Clinical Guideline



Oscar Clinical Guideline: Ambulance Services (CG057, Ver. 6)

# **Ambulance Services**

### Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

### Summary

The Plan members may be eligible for medical transportation services to and/or from a number of different healthcare settings when medical necessity criteria are met. Transport can occur in an emergency or non-emergency setting by ground (e.g., traditional ambulance), air (e.g., helicopter or airplane), or water (e.g., boat). The type of transport depends on the severity and acuity of the member's conditions as well as the current location of the member and/or nearest medical facility. Trained emergency personnel accompany patients during medical transport. This guideline provides medical necessity criteria for appropriate means of medical transport.

#### **Definitions**

"Emergency" refers to a medical or behavioral condition with acute signs or symptoms and severity such that a prudent layperson possessing an average knowledge of medicine and health reasonably believes in the absence of immediate medical treatment, there may be risk to life (including the unborn child of a pregnant woman) or health in serious jeopardy, risk of serious impairment of bodily function, or risk of serious dysfunction of organ(s) or body part. Some examples of emergency or life-threatening conditions include, but not limited to cardiogenic shock, conditions requiring immediate treatment in a burn center or hyperbaric chamber, intracranial bleeding, acute myocardial infarction, and severe trauma. Emergency medical transport can provide:

• "Basic life support (BLS)" where emergency transport is provided by certified Emergency Medical Technicians (EMTs).

• "Advanced life support (ALS)" for more critical medical conditions where emergency transport requires the addition of a paramedic.

"Non-emergency" refers to a medical or behavioral health condition that does not meet the symptom/severity criteria of emergency conditions listed above. For example, medical transport for non-emergency conditions can occur when a stable patient needs to be transferred under supervision by emergency medical technician (EMT) personnel while in transport to a different facility.

"Ground transport" refers to traditional ground based transport such as with a motor vehicle over roadways. Examples of ground transport include "medical transport" such as ALS and BLS ambulance and "non-medical transport" such as private motor vehicle, rideshare, taxi, police car, or wheelchair van.

"Air transport" refers to fixed-wing airplane or rotary-wing helicopter transport. Examples of air transport include medical transport via air ambulance or non-medical transport via commercial/private aircraft.

"Water transport" refers to transport via water craft (e.g., boat).

"Non-Medical Transport" refers to public and private transportation that does not require trained emergency personnel. This includes private car, police car, taxi, rideshare service, private or commercial airline or helicopter, wheelchair van transportation.

#### Clinical Indications

#### **Emergency Ground Transport**

The Plan considers emergency GROUND medical transport medically necessary when ALL of the following criteria are met:

- 1. The member has a medical condition meeting the above definition of emergency or that of the member's plan contracts (e.g., Certificate of Coverage) and any local, state, or federal laws; and
- 2. Non-emergency medical transport and non-medical transport options would be unsafe or medically contraindicated; *and*
- 3. The member is transported to the nearest acute care hospital that can provide the level of care required for the member's emergent medical condition (in-network when possible); and
- 4. The transportation has the required equipment and personnel, and meets state and federal regulations for medical transport.

## Emergency Air or Water Transport

The Plan considers emergency AIR or WATER medical transport medically necessary when ALL of the following criteria are met:

- 1. The member meets all criteria above for emergency ground medical transport; and
- 2. At least ONE of the following is present:
  - a. Ground transportation cannot access the member's location; or

- b. The member's condition is such that the transport time of any other mode of emergency transportation would reasonably result in threat to life or serious endangerment of health (e.g., due to time-sensitive medical conditions, distance, weather, terrain, natural disaster);or
- c. When the distance is greater than 30 miles, or would take ground transport 30-60mins, and air or water transport provides faster transport to the nearest appropriate facility that can manage the member's condition.

## **Ancillary Services**

When emergency services meeting the above criteria are provided, ancillary services including the following are also considered medically necessary when required:

- Supplies needed for advanced or basic life support to stabilize the member's condition
- EMT or paramedic services at the scene prior to and during ambulance transportation
- Wait time associated with the ambulance transportation
- Transportation to the hospital providing care (if the initial hospital cannot provided the required level of care, then transportation to the appropriate hospital is considered medically necessary)

### Non-Emergency Ground Transport

The Plan considers non-emergency GROUND medical transport medically necessary when ALL of the following criteria are met:

- 1. The member's specific condition is such that any other form of transport, including non-medical transport options, is unsafe or medically contraindicated (e.g., member requires ventilation management, bed-confined (i.e., unable to get up from bed without assistance, unable to ambulate, requires special positioning or unable to sit in a wheelchair/chair), etc.,); and
- 2. When transport is from one facility (all levels of care) to another facility (all levels of care), ONE of the following criteria are met:
  - a. A medically necessary service, procedure, or level of care is not available in the facility (e.g., hospital, skilled nursing facility) the member is currently admitted and needs transport to the nearest appropriate facility; or
  - b. The member is being transported from an out-of-network care facility to the nearest in-network facility that can manage the member's condition; and
- 3. The transportation has the required equipment and personnel, and meets state and federal regulations for medical transport.

## Non-Emergency Air or Water Transport

The Plan considers non-emergency AIR or WATER medical transport medically necessary when ALL of the following criteria are met:

- 1. The member meets all criteria above for non-emergency ground medical transport; and
- 2. The transport is from one acute/subacute care facility to another acute/subacute care facility; and

3. The distance or geography between facilities is such that any other form of transportation (e.g., commercial air) would be unsafe, medically contraindicated, or otherwise not possible, as documented in the medical record or by physician attestation.

# Experimental or Investigational / Not Medically Necessary

Transportation services are considered not medically necessary for the following:

- Any medical transport when another form of non-medical transport could have been safely used
- Air ambulance for transport to any location/facility not listed in services above, including, but not limited to including physicians offices, nursing facilities, or non-medical locations
- Non-medical transport
- Transportation, of any form, for an excluded or not medically necessary service
- Transportation from a non-licensed operator
- Transportation solely for the convenience of the member, member's family, or physician
- Transportation to a member's preferred hospital or facility for personal preference when there is a closer in-network facility that meets the needs of the specific medical condition

## Special situations

The Plan considered emergency transport for deceased members when the member was pronounced dead AFTER a qualifying medical transport has been called or en-route to the healthcare facility as medically necessary. When death occurs before the transport has arrived, transport of the deceased patient to a facility will not be considered medically necessary. When death occurs prior to the call, medical transport services are not medically necessary.

# Applicable Billing Codes (HCPCS/CPT Codes)

Ambulance Services (Ground, Air, & Water)		
CPT/HCPCS Codes considered medically necessary if criteria are met:		
Code	Description	
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	
A0380	BLS mileage (per mile)	
A0382	BLS routine disposable supplies	
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	
A0390	ALS mileage (per mile)	
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	

A0394	ALS specialized service disposable supplies; IV drug therapy
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
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

#### References

- American College of Emergency Physicians. Appropriate Utilization of Air Medical Transport in the Out-Of-Hospital. Approved 2011 and reaffirmed in 2018. Available at: https://www.acep.org/siteassets/new-pdfs/policy-statements/appropriate-and-safe-utilization-of-helicopter-ems.pdf. (Accessed on Aug 16, 2023)
- 2. American College of Emergency Physicians. Appropriate Interfacility Patient Transfer Policy Statement. Revised and approved 2022. Available at: Setting. https://www.acep.org/siteassets/new-pdfs/policy-statements/appropriate-interfacility-patient-transfer.pdf (Accessed on July 27, 2023)
- 3. American College of Emergency Physicians. (2018, June). Policy statement Patient Autonomy and Destination Factors in Emergency Medical Services (EMS) and EMS-Affiliated Mobile Integrated Healthcare/Community Paramedicine Programs. www.ACEP.org. Retrieved July 18,

- 2022, from
- https://www.acep.org/globalassets/new-pdfs/policy-statements/patient-autonomy-and-destination-factors-in-ems.pdf
- 4. Centers for Medicare & Medicaid Services. Medicare benefit policy manual. Chapter 10. Accessed on March 31, 2020 from cms.hhs.gov/manuals/Downloads/bp102c10.pdf.
- 5. Commission on Accreditation of Medical Transport Systems. (2018, July). Eleventh edition accreditation standards of the Commission on Accreditation of Medical Transport Systems. Retrieved July 18, 2022, from
  - https://www.camts.org/wp-content/uploads/2017/05/CAMTS-11th-Standards-DIGITAL-FREE.pdf
- Douglas J. Floccare, David F. E. Stuhlmiller, Sabina A. Braithwaite, Stephen H. Thomas, John F. Madden, Daniel G. Hankins, Harinder Dhindsa & Michael G. Millin (2013) Appropriate and Safe Utilization of Helicopter Emergency Medical Services: A Joint Position Statement with Resource Document, Prehospital Emergency Care, 17:4, 521-525, DOI: 10.3109/10903127.2013.804139
- 7. Floccare, D. J., Stuhlmiller, D. F., Braithwaite, S. A., Thomas, S. H., Madden, J. F., Hankins, D. G., ... & Millin, M. G. (2013). Appropriate and safe utilization of helicopter emergency medical services: a joint position statement with resource document. Prehospital Emergency Care, 17(4), 521-525.
- 8. Garth Meckler, MD, MSHSHamilton P Schwartz, MD, MEd, FAAP, FACEP. Prehospital pediatrics and emergency medical services (EMS). UpToDate. Available at: https://www.uptodate.com/contents/prehospital-pediatrics-and-emergency-medical-services-ems?search=ambulance%20transport&source=search\_result&selectedTitle=5~150&usage\_type=default&display\_rank=5#H21. (Accessed on Aug 15, 2023.)
- 9. Homeland Security. DHS-Wide EMS Basic Life Support (BLS) & Advanced Life Support (ALS) Protocols. Accessed on March 31, 2020 from https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/dhs-fem a-als-bls-protocols.pdf.
- 10. John W. Lyng, Sabina Braithwaite, Heidi Abraham, Christine M. Brent, David A. Meurer, Alexander Torres, Peter V. Bui, Douglas J. Floccare, Andrew N. Hogan, Justin Fairless & Ashley Larrimore (2021) Appropriate Air Medical Services Utilization and Recommendations for Integration of Air Medical Services Resources into the EMS System of Care: A Joint Position Statement and Resource Document of NAEMSP, ACEP, and AMPA, Prehospital Emergency Care, 25:6, 854-873, DOI: 10.1080/10903127.2021.1967534
- National Association of State EMS Officials. (2021, August). National EMS scope of practice model 2019: Including change notices 1.0 and 2.0 (Report No. DOT HS 813 151). National Highway Traffic Safety Administration. Available at: https://www.ems.gov/assets/National\_EMS\_Scope\_of\_Practice\_Model\_2019\_Change\_Notices\_1 \_and-\_2\_August\_2021.pdf/ (Accessed on Aug 15, 2023).
- 12. NHTSA. (n.d.). Guide for Interfacility Patient Transfer National Highway Traffic Safety Administration. Dot HS 510 579. Retrieved July 18, 2022, from https://icsw.nhtsa.gov/people/injury/ems/Interfacility/
- 13. Park KD, Seo SJ, Oh CH, Kim SH, Cho JM. The Effectiveness Evaluation of Helicopter Ambulance Transport among Neurotrauma Patients in Korea. J Korean Neurosurg Soc. 2014;56(1):42-47. doi:10.3340/jkns.2014.56.1.42
- 14. Pozner, CN. Basic life support (BLS) in adults. UpToDate. Last updated Nov 18, 2019.
- 15. Steffen KM, Noje C, Costabile PM, Henderson E, Hunt EA, Klein BL, McMillan KN. Pediatric Transport Triage: Development and Assessment of an Objective Tool to Guide Transport Planning. Pediatr Emerg Care. 2020 May;36(5):240-247. doi: 10.1097/PEC.000000000001641. PMID: 30461668; PMCID: PMC6526089.
- Stowell A, Bobbia X, Cheret J, Genre Grandpierre R, Moreau A, Pommet S, Lefrant JY, de La Coussaye JE, Markarian T, Claret PG. Out-of-hospital Times Using Helicopters Versus Ground Services for Emergency Patients. Air Med J. 2019 Mar-Apr;38(2):100-105. doi: 10.1016/j.amj.2018.11.017. Epub 2019 Jan 15. PMID: 30898280.

17. Sumner DB, et al. Videographic Assessment of the Quality of EMS to ED Handoff Communication During Pediatric Resuscitations. Prehospital Emergency Care. 2019;23:1, pages 15-21.

# Clinical Guideline Revision / History Information

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