

Medical Coverage Policy | Ambulance Services - Ground



EFFECTIVE DATE: 12|01|2025

POLICY LAST REVIEWED: 09|17|2025

OVERVIEW

Ambulance and medical transport services involve the use of specially designed and equipped vehicles to transport ill or injured patients. These services may involve ground or air transport in both emergency and non-emergency situations. This policy is for ground transport only.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Medicare Advantage and Commercial Products

All emergency and non-emergency medical transport services must meet the following requirements:

- comply with all local, state, and federal laws,
- must have all the appropriate and valid licenses and permits
- must have the necessary patient care equipment and supplies.

Emergency Transports

The use of ground emergency medical transport services are considered medically necessary when 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 an organ transplantation, to the approved transplant facility.

Emergency ground ambulance services for deceased individuals are covered when:

1. The individual was pronounced dead while in route or upon arrival at the hospital or destination; or
2. The individual was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, so no transport is needed.

The ambulance benefit is a transport benefit, therefore if member **refuses** transport, then there will be no reimbursement for the ambulance service. However, if the patient is pronounced dead after the ambulance is called, reimbursement will be made. Claims must be filed with modifier QL - Patient Pronounced dead after ambulance called.

Non-Emergency Transports

The use of ground ambulance for non-emergency medical transport of bed-confined individuals is medically necessary when the patient's condition is such that the use of any other method of transportation is contraindicated¹; the member meets the definition of bed confined² and it is to a setting other than a physician office.

The use of ground non-emergency medical transport to physician office is not covered even if a member is considered bed confined. The expectation is that if the member meets the definition of bed confined, the physician should go to the member's home to provide care, rather than having the member come to the office.

Wheelchair assisted ground ambulance services are not covered.

Members residing in a skilled nursing Facility (SNF), ambulance transports to or from a diagnostic or therapeutic site such as an independent diagnostic testing facility (IDTF), cancer treatment center, radiation therapy center, wound care center, are covered if member meets the criteria for bed confined.

Members in an acute inpatient facility (hospital, rehabilitation facility or long-term care facility (LTAC)), no payment will be made for transportation from an acute inpatient facility to another for a specialized service with the expectancy of the member returning to the original facility. It is the responsibility of the originating facility to provide these transportation services

¹Examples of contraindicated conditions: the member is medically unstable, comatose, requires airway monitoring, requires cardiac monitoring or is dependent on a ventilator.

²bed confined is defined as the individual is unable to get up from bed without assistance; unable to ambulate or unable to sit in a chair or wheelchair. The term "bed confined" is not synonymous with "bed rest" or "nonambulatory". Bed confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for an approved use of ground medical transport. It is simply one element of the patient's condition that may be taken into account in the determination of whether means of transport other than an ambulance were contraindicated.

Medicare Advantage Products only

Non-emergency medical transport services to and from a hospital or non-hospital-based dialysis facility are covered when the members meets the definition of bed confined.

Commercial Products

Non-emergency medical transport services to and from a hospital/non-hospital-based dialysis facility are not covered even if the member meets the definition of bed confined.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable ambulance benefits/coverage.

BACKGROUND

There are three levels of ambulance service: basic medical care (BLS), advanced emergency medical care (ALS), and air/water ambulance services. This policy refers only to BLS and ALS services. For air and water transport, please see the policy "Ambulance: Air/Water."

Basic ambulance service means at least one member of the ambulance crew is certified at the basic emergency medical technician (EMT) level.

Advanced ambulance service means at least one of the ambulance crew is additionally certified to provide emergency procedures, which at a minimum includes defibrillation and/or synchronized cardioversion.

Ambulance services are categorized as Emergency and Non-Emergency.

Emergency ambulance services are covered when the sudden onset of a medical condition manifests itself by acute symptoms of such severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placement of the patient's health in serious (life-threatening) jeopardy;
2. Serious (life-threatening) impairment to bodily functions; or
3. Serious (life-threatening) dysfunction of any organ or bodily part.

Definition of Medical Necessity for non-emergency transports

Blue Cross & Blue Shield of Rhode Island (BCBSRI) follows The Center for Medicare and Medicaid Services (CMS) definition of medical necessity. Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services. In all cases, the appropriate documentation must be kept on file and, upon request, presented to the plan. It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made. In addition, the reason for the ambulance transport must be medically necessary. That is, the transport must be to obtain a Medicare covered service, or to return from such a service.

CMS Guidelines for Reporting of Mileage

Beginning with dates of service on or after January 1, 2011, for electronic claim submissions only, mileage must be reported as fractional units for trips totaling up to 100 covered miles. When reporting fractional mileage, providers must round the total miles up to the nearest tenth of a mile and the decimal must be used in the appropriate place (e.g., 99.9).

For trips totaling 100 covered miles and greater, providers must report mileage rounded up to the nearest whole number mile (e.g., 999) and not use a decimal when reporting whole number miles over 100 miles.

For trips totaling less than 1 mile, enter a "0" before the decimal (e.g., 0.9).

CODING

Medicare Advantage and Commercial Products

Note: BCBSRI's allowance for the ground ambulance includes the services rendered by an emergency medical technician or paramedic, drugs, supplies and cardiac monitoring.

The following HCPCS are covered/when medically necessary when filed with a covered destination modifier combination:

- A0225** Ambulance service; Neonatal transport, base rate, emergency transport, one way
- A0425** Ground mileage, per statute mile (see **CMS Guidelines for Reporting of Mileage** in background section)
- A0426** Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1)
- A0427** Ambulance service, advanced life support, emergency transport, Level 1 (ALS1- emergency)
- A0428** Ambulance service, basic life support, non-emergency transport (BLS) add modifier QL if patient expired before transport
- A0429** Ambulance service, basic life support, emergency transport (BLS-emergency) add modifier QL if patient expired before transport
- A0433** Advanced life support, Level 2 (ALS2)
- A0434** Specialty care transport (SCT)

The following HCPCS codes are non-covered for Medicare Advantage and Commercial Products:

- A0021** Ambulance service; outside state per mile, transport
- A0080** Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interested
- A0090** Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interstate
- A0100** Non-emergency transportation; taxi
- A0110** Non-emergency transportation and bus, intrastate or interstate carrier
- A0120** Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
- A0130** Non-emergency transportation: wheelchair van
- A0140** Non-emergency transportation and air travel (private or commercial) intrastate or interstate
- A0160** Non-emergency transportation: per mile case worker or social worker

- A0180** Non-emergency transportation; ancillary: lodging-recipient
- A0190** Non-emergency transportation; ancillary: meals recipient
- A0200** Non-emergency transportation; ancillary: lodging escort
- A0210** Non-emergency transportation; ancillary: meals escort
- A0432** Paramedic intercept (PI), rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers
- A0888** Non-covered ambulance mileage
- A0998** Ambulance response and treatment, no transport
- S0209** Wheelchair van, mileage, per mile

The following codes are covered but not separately reimbursed for Medicare Advantage and Commercial Products:

- A0170** Transportation ancillary: parking fees, tolls, other
- 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 by 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
- S0207** Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport
- S0208** Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport
- S0215** Non-emergency transportation, per mile
- 93005** Routine ECG with at least 12 leads tracing only, without interpretation and report
- 93041** ECG, 1 to 3 leads tracing only, without interpretation and report

Modifiers:

BCBSRI requires origin and destination modifiers (see below) be appended to all ambulance HCPCS codes on claims submissions. Absence of the two-digit HCPCS ambulance service modifier may cause the claim to deny.

The following is the list of HCPCS ambulance destination modifiers:

- D** - Diagnostic or therapeutic site other than -P or -H when these are used as origin codes
- E** - Residential, domiciliary, custodial facility (other than SNF)
- G** - Hospital-based dialysis facility (hospital or hospital related)
- H** - Hospital
- I** - Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
- J** - Non-hospital-based dialysis facility
- N** - Skilled nursing facility (SNF) (1819 facility)
- P** - Physician's office
- R** - Residence
- S** - Scene of accident or acute event
- X** - (Destination only code) Intermediate stop at physician's office on the way to the hospital

Medicare Advantage Products

The following destination modifier combinations are not covered:

EP, PE, RP, PR, NP, PN

Commercial Products

The following destination modifier combinations are not covered:
EP, PE, RP, PR, NP, PN, RG, GR, RJ, JR

RELATED POLICIES

None

PUBLISHED

Provider Update, March/September/October 2025

Provider Update, March 2024

Provider Update, April 2023

Provider Update, April 2022

Provider Update, March 2021

REFERENCES:

1. Medical Claims Processing Manual Chapter 6 SNF Inpatient Part A Billing and SNF consolidated billing Section 20.3 and section 20.3.1
2. Medical Claims Processing Manual Chapter 10 Ambulance
3. Rhode Island General Laws: Title 27- <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-55.HTM>
4. Medicare Claims Processing Manual Chapter 15 - Ambulance; Section 30.2.1
.https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf

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