

Ambulance Transport

MEDICAL POLICY NUMBER: 118

Effective Date: 5/1/2024	COVERAGE CRITERIA	2
Last Review Date: 3/2024	POLICY CROSS REFERENCES.....	2
Next Annual Review: 3/2025	POLICY GUIDELINES.....	2
	BILLING GUIDELINES AND CODING	3
	REFERENCES.....	4
	POLICY REVISION HISTORY.....	4

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for ambulance transport coverage determinations for **all lines of business**. (For Medicare plan members, see the separate Medicare medical policy.) Click the link provided in the table below to access applicable coverage criteria. All listed guidelines apply.

- I. For Ambulance Services (Ground and Air), apply the [Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services](#)
 - A. **NOTE:** This Medicare manual addresses many scenarios for which ground and/or air ambulance services may be required. Please consider all relevant sections during the course of a medical necessity review.

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

BACKGROUND

The Medicare Benefit Policy Manual reference noted above serves as the primary resource for Medicare coverage of ambulance services; however, additional information can also be found on the [local Medicare Administrative Contractor \(MAC\) - Noridian- web page for ambulance services](#). This includes, but is not limited to, information regarding coverage (or non-coverage), billing, and Medicare requirements for transport vehicles and their staff.

DEFINITIONS

Under Medicare, the terms ground and air ambulance refer to multiple types of vehicles.

- “Ground ambulance” refers to land (automobile) and water transport vehicles.
- “Air ambulance” refers to fixed wing (airplane) and rotary wing (helicopter) aircraft.

BILLING GUIDELINES AND CODING

GENERAL

While HCPCS codes used to report ambulance services may not require prior authorization, they may be subject to utilization audit or post-service review. The coverage criteria in this policy apply to any ambulance service being reviewed, regardless of what HCPCS code is used.

Ambulance services are not paid under the CMS Physician Fee Schedule, but instead are subject to the separate CMS Ambulance Fee schedule.

- Some ambulance services are excluded by Original Medicare, but may be considered a covered benefit by the Plan.
- Ambulance A-codes considered to be "covered" services neither means, nor guarantees, separate reimbursement or payment.

CODES*		
CPT	None	
HCPCS	None	

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.

- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

None

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
7/2022	Annual review, no changes (converted to new policy template 2/2023)
4/2023	Annual review, separated policy by line of business, no change to criteria
5/2024	Annual review, no change to criteria