, or ground travel duration is excessive and not reasonable. Total time in transit must be less time than ground transportation.
02/15/2022	Document updated with literature review. The following changes were made in Coverage: 1) Separated medical versus behavioral health non-emergent transports; 2) Added coverage criteria specific to non-emergent behavioral health transports. References updated. Changed title from “Ambulance and Medical Transport Services.”
01/15/2021	The following modification was made to Coverage under Emergency Ambulance Transport Service, section II and III: Changed “Transportation by ground ambulance poses a threat to the patient’s survival or seriously endangers the patient’s health due to the time, distance or instability of transportation by ground.” TO “Transportation by ground ambulance poses a threat to the patient’s survival or seriously endangers the patient’s health due to the time, distance or lack of availability for transportation by ground.
06/01/2020	Document updated with literature review. The following changes were made in Coverage: 1) Added Subsection III for Non-Emergency Air Ambulance Transport for Solid Organ Transplants when: a) Member meets medical necessity criteria for a solid organ transplant; b) The procured organ is from a deceased donor or medically unstable donor; c) Transportation by ground/commercial flight poses a threat to the successful outcome of transplantation due to the time, distance or instability of transportation by

	ground 2) Added Note 5: As a general rule, patients should be available to the transplant facility within 4 hours of procurement. Added references 6, 9. Some removed.
06/15/2019	Reviewed. No change(s).
12/15/2018	The following Changes were made in Coverage: 1) Added under Section I Emergency Air Ground Transport “unless the nearest appropriate hospital is on divert or has no available beds or accepting physician” 2) Added under Section III Emergency Air Ambulance Transport from A Health Care Facility/Hospital Emergency Department or Inpatient Setting: “unless the nearest appropriate hospital is on divert, has no available beds or accepting physician, or the air ambulance cannot land”.
07/01/2018	Document updated with literature review. Coverage unchanged.
10/01/2017	Document updated with literature review. The following changes were made to Coverage: 1) Added “including but not limited to” in section III Emergency Air Ambulance. 2) Reformatted section II Emergency Air Ambulance and revised criteria to state both a) “The point of pick-up is inaccessible by land vehicle, or ground ambulance transport is precluded due to adverse weather and/or road conditions (e.g., flooding, ice, or snow):” and b) “Transportation by ground ambulance poses a threat to the patient’s survival or seriously endangers the patient’s health due to the time, distance or instability of transportation by ground. As a general rule, the time and distance requirement is met if the total estimated time for transportation from the site of accident, injury or illness is projected to be at least 30 minutes shorter for air ambulance than for ground ambulance.” 3) Revised criteria in Section III Emergency Air Ambulance to state “Transportation by ground ambulance poses a threat to the patient’s survival or seriously endangers the patient’s health due to the time, distance or instability of transportation by ground. As a general rule, the time and distance requirement is met if the total estimated time for transportation from the originating to the receiving facility is projected to be at least 30 minutes shorter for air ambulance than for ground ambulance.” 5) Removed NOTE from section II and section III for Emergency Air Ambulance transport that states “This takes into account the relative proximity of the ambulance to the scene, availability of crews, time to mobilize the aircraft, and the total distance traveled”.
12/01/2016	The following changes were made to Coverage: 1) Added NOTE 1: When a patient is transferred from one provider to another, in-network consideration may apply 2) Removed the following bullet from the section “Other”: Services provided by an ambulance crew who do not transport a patient but only render basic first aid (e.g. ambulance dispatched and patient refuses care, ambulance dispatched and only basic first aid is rendered).
08/01/2016	Document updated with literature review. The following change was made to coverage: a) Criteria for emergency air ambulance transport section II and

	section III were revised to state “The total estimated time from initial call for transportation to arrival of the patient at the receiving facility is projected to be significantly shorter (at least 30 minutes) for air ambulance than for ground ambulance.” b) Criteria under Section III of Emergency Ambulance Transport Services revised to include “the nearest” to “The patient is being transferred to the nearest equivalent or higher level of acuity inpatient facility; AND”.
07/15/2015	Document updated with literature review. The following editorial change was made to Coverage: 1) added “ <b>ALL</b> of the following criteria are met” to section 1A, Non-Emergency Ground Ambulance Transport.
09/15/2014	Document updated with literature review. The following changes were made to coverage: 1) Definitions of an emergency and non-emergency condition were added. 2) Ambulance transport by sea was removed. 3) Criteria for emergency air ambulance transport, non-emergency ground ambulance transport, and non-emergency air ambulance transport were completely revised. CPT/HCPCS code(s) updated.
08/01/2008	Legislation revised, added New Mexico legislation to policy.
11/15/2007	Revised/updated entire document
09/15/2004	Codes added/deleted
07/01/2004	Revised/updated entire document
11/01/1997	Revised/updated entire document
05/01/1996	Revised/updated entire document
01/01/1992	Revised/updated entire document
09/01/1991	Revised/updated entire document