



CLINICAL MEDICAL POLICY	
Policy Name:	Ambulance Services – Ground
Policy Number:	MP-072-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	08/01/2023; 09/01/2022; 08/20/2021; 08/10/2020; 03/16/2020; 05/06/2019
Effective Date:	09/01/2023; 10/01/2022; 09/20/2021; 10/19/2020; 10/21/2019; 10/01/2018; 12/01/2017
Next Annual Review:	07/2024
Revision Date:	07/19/2023; 07/20/2022; 07/21/2021; 07/15/2020; 02/19/2020
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 7

Policy History

Date	Activity
09/01/2023	Provider Effective date
07/19/2023	QI/UM Committee review
07/19/2023	Annual Review: Removed retired CMS guidance, including the ICD-10 Diagnosis Code section and requirements. Removed Retired CMS LCD & LCA references (LCD/LCA retired as of 02/09/2023).
10/01/2022	Provider Effective date
07/20/2022	QI/UM Committee review
07/20/2022	Annual Review: No changes to medical necessity criteria. Reformatted Procedures section numbering. Moved ‘Documentation Requirements’ and ‘Utilization Guidelines’ sections to Procedures section. Removed diagnosis code M54.5, added diagnosis codes M54.50 and M54.51 to Group 1 Diagnosis Codes sections, per AMA guidelines.
09/20/2021	Provider effective date
07/21/2021	QI/UM Committee review
07/21/2021	Annual Review: Added “Appropriate Facility” to Definitions section. Minor formatting changes made to Procedures section. Revised the following HCPCS Codes descriptions: A0427, A0429, A0433, A0434, A0888, & A0999. The following ICD-10-CM codes have been removed from the Group 1 Codes: O99.89 and R51. The

	following ICD-10-CM code(s) have been added to the Group 1 Codes: M79.602, O99.891, O99.892, O99.893 and R51.0. Updated References section.
09/07/2020	Provider effective date
07/15/2020	QI/UM Committee review
07/15/2020	Urgent Revision: This policy is based on Medicare guidelines. However, the policy has been revised to remove specific Medicare/Novitas Solutions requirements not necessary for GHP Medicaid products. Changes were made to the Documentation Requirements on pages 17 to 19; the word 'beneficiary' was removed and replaced with 'patient'. 'Treatment, no transport' statement removed from Limitations.
04/13/2020	Provider Effective Date
02/19/2020	QI/UM Committee Review
02/19/2020	Annual Review: Revised definition of ALS1; under Procedures minor formatting changes, added statement on billing for noncovered ambulance services; in the Destination section 3.2.c added statement regarding transport for hemodialysis; added new section #4 on Limitations; Attachment B, added new table on coding requirements for diagnosis code Z76.89 for patients transported by ambulance but did not require the services of an ambulance crew; add Utilization Guidelines and updated Reference section
05/06/2019	Provider effective date
02/20/2019	QI/UM Committee review
06/21/2018	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary ground ambulance transportation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Ground BLS (Basic Life Support) Ambulance Service – The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an EMT-Basic (emergency medical technician-basic). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral IV (intravenous) line.

Ground ALS1 (Advanced Life Support, Level 1) – The transportation by 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. An ALS intervention is a procedure that is in accordance with State and local laws, required to be done by an EMT-Intermediate (emergency medical technician-intermediate) or EMT-Paramedic.

ALS1-Emergency – When medically necessary, 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 provider or supplier is called, requires an immediate response. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Appropriate Facility - The institution is generally equipped to provide hospital care necessary to manage the illness or injury involved. In the case of a hospital, it also means that a physician or a physician specialist is available to provide the necessary care required to treat the patient's condition.

Ground ALS2 (Advanced Life Support, Level 2) – An ALS2 is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

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

Procedures

1. Emergency Ground Ambulance Service

Emergency ground ambulance transportation (including wait time and treatment at the scene) is considered medically necessary when the service is provided by a licensed ambulance provider from the location of the sudden illness or injury to the nearest hospital where emergency health services can be performed.

Emergency ambulance services are considered medically necessary when ALL of the following conditions are met:

- A. The services meet the destination limits of closest appropriate facilities; AND
- B. The services are provided by an ambulance service that is licensed by the state; AND
- C. The patient's condition is an emergency that renders the patient unable to be safely transported to the hospital in a moving vehicle other than an ambulance, for the amount of time required to complete the transport, and being transported in the moving vehicle may result in ANY ONE of the following:
 - 1) Place the patient's health in serious jeopardy; OR
 - 2) Cause serious impairment to bodily functions; OR
 - 3) Cause serious dysfunction of any body organ or part; AND
- D. The ambulance transport must be to the nearest institution with appropriate facilities for the treatment of the illness or injury involved. Covered destinations for emergency ambulance services include:
 - 1) Hospitals; OR
 - 2) Physician's office, only if during an emergency transportation to a hospital, the ambulance stops at a physician's office en route due to a dire need for professional attention, and thereafter continues to the hospital. In such cases, the patient is deemed not to have been transported to the physician's office, and payment may be made for the entire trip.

Note: Emergency response means responding immediately at the Basic Life Support (BLS) or Advanced Life Support 1 (ALS1) level of service to a 911 call or the equivalent. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

2. Non-Emergent Ground Ambulance Service

Non-emergent ground ambulance medical necessity is established when the patient's clinical condition is such that the use of any other method of transportation, such as taxi, private car, or other type of vehicle, would be contraindicated (i.e., would endanger the patient's medical condition). Non-emergent ambulance services may be those that are scheduled in advance – scheduled services being either repetitive or non-repeating.

Non-emergent ambulance transportation is considered medically necessary when ALL of the following conditions are met:

- A. The services are provided by a licensed ambulance provider between facilities; AND
- B. The patient is considered bed-confined before, during, and after transportation. For the purposes of this medical policy, "bed-confined" means the patient must meet ALL of the following:
 - 1) Unable to get up from bed without assistance; AND

- 2) Unable to ambulate; AND
 - 3) Unable to sit in a chair (including a wheelchair); AND
- Statements about the patient's bed-confined status must be validated in the record with contemporaneous objective observations and findings as to the patient's functional physical or mental limitations that have rendered him/her bed-confined.

Non-emergent ambulance transportation for services which are excluded from SNF consolidated billing must meet the above listed criteria. The transportation must also meet ALL of the following conditions:

- A. The patient is transferred from one acute care facility to another acute care facility/clinic; AND
- B. The patient is registered as inpatient in an acute care hospital; AND
- C. Specialized services are not available in the hospital in which the patient is currently registered; AND
- D. The specialized services are considered reasonable, medically necessary, and covered under the patient's coverage; AND
- E. The provider of the specialized services is the nearest one with the required capabilities; AND
- F. ANY ONE of the following transfer conditions exist:
 - 1) The patient is transferred from a Skilled Nursing Facility (SNF)/rehabilitation facility to the closest appropriate facility to treat the patient's condition; OR
 - 2) The patient is transferred via ambulance services outside of the state or country if the transfer is to or from an acute care hospital. The facility outside of the state or country must be the closest appropriate facility to treat the patient's condition; OR
 - 3) The patient is transported via ambulance services to a physician's office when the transporting ambulance stops at a physician's office because the patient is in dire need of professional attention; OR
 - 4) Ground transportation is to the patient's home from an acute care, rehabilitation, or SNF (not more than 125 miles from discharging facility); OR
 - 5) Ambulance services are for a postpartum mother within the first 72 hours after delivery of a live infant that required emergent transport to higher level of care.

Note: Non-emergent ambulance transportation is not covered for patients who are restricted to bed rest by a physician's instructions but who do not meet the above listed criteria. If some means of transportation other than an ambulance (i.e., private car, wheelchair van, etc.) could be utilized without endangering the patient's health, whether such other transportation is actually available, no payment may be made for ambulance service.

Note: Non-emergent ambulance services may be those that are scheduled in advance – scheduled services being either repetitive or non-repeating.

Appropriate destinations for non-emergent ambulance transports:

- Hospitals
- Skilled nursing facilities
- Dialysis facilities – Ambulance services furnished to a maintenance dialysis patient only when the patient's condition at the time of transport requires ambulance services. The presence of

end stage renal disease requiring hemodialysis does not alone qualify a patient for ambulance transportation.

- Transport from an SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is a resident, including the return trip (for instance, cardiac catheterization; specialized diagnostic imaging procedures such as computerized axial tomography or magnetic resonance imaging; surgery performed in an operating room; specialized wound care; cancer treatments) when the patient's condition at the time of transport requires ambulance services.
- The patient's residence, only if the transport is to return from an appropriate facility, and the patient's condition at the time of transport requires ambulance services.

Non-emergent ambulance transportation is noncovered for ANY of the following conditions:

- A. Patients who are restricted to bed rest by a physician's instructions but who do not meet the above listed criteria. If some means of transportation other than an ambulance (i.e., private car, wheelchair van, etc.) could be utilized without endangering the individual's health, whether such other transportation is actually available, no payment may be made for ambulance service; OR
- B. Transportation is provided for the patient who receiving a service that could have been safely and effectively provided in the point of origin (residence, SNF, hospital, etc.). Such transportation is not covered even if the patient could only have gone for the service by ambulance.

3. Documentation Requirements

- All documentation must be maintained in the patient's medical record and made available upon request.
- It is the responsibility of the ambulance supplier to maintain complete and accurate documentation of the patient's condition to demonstrate the ambulance service being furnished meets the medical necessity criteria.
- A Trip/Run Sheet should be maintained for each patient. A Trip/Run sheet is a detailed description of the patient's condition at the time of transport. The Trip/Run sheet must "paint a picture" of the patient's condition and must be consistent with documentation found in other supporting medical record documentation (including the physician's certification).
- Signatures, including credentials, from the person(s) responsible for the care of the patient must be documented.
- For hospital-to-hospital transports, the trip/run sheet must clearly indicate the precise treatment or procedure (or medical specialist) that is available only at the receiving hospital. Non-specific or vague statements such as "needs cardiac care" or "needs higher level of care" are insufficient.
- The number of loaded miles should be documented in the record.

4. Utilization Guidelines

Most patients who require ambulance transportation have a short-term need due to an acute illness or injury. Longer term repetitive or frequent ambulance transportation is medically necessary for relatively few patients. Highmark Wholecare expects that more than eight (8) covered ambulance trips per year will rarely be medically necessary for an individual beneficiary and will cover no more than twelve (12) ambulance trips per beneficiary, per year, without a Medical Director's review of the patient's medical record.

5. Limitations

The following are NOT included in ambulance transportation coverage:

- Transportation via Mobile Intensive Care Unit (MICU)
- Parking fees
- Tolls for bridges, tunnels, and/or highways

6. Related Policies

- MP-073-MD-PA Air Ambulance

7. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

Coding Requirements

Procedure Codes

HCPCS Code	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport level 1 (ALS1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0999	Unlisted ambulance service

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10: Ambulance services. Revised on July 16, 2018. Accessed June 14, 2023.

Centers for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual Chapter 15: Ambulance. Revised on January 1, 2021. Accessed on June 14, 2023.