

Ambulance Ground and Water

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Disclaimer

Highmark Health Options 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 PURPOSE/STATEMENT

Highmark Health Options 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.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

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.

Emergency Response – Responding immediately at Basic Life Support or Advanced Life Support

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 advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the member'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 member requires an ALS level of service.

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.

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; OR
- Endotracheal intubation; OR
- Central venous line; OR
- Cardiac pacing; OR
- Chest decompression; OR
- Surgical airway; OR
- Intraosseous line

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.

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

Immediate Response – Response where ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

PROCESS AND PROCEDURES

Medical Necessity Guidelines

1. Emergency Ambulance Services

Coverage includes emergency ambulance transportation (including wait time and treatment at the scene) by a licensed ambulance service from the location of the sudden illness or injury to the nearest hospital where emergency health services can be performed.

Emergency ambulance services are covered when:

- 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 member's condition is an emergency that renders the member 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 to result in one or more of the following:
 - Place the member's health in serious jeopardy

- Cause serious impairment to bodily functions
- Cause serious dysfunction of any body organ or part

2. Nonemergent Ground Ambulance Service

Nonemergent ground ambulance medical necessity is established when the member'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 member's medical condition). Coverage includes non-emergent ambulance transportation by a licensed ambulance service between facilities only when the transport meets one of the following:

- A. The member is before, during, and after transportation, bed confined. For the purposes of this medical policy, "bed-confined" means the member must meet all of the following three criteria:
- Unable to get up from bed without assistance,
 - Unable to ambulate,
 - Unable to sit in a chair (including a wheelchair); AND

Note: As stated in the bullet above, statements about the member's bed-bound status must be validated in the record with contemporaneous objective observations and findings as to the member's functional physical or mental limitations that have rendered him/her bed-bound.

Note: Nonemergent ambulance transportation is not covered for members who are restricted to bed rest by a physician's instructions but who do not meet the above three 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 available, no payment may be made for ambulance service.

Nonemergent ambulance services may be those that are scheduled in advance – scheduled services being either repetitive or nonrepeating.

Ground ambulance transportation that requires the patient to be transported, either across a state boundary line or, from/to a medical service within a state other than Delaware, must meet the emergency or nonemergency criteria addressed in this policy manual.

Nonemergent ambulance transportation is not covered if transportation is provided for the member who is transported to receive a service that could have been safely and effectively provided in the point of origin (residence, Skilled Nursing Facility [SNF], hospital, etc.). Such transportation is not covered even if the member could only have gone for the service by ambulance.

- B. Ambulance transportation for services excluded from SNF consolidated billing must meet the criteria as reasonable and necessary indicated above.

The member is transferred from an acute care facility to another acute care facility/clinic if all the following criteria are met:

- The member is registered as inpatient in an acute care hospital; AND
- Specialized services are not available in the hospital in which the member is registered, and the specialized services are considered reasonable, medically necessary, and covered under the member's contract; AND
- The provider of the specialized services is the nearest one with the required capabilities; OR

- C. The member is transferred from a skilled nursing facility/rehabilitation facility to the closest appropriate facility to treat the member's condition; OR
- D. The member 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 member's condition; OR
- E. The member is transported via ambulance services to a physician's office when the transporting ambulance stops at a physician's office because the member is in dire need of professional attention.
- F. Ground transportation is to the member's home from an acute care, rehabilitation, or skilled nursing facility (not more than 125 miles from discharging facility); OR
- G. Ambulance services are for a postpartum mother within the first 72hrs after delivery of a live infant that required emergent transport to higher level of care.

3. Destination

For ambulance services to be a covered benefit, the transport must be to the nearest institution with appropriate facilities for the treatment of the illness or injury involved. The term "appropriate facilities" means that the institution is generally equipped to provide hospital care necessary to manage the illness or injury involved.

- 1) Covered destinations for emergency ambulance services include:
 - Hospitals
 - 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 member is deemed not to have been transported to the physician's office, and payment may be made for the entire trip.
- 2) Covered destinations for "non-emergent" transports include:
 - Hospitals ("appropriate facility")
 - Skilled nursing facilities
 - Dialysis facilities – Ambulance services furnished to a maintenance dialysis member only when the member's condition at the time of transport requires ambulance services.
 - From a 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 member's condition at the time of transport requires ambulance services.
 - The member's residence, only if the transport is to return from an "appropriate facility," and the member's condition at the time of transport requires ambulance services.
- 3) Ground ambulance transportation that requires the patient to be transported, either across a state boundary line or, from/to a medical service within a state other than Delaware, must meet the emergency or nonemergency criteria addressed in the policy manual.

4. Post-payment Audit Statement

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

Noneligible services but not limited for Ground Ambulance:

- Nonemergency ambulance transportation (unless provided by the Broker)
- Transportation of an inpatient hospital patient to physician's office

- Inter-hospital transportation
- Oxygen (unless it is a life sustaining situation)
- Waiting time
- Nonloaded mileage
- Receiving services not covered by DMAP

Water Ambulance

Water Ambulance is considered medically necessary when ALL of the following criteria is met:

- The emergency transport vehicle must be specially designed and equipped for transporting the sick or injured; **and**
- It must have customary patient care equipment, supplies, and also must have safety and lifesaving equipment; **and**
- The ambulance crew must consist of at least two (2) attendants. One (1) of these attendants must be duly qualified to provide the medical care required during transport; **and**
- The individual's medical condition must require immediate and rapid transportation that cannot be provided by land ambulance; **and**

At least **ONE** of the following:

- The point of pick-up is inaccessible by land vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas); **or**
- Great distances or other obstacles (for example, heavy traffic) are involved in getting the individual to the nearest hospital with appropriate facilities for treatment. The term "appropriate facility" refers to a hospital that is capable of providing the required level and type of care for the individual's illness and has available the type of physician or specialist needed to treat the individual's condition.

COVERED PROCEDURE CODES

CPT code	Description
A0380	Bls Mileage (Per Mile).
A0390	Als Mileage (Per Mile).
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review).
A0426	Ambulance service, advanced life support, non-emergency transport level 1 (ALS10
A0427	ALS1- Emergency
A0428	Ambulance service, basic life support, non-emergency transport (BLS).
A0429	BLS-Emergency
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (rotary Wing).
A0998	Ambulance Response And Treatment, No Transport.

Diagnosis Codes

Due to the increased specificity of ICD-10 and the large number of possible covered diagnoses codes, this medical policy does not provide a complete list of covered diagnosis codes for HCPCS codes.

POLICY SOURCES

Centers for Medicare & Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 10: Ambulance services. [CMS Web site]. Revised 9/9/16. Accessed January 16, 2019.

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POLICY UPDATE HISTORY

01/25/2023	Annual review; approved in Medical Policy Committee
01/31/2023	Approved in QI/UM