

## Clinical Policy: Ambulance Transport Criteria

Reference Number: IL.CP.MP.529

Last Review Date: 11/21

[Coding Implications](#)

[Revision Log](#)

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### Description

<b>Ambulance Services</b>	Ambulance services entail the medically necessary transport of a member by medically skilled personnel to the nearest appropriate facility equipped to provide care for the member's injury and/or illness. Services are initially delineated as BLS or ALS levels of care and then further delineated as emergency or nonemergency
<b>BLS</b>	Noninvasive services provided by personnel trained as emergency medical technicians (EMTs) (basic) in conjunction with applicable state laws.
<b>ALS</b>	Invasive services provided by personnel trained as EMTs (intermediate or paramedic) in conjunction with applicable state laws.
<b>Medical Transport Services</b>	Medical transport services, also referred to as nonemergency medical transport, entail the transport of a member by nonmedically skilled personnel (laypersons) to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, minibus and public transportation (for example, bus and/or subway).
<b>Emergency Ambulance Transportation</b>	An urgent service in which the member experiences a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care which the member secures immediately after the onset (or as soon thereafter as practical), and if not immediately treated could result in death or permanent impairment to the member's health.
<b>Nonemergency Ambulance Transportation</b>	A scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit.

**When a Member's condition is life-threatening and requires use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, emergency transportation is thus required.**

Ambulance Transportation is a covered benefit when it is medically necessary and other means of transportation cannot be utilized because of a medical condition. ALS/BLS ground transport (as indicated for the particular individual) is the expected and recognized means for all transports, unless exceptional documented and verifiable circumstance exists.

There are two main types of ambulance transports:

1. Ground ambulance: An equipped and staffed land or water vehicle designed to transport a member in the supine position
2. Air ambulance: An equipped and staffed aircraft necessary to rapidly 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 ambulances are either rotary-wing (helicopter) or fixed-wing (commercial or private aircraft)

**Policy/Criteria**

- I. It is the policy of MeridianHealth affiliated with Centene Corporation® that ambulance transport is **medically necessary** for the following indications:
  - A. **General Information Required:** The goal of out-of-hospital care is to minimize further systemic injury and manage life-threatening conditions through a series of well-defined and appropriate interventions and to embrace principles that ensure patient safety. High-quality, consistent emergency care demands continuous quality improvement and is directly dependent on the effective monitoring, integration, and evaluation of all components of the patient's care. **In general:**
    - i. Patients requiring critical interventions should be provided those interventions in the most expeditious manner possible.
    - ii. Patients who are stable should be transported in a manner that best addresses the needs of the patient and the system.
    - iii. Patients with critical injuries or illnesses resulting in unstable vital signs require transport by the fastest available modality, and with a transport team that has the appropriate level of care capabilities, to a center capable of providing definitive care.
    - iv. Patients with critical injuries or illnesses should be transported by a team that can provide intra-transport critical care services.
    - v. Patients who require high-level care during transport, but do not have time-critical illness or injury, may be candidates for ground critical care transport (i.e., by a specialized ground critical care transport vehicle with level of care exceeding that of local EMS) if such service is available and logistically feasible.
  - B. **Emergency Ground Transportation via ALS/BLS:** Irrespective of point of origination, is always to the nearest hospital with the appropriate facilities and capabilities for the stabilization and treatment of the patient's illness or injuries. Transportation as defined is considered medically necessary and is covered without prior authorization if any of the following are present:
    - i. For a perceived 911 event, sudden and unexpected accident, injury or emergent medical condition or illness. An emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.
    - ii. Members who require restraints and/or supervision by a trained health professional/paramedic or attendant. This includes but is not limited to violent, agitated or otherwise imminently dangerous behavior with the potential for serious harm.
    - iii. Members who require measures or treatment of an urgent or medical nature. Examples of this include:

1. Members who have sustained trauma;
  2. Members who have an illness with acute severe symptoms (e.g., acute heart attack (MI), whether treated, partially treated or needing treatment, hemorrhaging, shock, chest pain, respiratory distress, acute onset of neurologic dysfunction);
  3. Members with a newly developed state of altered consciousness (e.g., unconscious, unresponsive);
  4. Members requiring transfer for higher level of care or access to resources unavailable at the initial facility.
- iv. Intensive care transport of critically ill neonates requires a neonatal transport team to accompany the neonate. A neonate return transfer from a NICU to a Level I Well Newborn Nursery or a Level II Special Care Nursery (after the neonate's condition is stabilized) is covered if the transportation is ordered by the neonate's attending physician.

**II. Air Ambulance:**

- A. Transfer via Air ambulance (fixed wing or rotary) would be considered appropriate if an immediate life sustaining procedure is anticipated and the time difference between ground and air transport is both critical and essential for survival.
- i. As a general guideline, the following must apply:
    1. It would take a ground ambulance 60 minutes or more to transport the member **and**
    2. The medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the member's illness/injury, air transportation may be appropriate.
- B. Comparative Considerations for Air Transport Modes:
- i. **Rotor-wing:**
    1. Advantages:
      - a. In general, decreased response time to the patient (up to approximately 100 miles distance depending on logistics such as duration of ground transfer leg)
      - b. Decreased out-of-hospital transport time
      - c. Availability of highly trained medical crews and specialized equipment
    2. Disadvantages:
      - a. Weather considerations (e.g., icing conditions, weather minimums)
      - b. Limited availability as compared with ground EMS
  - ii. **Fixed-wing:**
    1. Advantages:
      - a. In comparison with rotor-wing, decreased response time to patients when transport distances exceed approximately 100 miles
      - b. In comparison with ground transport, decreased out-of-hospital transport time

- c. Availability of highly trained medical crews and specialized equipment
    - d. In comparison with rotor-wing, less susceptibility to weather constraints
  - 2. Disadvantages:
    - a. Requires landing at airport, with two extra transport legs between airports and the patient origin and destination
    - b. In comparison with ground transport, more subject to weather-related unavailability (e.g., icing, snow)
    - c. Overall, less desirable as a transport mode for severely ill or injured patients (though extenuating circumstances may modify this relative contraindication to fixed-wing use)
- iii. In these circumstances where transfer of the member is critical and essential for survival, Air ambulance transportation services, either by means of a helicopter or fixed wing aircraft, may be determined to be covered only if **all** criteria pertaining to Emergent ground transportation must be met as well as **ANY** of the following:
  - 1. ALS ground transport is confirmed unavailable for transport, including documentation that all local/regional EMS was contacted. Rationale/reasons shall be included with documentation and indicated either 1) an inability to provide required and necessary care during transport or 2) A resultant prolonged ALS resource reduction, beyond that which would occur during any routine critical ground transport. Documentation for medical necessity will be subject to review and verification by MHP; **OR**
  - 2. The patient's ongoing medical condition is such that the time needed to transport by land poses a significant threat to the patient's health and therefore requires immediate and rapid transport to accomplish either emergent intervention or a procedure that could not have been provided by timely ground ambulance; **OR**
  - 3. The point of pick-up is inaccessible by land vehicle, such as in remote or sparsely populated areas; **OR**
  - 4. Great distances, limited timeframes, or other obstacles are involved in getting the patient to the nearest hospital with the appropriate facilities for treatment, (e.g., transport of a critically ill patient to an approved transplant facility with a waiting organ). These may also include limited emergency cases where ground transportation is available, but the time required to transport the member by ground rather than air endangers the member's life or health, for example, 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.
- iv. Air ambulance transport could be justified as medically necessary for serious health conditions that may include but are not limited to:

1. Conditions requiring treatment in a hyperbaric oxygen unit for patients with respiratory distress, shock, have altered mental status, or pregnant women with elevated carboxyhemoglobin levels.
2. Intracranial bleeding requiring neurosurgical intervention
3. Life-threatening shock, sepsis, or organ failure requiring immediate intervention at an appropriately equipped facility
4. Life-threatening trauma requiring immediate surgical intervention at an appropriately equipped facility
5. Neonatal emergencies
6. Severe burns requiring treatment in a burn center in which the patient has respiratory failure, shock, or loss of circulation to an extremity requiring immediate fasciotomy.
7. Significant multi-system injuries with respiratory distress, or shock
8. Patients with a STEMI that require emergent cardiac catheterization
9. Patients with an ischemic stroke within the “golden” window requiring transport to a dedicated stroke center

III. **Non-Emergent Ground Ambulance Transportation:** Non-emergency ambulance services are a benefit only when medically necessary. Non-emergent transportation does not need to be prior authorized by MHP, but will be subject to post service review for medical necessity. If the enrollee has no other means of transportation to obtain medically necessary services, MHP can assist, arrange, or coordinate non-emergency transportation for all authorized services that are covered. MHP may cover non-emergency, basic or advanced life support, ground ambulance transportation when **all** of the following criteria are met:

- A. Providers must secure a physician’s written order indicating the medical necessity of the elevated level of transport. The written order must include an explanation of why the ground transportation is not appropriate if the transportation occurs by air ambulance
- B. The medical condition of the member prevents safe transportation by any other means of public or private transportation (car, bus, air, etc.)
- C. The transportation is for the transport to and/or from medically necessary care.
- D. The member’s condition prohibits other forms of transportation. Examples include, but are not limited to:
  - i. Member confined to bed (unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair)
  - ii. Member cannot safely sit upright while seated in a wheelchair
  - iii. Requires transport for Medical Emergency Psychiatric evaluation or post stabilization admission as determined by a physician and QMHP, but does not require specialized management of imminently aggressive or dangerous individuals.
- E. Examples of non-Emergency medical transportation include, but are not limited to, litter vans and wheelchair accessible vans.

IV. **Non-Emergent, Non-Medical Transportation:**

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- A. Non emergent non-medical transportation services for Members to medical services can be supplied by a passenger car, taxi cabs, or other forms of public/private transportation. Members are instructed to call the transportation provider at least two to three working days before the appointment to arrange this transportation.
- V. **Non-Covered Transortation Services:** Ambulance transportation is not covered for the following circumstances:
  - A. Transport to funeral homes
  - B. Trips made for blood draws
  - C. Trips for catheterization that could have been provided in the member home
  - D. Transportation of a member pronounced dead before the ambulance was called
  - E. Transport of correctional facility inmates; or to and from the correc tional facility
  - F. Transports that are not medically necessary

It should be noted that non-covered services include but are not limited to these services

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description

HCPCS ® Codes	Description

### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

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ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revisions Date	Approval Date
Original approval date		04/24/09
Annual Review with no changes	12/2021	12/2021

For **Medicaid** this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on Illinois Medicaid Fee Schedule (located at:

<https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Transportation.aspx>

If there is a discrepancy between this policy or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

**References**

1. American College of Emergency Physicians/American College of Physicians. Equipment for Ambulances/ American College of Physicians. Equipment for Ambulances (Revised 2014).  
[https://media.emscimprovement.center/documents/EGA\\_Summary\\_of\\_Changes2125.pdf](https://media.emscimprovement.center/documents/EGA_Summary_of_Changes2125.pdf)
2. National Association of EMS Physicians. Guidelines for Air Medical Dispatch( Version Release Date: July 2010) <https://naemsp.org/resources/position-statements/air-medical-transport/>
3. Helicopter evacuation of trauma victims in Los Angeles: does it improve survival? World J Surg Nov 2009 : <https://pubmed.ncbi.nlm.nih.gov/19672650/>
4. Mortality following helicopter versus ground transport of injured children: May 2017 <https://pubmed.ncbi.nlm.nih.gov/28017330/>
5. Interfacility Helicopter Ambulance Transport of Neurosurgical Patients: Observations, Utilization, and Outcomes from a Quaternary Level Care Hospital: October 12, 2011 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0026216>
6. Illinois DHFS. Handbook for Providers of Transportation Services, Chapter T-200, Policy and Procedures for Transportation Services (Version Date: August 2008) <https://www2.illinois.gov/hfs/SiteCollectionDocuments/t200.pdf>
7. Meridian Health Plan Bulletin. Prior Authorization Requirement for all Out-of-Network Services. Release Date: 03/05/2021  
<https://corp.mhplan.com/en/provider/michigan/meridianhealthplan/benefits-resources/tools-resources/provider-manual/>



**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers,



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members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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