

Ambulance Transportation

Policy Number: PG0455

Last Review: 11/01/2022



HMO & PPO
MARKETPLACE
MEDICARE – ELITE,
MAP & PROMEDICA

IMPORTANT | Paramount medical policies only apply to Paramount Advantage Medicaid claims with dates of service before Feb. 1, 2023. Please contact Anthem, for Medicaid claims with dates of service on or after Feb. 1, 2023.

GUIDELINES

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE

- ☒ Professional
☐ Facility

DESCRIPTION

Ambulance transport services involve the use of specially designed and equipped vehicles to transport ill or injured individuals. Ambulance transport may involve the emergency medical transport of an individual to the nearest hospital for treatment of the individual's illness or injury or non-emergency medical transport of an individual to another location to obtain medically needed specialized services. An air ambulance may be a specially equipped aircraft such as a helicopter or airplane. Water ambulances are specially equipped boats.

Emergency ambulance transportation is an urgent service in which the member experiences a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care. Acute signs or symptoms of sufficient severity must manifest the emergency medical condition such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

- Place the patient's health in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any body organ or part.

Nonemergency ambulance transportation are conditions that require medical attention by EMT-trained personnel while in transit. Non-emergency ambulance services may be those that are scheduled in advance – scheduled services being either repetitive or non-repetitive. The non-emergent medical transport may include the transport of a member from a sub-acute or emergency room setting transported to an outpatient facility and back (outpatient hospital, outpatient facility, dialysis center, or physician's office), from an acute care hospital or emergency department to another acute care hospital for diagnostic or therapeutic services, from a member's place of residence to an acute or residential treatment center [RTC] level of care, to obtain medically necessary medical needs.

Air and Water ambulance is a designed, equipped and staffed ambulance with materials and devices necessary for rapidly life-saving and supportive treatments or interventions to transport a member to the nearest appropriate

facility that could not otherwise be accomplished or be accessed by a ground ambulance without endangering the member's health. Air and Water ambulance services may be involved in a primary response (transporting from the scene to a nearby receiving facility) or a secondary response (interfacility transport due to the need for a higher level of care). Air ambulances are either rotary-wing (helicopter) or fixed-wing (commercial or private aircraft).

POLICY

Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid

Emergency Ambulance Transportation by ground, water or air is covered without a preauthorization when the patient's condition requires the vehicle itself or the specialized services of the trained ambulance personnel.

Emergency ambulance services are a covered benefit when the services meet the coverage criteria requirements as outlined below. The ambulance transport benefit covers a medically necessary transport of a member by ground, air or water ambulance to the nearest appropriate facility that can treat his or her condition when any other methods of transportation are contraindicated.

- Transportation to the nearest hospital that can provide services appropriate to the covered person's illness or injury
- Transportation to the nearest neonatal special care unit for newborn infants' treatment of illness, injuries, congenital birth defects, or complications of premature birth that require that level of care
- Ground ambulance or Air Ambulance transportation requiring basic life support or advanced life support
- Supplies that are needed for advanced life support or basic life support to stabilize a member's medical condition
- Treatment at the scene (paramedic services) without ambulance transportation
- Transportation to a hospital that provides a required higher level of care that was not available at the original hospital

Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid

Non-Emergency Ambulance Ground Transportation: Prior authorization is **NOT** required for non-emergency Ground transport when coverage criteria below is met:

- A0130 - Nonemergency transportation: wheelchair van
- A0140 - Nonemergency transportation and air travel (private or commercial) intra-or interstate (**Prior Authorization required for non-emergent air travel**)
- A0426 - Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
- A0428 - Ambulance service, basic life support, nonemergency transport, (BLS)
- A0434 - Specialty care transport (SCT)

Non-Emergency Air and Water Ambulance Transportation: Prior authorization is required for Non-Emergency Air and Water Ambulance transport:

- A0140 - Nonemergency transportation and air travel (private or commercial) intra-or interstate (**Prior Authorization required for non-emergent air travel**)
- A0430 - Ambulance service, conventional air services, transport, one way (fixed wing)
- A0431 - Ambulance service, conventional air services, transport, one way (rotary wing) (**Prior Authorization required when provided for non-emergent services**)
- A0434 - Specialty care transport (SCT) (**Prior Authorization required when provided for non-emergent air services**)
- A0435 - Fixed wing air mileage, per statute mile
- A0999 - Unlisted ambulance service (**Prior Authorization requested when specified as non-emergent ambulance service, water transport**)

The following procedure codes are noncovered, separate reimbursement is not warranted:

- A0420 - Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
- S9960 - Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
- S9961 - Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

- T2007 - Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments.

Paramount may routinely require medical records for review, verifying supporting medical necessity, for the following procedure codes:

- A0424 - Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
- A0888 - Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Payment for ambulance services is only made to the provider/supplier that provides the transport regardless of how many providers/suppliers respond to a request for an ambulance.

COVERAGE CRITERIA

Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid

Emergency Ambulance Transport Services

The following Emergency Ambulance Transport Services are covered:

- Transportation to the nearest hospital that can provide services appropriate to the covered person's illness or injury
- Transportation to the nearest neonatal special care unit for newborn infant's treatment of illness, injuries, congenital birth defects, or complications of premature birth that require that level of care
- Ground, Water or Air Ambulance transportation requiring basic life support or advanced life support
- Supplies that are needed for advanced life support or basic life support to stabilize a member's medical condition
- Treatment at the scene (paramedic services) without ambulance transportation
- Transportation to a hospital that provides a required higher level of care that was not available at the original hospital

The following points of transport are recognized for coverage:

- A diagnostic or therapeutic site other than a practitioner's office or a hospital, such as an alcohol and drug rehabilitation center, an ambulatory surgery center, an independent diagnostic testing facility, or a medical equipment supplier;
- A residential, domiciliary, or custodial facility that is not a skilled nursing facility;
- A dialysis facility located in a hospital;
- A hospital;
- A site of transfer between modes of transport, such as an airstrip or a helipad;
- A dialysis facility not located in a hospital;
- A skilled nursing facility;
- A practitioner's office, which includes but is not limited to the office of an individual health professional, the office of a group of health professionals, or a clinic;
- A residence other than a residential, domiciliary, or custodial facility; and
- The scene of an accident or an acute event;
- A workplace; and
- A school.

Emergency Ground Ambulance Transport

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 responding emergency medical services (EMS) ambulance, in accordance with state regulations, is a specially designed and equipped vehicle used to transport the sick or injured; and
- The responding EMS ambulance, in accordance with state regulations, is staffed by state certified or qualified

staff who are able to provide basic life support or advanced life support services, as appropriate, at the treating location during the time of the emergency; and

- The EMS staff is able to provide assessment, monitoring, assistance, treatment, and observation during transportation; and
- Due to the patient's condition requiring immediate and rapid medical needs, the use of any other method of transportation is contraindicated; and
- As a general rule, 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 patient's condition requires a higher level of trauma care or other specialized service that is only available at the more distant hospital, or
 - The nearest appropriate hospital is on divert or has no available beds or accepting physician.

Emergency Air and Water Ambulance Transport from Site of Accident, Injury or Illness

Emergency air and water ambulance transport services from the site of accident, injury or illness may be considered medically necessary when the criteria for Emergency Ground Ambulance Transport above is met:

- The patient is in a critical life threatening condition, that is life or limb threatening, requiring advanced life support; i.e. 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;
 - Intracranial bleeding
 - Acute myocardial infarction requiring emergent intervention;
 - Burns requiring immediate treatment in a Burn Center;
 - Catastrophic, life-threatening illness or trauma;
 - Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit;
 - Multiple severe injuries;
 - Life-threatening trauma;
 - Drowning, suffocation or strangulation;
 - Transplants;
 - High-risk pregnancy (high risk of preterm delivery or high medical risk to the mother or fetus); and
- The air or water ambulance transport services are requested by police or medical authorities at the site of the emergency; 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
 - Great distances, limited time frames, or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities for treatment; i.e. when it would take a ground ambulance 30-60 minutes or more to transport a member whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the illness or injury.

As a general rule, the air and water ambulance transport destination must be local, which means that only mileage to the nearest appropriate facility equipped to treat the patient is covered. Some circumstances that may justify air ambulance transport to a more distant institution include:

- The patient's condition requires a higher level of trauma care or other specialized service that is only available at the more distant hospital.
- No beds are available at the nearest institution.

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.

Emergency Ground Transport from an Acute Care Facility to an Acute Care Facility

Transport of a Registered Inpatient from one Acute Care Facility to another Registered Inpatient Acute Care Facility is considered medically necessary when ALL of the following is met:

- There is a medical condition that is life or limb threatening, or treating personnel deem to be life or limb threatening, and the patient's condition is such that a delay in treatment poses a threat to the patient's survival or seriously endangers the patient's health, or could result in serious impairment to the patient's bodily functions and/or serious dysfunction of any of the patient's bodily organs or parts, AND
- The necessary emergency diagnostic and/or therapeutic services are not available at the facility in which the member is admitted. The necessary diagnostic and/or therapeutic services are available at the facility to which the member is being transported.

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

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, that is life or limb threatening, i.e. has unstable vital signs, unstable respiratory or cardiac status, including but not limited to ONE of the following conditions:
 - Intracranial bleeding requiring emergent intervention;
 - Cardiogenic shock;
 - Intracranial bleeding
 - Acute myocardial infarction requiring emergent intervention;
 - Burns requiring immediate treatment in a Burn Center;
 - Catastrophic, life-threatening illness or trauma;
 - Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit;
 - Multiple severe injuries;
 - Life-threatening trauma;
 - Drowning, suffocation or strangulation;
 - 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.

Air ambulance transports are covered only to an acute care hospital.

Air ambulance transports to the following destinations are not covered, not an all-inclusive listing:

- Nursing facilities
- Physicians' offices and
- Member's home

Non-Emergency Ambulance Transport Services

Nonemergency ambulance transport requirements are met when nonemergency ambulance transport is outlined as a benefit according to the member's Evidence of Coverage. A member's Evidence of Coverage may include various limits or exclude the eligibility of the transport origin, transport destination, type of provider or transport (e.g., nonemergency ambulance transport), and/or the participation status of the transport provider. Individual member benefits must be verified.

Non-Emergency Ground Ambulance Transport

Non-emergency ground ambulance transportation may be considered for the following medical indications:

- The medical condition of the member prevents safe transportation by any other means.
 - The member requires skilled/trained monitoring during transport for the following:

- The member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain
- The member requires restraints to prevent harm and/or injury to self or others
- The member is comatose
- The member requires advanced airway management (e.g., ventilator dependent, apnea monitor, deep suctioning, etc.)
- The member requires cardiac/hemodynamic monitoring en route
- The member requires continuous IV therapy en route
- The member is dependent on a ventilator
- The member must remain immobile because of a fracture or possibility of fracture
- The member's condition prohibits other forms of transportation
 - The member is bed confined. (This is defined as: unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair.)
 - The member cannot safely sit upright while seated in a wheelchair
 - The member can tolerate a wheelchair, but is medically unstable

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.

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:

- Transfer from a member's home to the physician office or other facilities for outpatient treatment procedure or tests where the member'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
- Transfer from an acute care facility to an individual's home or skilled nursing facility is required and the individual is unable to be transferred by any other method. Examples include being bed confined and unable to sit in a wheelchair or the presence of a condition that only allows transport by stretcher, 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.

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.

Non-emergency ground ambulance transportation in a sub-acute setting and is transported to an outpatient facility and back (outpatient hospital, outpatient facility, dialysis center, or physician's office), these ambulance services are covered under the benefits that apply to that sub-acute setting. For example, if the member is at a Skilled Nursing Facility, the ambulance transport to an outpatient facility (dialysis facility or radiation whether or not it is attached to a hospital) and back is covered under the Skilled Nursing Facility/Inpatient Rehabilitation Facility Services section of the Certificate of Coverage (COC).

Special Note Regarding Patients Transported To and From Hemodialysis Centers:

The presence of ESRD and the requirement for hemodialysis do not alone qualify a patient for ambulance

transportation. Patients transported to and from hemodialysis centers are required to have other conditions supporting nonemergency coverage criteria, as described above, and requires adequate documentation of those conditions in the ambulance supplier's trip/run sheet and in the medical records of other providers involved with the patient's care.

Non-emergency ground ambulance transportation services to provide member transport for routine care when transport by other means would not endanger the member's health is considered not medically necessary.

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.

Non-Emergency Air Ambulance Transport

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).

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.

Ambulance Transportation Coverage Limitations and Exclusions

The following ground, water or air transport services are considered not medically necessary, may not be all-inclusive:

- 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;
- Commercial or private airline, helicopter or water vessels;
- A police car or fire department ride to a hospital;
- Taxi ride, bus ride, rideshare services such as Lyft and Uber, etc.;
- Ambulance transportation for member convenience or other miscellaneous reasons for member and/or family, examples include but are not limited to:
 - Member wants to be at a certain hospital or facility for personal/preference reasons
 - Member is in foreign country, or out of state, and wants to come home for a surgical procedure or treatment (this includes those recently discharged from inpatient care)
 - Member is going for a routine service and is medically able to use another mode of transportation
 - Member is deceased and family wants transportation to the coroner's office or mortuary
- Paramount does not covered parking fees, tolls for bridges, tunnels and highways;
- Ambulance services from providers that are not properly licensed to be performing the ambulance services rendered;
- Ambulance transportation deemed not appropriate. Examples include but are not limited to:
 - Hospital to home (exceptions indicated above)
 - Home to physician's office
 - Home (e.g., residence, nursing home, domiciliary or custodial facility) to a hospital for a scheduled service

Ground Ambulance Coding

Ground ambulance transport and mileage services are reported using codes A0225, A0426-A0429, A0432-A0434, A0888, A0998, A0999, and T2007.

The appropriate two-digit origination and destination modifier must be reported.

Air Ambulance Coding

Fixed wing air ambulance transport and mileage is reported as A0430 and A0435.
Rotary wing air ambulance transport and mileage is reported as A0431 and A0436.
The appropriate two-digit origination and destination modifier must be reported.

Water Ambulance Coding

Water ambulance codes is reported as A0999

Pronounced Dead Before Arrival

In the case where the member was pronounced dead after the ambulance is called but before the ambulance arrives at the scene, payment may be made for a BLS service if a ground vehicle is dispatched or at the fixed wing or rotary wing base rate, as applicable, if an air ambulance is dispatched.

Mileage would not be allowed. Providers should report code A0428. The provider must also report modifier QL instead of the origin and destination modifier. In addition to the QL modifier, report modifier QM or QN.

Waiting time

Waiting time is a charge that an ambulance service company makes for time spent while waiting for the patient. Ambulance companies usually consider that the total time involved in picking up a patient and transporting the patient to the destination involves some waiting time. This waiting time is not a separate identifiable part of the charge rate for a covered ambulance service and therefore, is not reimbursable as a separate charge unless the waiting time is extraordinarily long and constitutes unusual circumstances.

The reasonableness of the additional amount charged in any given instance must be determined based on knowledge of all the pertinent facts including:

- The customary additional charge, under the circumstances, of the physician or other person rendering the service
- The prevailing charging practices under such circumstances of physicians and other persons in the locality and
- The additional time spent, or expenses incurred by the physician or other person rendering the service.

Patient Transport Refusal or Treat but No Transport

In a situation where the ambulance responds and treats the member's medical condition but provides no transport, either because the medical issue is resolved or the patient refused to be transported to a medical facility, code A0998 only may be reported. This service may be considered allowable; however, the patient's condition and treatment must be documented.

Definitions

An advanced life support (ALS) assessment: An assessment performed by an ALS crew as part of an Emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

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.

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:

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

Loaded Mileage: Defined as ambulance transport miles from the pickup of a member to his/her arrival at destination. It does not include transport miles before the member pickup or after the member's arrival at the destination.

Specialty Care Transport (SCT): The interfacility transportation of a critically injured or ill member by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a member's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training.

CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

HCPCS CODE	
A0130	Nonemergency transportation: wheelchair van
A0140	Nonemergency transportation and air travel (private or commercial) intra-or interstate
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service [when specified as ambulance service, water transport]
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments.
Revenue Codes	

0545	Ambulance – Air Ambulance
0549	Ambulance – Other Ambulance
Modifiers	
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services

The following is a list of Point-of-Transport Modifiers to be used by ambulance suppliers:

Code	Description
D	Diagnostic or therapeutic site other than "P" or "H"
E	The residential, domiciliary, custodial facility, nursing home other than SNF (other than 1819 facility)
G	Hospital-based dialysis facility (hospital or hospital-related) which includes: <ul style="list-style-type: none"> Hospital administered/Hospital located Non-Hospital administered/Hospital located
H	Hospital
I	The site of transfer (e.g., airport, ferry, or helicopter pad) between modes of ambulance transport
J	Non-hospital-based dialysis facility <ul style="list-style-type: none"> Non-Hospital administered/Non-Hospital located Hospital administered/Non-Hospital located
N	Skilled Nursing Facility (SNF) (1819 Facility)
P	Physician's Office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	The scene of Accident or Acute Event
X	Destination Code Only) Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.)
Ohio Department of Medicaid additional assigned Modifiers, Appendix 5160-15-25	
U4	Workplace
U7	School
U5	An origin/destination point not other wise specified. It does not need a second descriptor, but it does require manual review.
	Note: With the two-character descriptors U4 and U7, a second two-character descriptor is necessary to specify the corresponding destination or origin. For example, a transport from an individual's place of work to a physician's office would be recorded as U4/IP (not as U4/P: U4, workplace + IP, from a transfer point to a practitioner's office = from a workplace to a practitioner's office.

REVISION HISTORY EXPLANATION

ORIGINAL DATE: 09/01/2019

Date	Explanation & Changes
11/01/2020	<ul style="list-style-type: none"> Policy updated to Industry Standards Effective 1/1/2021 the Elite Product line will also require prior authorization for Non-Emergent Ambulance Air and Water Transportation services Identified the Scope of the policy as professional claim submissions
12/09/2020	<ul style="list-style-type: none"> Medical Policy placed on the new Paramount Medical Policy Format
02/13/2021	<ul style="list-style-type: none"> Effective 4/1/2021 procedure A0140- Nonemergency transportation and air travel (private or commercial) intra-or interstate, for the Elite/ProMedica Medicare and Commercial Product (HMO, PPO, OBA, Individual Market) product lines, changed from Non-Covered to Prior Authorization required. Added documentation establishing the non-emergency ambulance coverage for ground transportation allowance.
11/01/2022	<ul style="list-style-type: none"> Changed medical policy title from Non-Emergent Ambulance Air and Water Transportation to Ambulance Transportation Policy updated to Industry Standards

	<ul style="list-style-type: none"> • Coverage criteria added for Ground Transportation, Emergency and Non-Emergency
03/06/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Medicare Benefit Policy Manual. Chapter 10-Ambulance Services, Rev. 236, 06/16/17

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Hayes, Inc.