Medical Policy
Ground Ambulance

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Policy Number: 146
BCBSA Reference Number: N/A

Related Policies
Air Ambulance Transport #142

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Coverage Guidelines: Ambulance services are covered as outlined by each Blue Cross member's benefit design or subscriber certificate.

Non-emergent ambulance transport is considered **MEDICALLY NECESSARY** when all the following criteria are met:
- The member is bed-confined. Bed-confined is defined as:
    - Unable to get out of bed without assistance; **and**
    - Unable to ambulate; **and**
    - Unable to sit in a chair or wheelchair
- Transportation using a mode other than an ambulance will precipitate an adverse event or would be medically contraindicated
- Diagnosis and present clinical condition justify ambulance transport
- Transportation is to a covered destination.

Non-emergent ambulance transport is considered **NOT MEDICALLY NECESSARY** in **any** of these circumstances:
- For the member's convenience instead of medical necessity
- If the member can be moved by a wheelchair
- If the member is not bed-confined
- If the member can be moved or travel by a special van or other means
- For the convenience of the doctor or staff
- For the convenience of the member or their family
- From a residential facility to member's home
- From a member's home to a residential facility
- From one residential facility to another

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- For travel to the individual's doctor's office.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS) **For Managed Care Members (HMO Blue,® Blue Choice,® Access Blue)**	Prior authorization is **required.** • All non-emergent ambulance transports from a member's home or residence[1] to a contracted facility or provider • Chair car/van Prior authorization is **not required for:** • Emergency transports • Non-emergency ambulance transports between facilities when the patient is an inpatient • Involuntary transport to a psychiatric facility [1] A member's "residence" is defined as the place where he or she makes their home and dwells permanently, or for an extended period of time.
Commercial PPO and Indemnity	Prior authorization is **not required for:** • Any ground ambulance services • Involuntary transport to a psychiatric facility • Air ambulances Note: all air ambulance claims must be submitted with supporting documentation and will be reviewed for medical necessity.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use Authorization Manager to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the service request is processed accurately and quickly:
- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources
Refer to our Authorization Manager page for tips, guides, and video demonstrations.

For out of network providers: Requests should still be faxed to 1-888-282-0780.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

Non-Covered Codes for Non-Emergent Transports
Because these codes do not meet the coverage criteria described on the previous table, we do not cover these transports or review them for medical necessity.

Billing Code	Description of Service
DP	Diagnostic to medical doctor's office (MDO)
DS	Diagnostic to scene of accident
DX	Diagnostic to intermediate stop
EP	Residential/custodial to medical doctor's office (MDO)
ER	Residential/custodial to residence
ES	Residential/custodial to scene of accident
EX	Residential/custodial to intermediate stop
HP	Hospital to medical doctor's office (MDO)
HS	Hospital to scene of accident
HX	Hospital to intermediate stop
IR	Site of transfer (helicopter pad) to residence
NP	SNF to medical doctor's office (MDO)
NS	SNF to scene of accident
NX	SNF to intermediate stop
PE	Medical doctor's office (MDO) to residential/custodial
PN	Medical doctor's office to SNF
PP	Medical doctor's office (MDO) to MDO
PR	Medical doctor's office (MDO) to residence
PS	Medical doctor's office (MDO) to scene of accident
PX	Medical doctor's office (MDO) to intermediate stop
RE	Residence to residential/custodial
RI	Residence to site of transfer (helicopter pad)
RP	Residence to medical doctor's office (MDO)
RR	Residence to residence
RS	Residence to scene of accident
RX	Residence to intermediate stop
SE	Scene of accident to residential/custodial
SN	Scene of accident to SNF
SR	Scene of accident to residence
SS	Scene of accident to scene of accident
SX	Scene of accident to intermediate stop

The above <u>medical necessity criteria MUST</u> be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)

Description

Non-emergent transport includes an ambulance that is required to take a member from home/residence to facility to receive care or from a facility to home after receiving care. It also includes an ambulance that is needed for a behavioral health condition.

Policy History

Date	Action
9/2023	Policy clarified to include prior authorization requests using Authorization Manager.
4/2021	Clinical UM criteria on Ground Ambulance moved medical policy. Effective 4/1/2021.
2008-2020	Ground ambulance clinical UM criteria. Review Dates: April 14, 2008; April 29, 2009; May 3, 2010; April 7, 2011; April 9, 2012; April 11, 2013; April 10, 2014; March 30, 2015; March 24, 2016; March 21, 2017; March 27, 2018; March 22, 2019; June 10, 2019.
3/2007	Ground ambulance clinical UM criteria. Original effective date: March 22, 2007.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines