

09-A0000-01

Original Effective Date: 02/15/02

Reviewed: 01/23/25

Revised: 02/15/25

Subject: Ambulance Services

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position
Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program
Exceptions](#)

[Definitions](#)

[Related
Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Ambulance and medical transport services involve the use of specially designed and equipped vehicles used for transporting ill or injured patients and may involve ground, air, or sea transportation in both emergency and non-emergency situations. These services are identified by seven categories for ground ambulance services and two categories for air ambulance services (see **DEFINITIONS** section of this policy).

Ground ambulance services include the following categories:

1. Basic Life Support (BLS)
2. Basic Life Support (BLS) – Emergency
3. Advanced Life Support, Level 1 (ALS1)
4. Advanced Life Support, Level 1 (ALS1) – Emergency
5. Advanced Life Support, Level 2 (ALS2)
6. Specialty Care Transport (SCT)
7. Paramedic Intercept (PI)

NOTE: Ground ambulance services refer to both land and water transportation.

Air ambulance services include the following categories:

1. Fixed Wing Air Ambulance (FW)
2. Rotary Wing Air Ambulance (RW)

POSITION STATEMENT:

Ambulance transportation includes the services of ambulance attendants and the provision of reusable equipment and devices (e.g., stretchers, restraints, backboards, inflatable leg and arm splints).

Examples of situations when ambulance transportation **meets the definition of medical necessity** include, but are not limited to, the following:

- The member was or has been experiencing severe hemorrhage.
- The member sustained an acute stroke or myocardial infarction (this does not include previous history of stroke or MI where the member could be safely transported by other means).
- The member exhibited symptoms of a possible myocardial infarction or stroke.
- The member's condition required oxygen as part of the emergency treatment during transport to the destination (this does not include members already requiring oxygen therapy on a continuing basis to manage an existing condition).
- Emergency measures or treatment were required (i.e., administration of emergency medications, CPR, continuous EKG monitoring).
- The member was unconscious and unable to respond to stimuli.
- IV fluids were required to maintain the member's blood pressure or IV access was needed to administer emergency medications.
- The member required being restrained to prevent injury to himself or others
- The member is totally bed confined.

Ground emergency ambulance transport services may be eligible for coverage when ALL of the following criteria are met:

- The ambulance transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits;
- The ambulance or other medical transport services must have the necessary patient care equipment and supplies;
- The member's condition must be such that any other form of transportation would be medically contraindicated; **AND**
- The member must be transported to the nearest hospital with the appropriate facilities for the treatment of the member's illness or injury or, in the case of organ transplantation, to the approved transplant facility.

Round trip ambulance service rendered to a hospital inpatient being transported to another facility for the purpose of obtaining specialized diagnostic or therapeutic services (C.T. scan, radiotherapy), meets the definition of medical necessity when:

- The member's condition contraindicates the use of any other method of transportation.
- The services are not available in the hospital to which the member has been admitted (e.g., member was transported to another facility for cardiac catheterization, then returned to the admitting hospital).
- The facility furnishing the services is the nearest one with the appropriate facilities.

NOTE: Reimbursement for round trip ambulance service for a hospital inpatient is included in the facility fee paid to the admitting hospital and is not reimbursed separately.

Ambulance service to a physician's office or physician-directed clinic meets the definition of medical necessity when **ALL** of the following conditions exist:

- The member is in route to a hospital,
- The member's condition necessitates the stop in order to receive a physician's emergency care, and
- The ambulance continues the trip to the hospital.

Water or air ambulance transportation (fixed wing or rotary) meets the definition of medical necessity when **ALL** of the following are met:

(Refer to member contract first; most require transport to the nearest facility that can provide required, not desired, treatment.)

1. The ambulance must have the necessary equipment and supplies to address the needs of the member;
2. The member's condition must be such that any form of transportation other than by ambulance would be medically contraindicated;
3. The member's condition is such that the time needed to transport by land poses a threat to the member's survival or seriously endangers the member's health; or the member's location is such that accessibility is only feasible by air or water transportation;
4. The member is transported to the nearest hospital with appropriate facilities for treatment;
5. There is a medical condition that is life threatening or first responders deem to be life threatening, including, but not limited to, **ONE** of the following:
 - Intracranial bleeding;
 - Cardiogenic shock;
 - Major burns requiring immediate treatment in a Burn Center;
 - Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit;
 - Multiple severe injuries;
 - Transplants;
 - Limb-threatening trauma;
 - High risk pregnancy;
 - Acute myocardial infarction; if this would enable the member to receive a more timely medically necessary intervention (such as percutaneous transluminal coronary angioplasty [PTCA] or fibrinolytic therapy)

Water or air ambulance transportation (fixed wing or rotary) to transport a member from one acute care hospital to another meets the definition of medical necessity when **ALL** of the following are met:

(Refer to member contract first; most require transport to the nearest facility that can provide required, not desired, treatment.)

- The above criteria are met **AND**

- The first acute care hospital does not have the required services and facilities to treat the member.

Water or air ambulance transportation (fixed wing or rotary) for a deceased member meets the definition of medical necessity when **ALL** of the following criteria are met:

(Refer to member contract first; most require transport to the nearest facility that can provide required, not desired, treatment.)

- The above criteria are met **AND**
- The member was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, but prior to pick-up **OR**
- The member was pronounced dead while in route or upon arrival to the acute care hospital.

NOTE: When air ambulance service does not meet the requirements for air ambulance, but does meet the requirements for ground ambulance service, reimbursement is based on the allowance for ground ambulance service, unless the fare for air ambulance is less.

Ambulance transportation of a newborn (birth thru 28 days) to or from the nearest available facility, appropriately staffed and equipped to treat the newborn's condition, **meets the definition of medical necessity** when prescribed by the attending physician and is certified as necessary for the health and safety of the newborn. Ambulance transportation of a newborn may be indicated by the use of a ground or air ambulance.

Ambulance transportation of a deceased member does not meet the definition of medical necessity if the member is legally pronounced dead before the ambulance was called. The services are considered eligible for coverage if the member is legally pronounced dead after the ambulance was called, but before pickup, or en route to the hospital.

Reimbursement is based on the allowance for:

- Service to the point of pickup when member was pronounced dead after the ambulance was called, but before pickup
- Entire covered ambulance service when member was pronounced dead while in route to or upon arrival at the destination.

Ground ambulance services for involuntary transport to a psychiatric facility may be eligible for coverage when the transport is:

- To the nearest hospital or institution authorized to accept such patients
- Within 100 miles of the point of pickup
- In accordance with local, state, and federal regulations.

Ambulance Services that do not meet the definition of medical necessity include the following:

- Services rendered when a member was pronounced dead by a legally authorized person before the ambulance was called;
- Transportation to or from the outpatient department of a hospital (excludes emergency room visits);

- Ambulance transportation when the member could have been transported safely by other means;
- Air ambulance service for transportation to a facility that is not an acute care hospital (i.e., nursing facility, physician's office, member's home);
- Ambulance response and treatment services provided by the ambulance personnel and transportation was recommended, but member refused transport to hospital.

NOTE: Ambulance response and treatment services provided by the ambulance personnel, but the member does not require transportation to a hospital, may be considered eligible for coverage in some situations. Examples include, but are not limited to the following:

- Diabetic member was unconscious when ambulance arrived; ambulance personnel rendered aide; member regained consciousness and did not require transport.
- Member fell, ambulance was summoned but transport was not required.

The following ambulance services are not eligible for coverage:

- Special handling charges (weekend, night or risk factors)
- Transportation by wheelchair transport service, mini-bus
- Non-transport paramedics intercept services.

BILLING/CODING INFORMATION:

The following codes may be used to describe ambulance services:

CPT Coding:

99466	Critical care face-to-face services,during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30 – 74 minutes of hands-on care during transport
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)

HCPCS Coding:

A0021	Ambulance service, outside state per mile, transport (Medicaid only) (non-covered)
A0080	Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest (non-covered)
A0090	Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest (non-covered)
A0100	Non-emergency transportation; taxi (non-covered)
A0110	Non-emergency transportation and bus, intra- or interstate carrier (non-covered)
A0120	Non-emergency transportation; mini-bus, mountain area transports, or other transportation systems (non-covered)
A0130	Non-emergency transportation: wheelchair van (non-covered)
A0140	Non-emergency transportation and air travel (private or commercial), intra or interstate (non-covered)

A0160	Non-emergency transportation: per mile – case worker or social worker (non-covered)
A0170	Transportation ancillary: parking fees, tolls, other (non-covered)
A0180	Non-emergency transportation: ancillary: lodging – recipient (non-covered)
A0190	Non-emergency transportation: ancillary: meals – recipient (non-covered)
A0200	Non-emergency transportation: ancillary: lodging – escort (non-covered)
A0210	Non-emergency transportation: ancillary: meals, escort (non-covered)
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 not be performed by 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 wing); (requires medical review)
A0425	Ground mileage, per <u>statute mile</u>
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1-emergency)
A0428	Ambulance service, basic life support, non-emergency 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 (non-covered)
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	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility) (non-covered)
A0998	Ambulance response and treatment, no transport (non-covered)
A0999	Unlisted ambulance service

S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport (non-covered)
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport (non-covered)
S0209	Wheelchair van, mileage, per mile (non-covered)
S0215	Non-emergency transportation; mileage, per mile (non-covered)
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) (non-covered)
S9961	Ambulance service, conventional air services, nonemergency transport, one way (rotary wing) (non-covered)

LOINC Codes:

The following information may be required documentation to support medical necessity: Physician history and physical, initial assessment, procedure note, visit note.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Ambulance transport, description of services performed to support level of service	52019-7	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Ambulance transport, distance traveled length	15510-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Ambulance transport, medical reason for transport	15515-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

REIMBURSEMENT INFORMATION:

Reimbursement for **waiting time** is considered incidental to other ambulance services provided on the same date of service and is not eligible for a separate allowance.

Mileage is reimbursed in addition to the ambulance transportation.

Reimbursement for **ambulance mileage** is based on loaded transport (i.e., total miles from the point where the patient was picked up to the patient's destination).

Air ambulance mileage is reimbursed according to the actual miles flown with patient onboard and is expressed in statute miles rather than nautical miles.

Reimbursement for disposable and non-disposable supplies (including, but not limited to oxygen, inflatable leg and arm splints, backboards, and neck boards/collars) and other services (including, but not limited to EKGs, drugs, extra attendants) is included in the allowance for the ambulance transportation.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following were reviewed on the last guideline reviewed date and are located at [cms.gov](https://www.cms.gov):

- Medicare Benefit Policy Manual, Chapter 10- Ambulance Services
- Medicare Claims Processing Manual, Chapter 15- Ambulance.

DEFINITIONS:

Ambulance transportation categories:

Basic Life Support (BLS): when medically necessary, the provision of BLS services as defined in the National EMS Education and Practice Blueprint for the EMT – Basic, including the establishment of a peripheral intravenous (IV) line. BLS provides techniques and skills included in an emergency medical technician (EMT) basic training course to individuals as they are transported to the nearest hospital.

Basic Life Support (BLS) – emergency: when medically necessary, the provision of BLS services, as specified above, in the context of an emergency response (defined below).

Advanced Life Support, level 1 (ALS1): when medically necessary, the provision of an assessment by an Advanced Life Support (ALS) provider or supplier or the provision of one or more ALS interventions. An ALS provider/supplier is defined as a provider trained to the level of the EMT-Intermediate or Paramedic as defined in the National EMS Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an AMT-Basic as defined in the National EMS Education and Practice Blueprint.

Advanced Life Support, level 1 (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 supplier is called, is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the beneficiary's health in serious jeopardy; in impairment to bodily functions; or in serious dysfunction to any bodily organ or part.

Advanced Life Support, level 2 (ALS2): when medically necessary, the administration of three or more different medications and the provision of at least one of the following ALS procedures:

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

Specialty Care Transport (SCT): when medically necessary, for a critically injured or ill beneficiary, a level of inter-facility service provided beyond the scope of the paramedic defined in the National EMS Education and Practice Blueprint. This is necessary when a beneficiary's condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area, e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

Advanced Life Support (ALS): ALS provides sophisticated medical care, such as cardiac monitoring, defibrillation, management of pediatric and obstetrical emergencies, and stabilization of individuals in critical or life threatening conditions as they are transported to the nearest hospital. The ALS ambulatory emergency medical technicians receive medical directions via radio contact with a hospital-based physician.

Air Ambulance: a helicopter or a fixed wing aircraft used for transporting individuals with life-threatening injuries or conditions for rapid transport to the nearest medical/trauma center by critical care personnel.

Emergency Response: a response that, at the time the ambulance is called, is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy; in impairment to bodily functions; or in serious dysfunction to any bodily organ or part.

Emergency Water Transport: emergency water transportation provided by a specially designed marine ambulance for over water transport.

Paramedic Intercept (PI): Paramedic intercept services are ALS services provided by an entity that does not provide the ambulance transport.

Statute mile: a unit of distance on land equal to 5280 feet or 1760 yards (1.609 kilometers).

RELATED GUIDELINES:

[Oxygen, 09-E0400-00](#)

[Total Artificial Hearts and Implantable Ventricular Assist Devices, 02-33000-25](#)

OTHER:

None applicable.

REFERENCES:

1. American College of Emergency Physicians. Appropriate Utilization of Air Medical Transport in the Out-Of-Hospital Setting, 2008; accessed at acep.org.
2. American College of Emergency Physicians. Appropriate Interfacility Patient Transfer Policy Statement, 2022; accessed at acep.org.
3. American College of Emergency Physicians. Emergency Ambulance Destination, (2006); accessed at acep.org.
4. American College of Emergency Physicians. Equipment for Ambulances, (2007); accessed at acep.org.
5. American College of Emergency Physicians. Guidelines for Ambulance Diversion (1999, reaffirmed 2012); accessed at acep.org.
6. American College of Emergency Physicians. Medical Direction for Staffing of Ambulances, (2005); accessed at acep.org.
7. American College of Emergency Physicians. Patient Non-Transport, (2000); accessed at acep.org.
8. American College of Emergency Physicians/National Association of EMS Physicians. Alternate Ambulance Transportation and Destination (2001; reaffirmed 2008); accessed at acep.org.
9. Centers for Medicare and Medicaid Services (CMS), Medicare Benefit Policy Manual, Chapter 10- Ambulance Services; accessed at cms.gov.
10. Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 15 – Ambulance; accessed at cms.gov.
11. Floccare DJ,, Stuhlmiller Df, Braithwaite SA, et al. Appropriate and safe utilization of helicopter emergency medical services: a joint position statement with resource document. *Prehosp Emerg Care*. 2013; 17(4):521–525.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/23/25.

GUIDELINE UPDATE INFORMATION:

02/15/02	Medical Coverage Guideline Reformatted.
04/01/02	2 nd Quarter HCPCS coding (deletions).
07/01/02	3 rd Quarter HCPCS coding additions.
10/01/02	4 th Quarter HCPCS coding addition; add clarification statement for ambulance mileage.
01/01/03	HCPCS coding update.
01/01/04	Annual HCPCS coding update; addition of non-covered statement for non-transport paramedic intercept services; revision of coverage statement for supplies.
02/15/04	Reviewed; no changes.
01/01/06	Annual HCPCS coding update: added A0998.
02/15/06	Scheduled review (consensus review); no change in guideline.

04/01/06	2 nd Quarter HCPCS coding update: removed Q3019 and Q3020.
09/15/06	Revision consisting of change in reimbursement guidelines for ambulance waiting time; add clarification for reimbursement of oxygen; revise Program Exception information for Medicare Advantage.
01/01/07	Annual HCPCS coding update (A0800 deleted).
09/15/07	Scheduled review; reformatted guideline; updated references.
01/01/09	Annual HCPCS coding update: added 99466, 99467; deleted 99289, 99290.
09/15/09	Scheduled review; no changes to position statement; updated references.
01/01/10	Annual HCPCS coding update: revised descriptors for 99466 and 99467.
02/15/11	Revision: formatting changes.
09/15/11	Revision; formatting changes.
03/15/12	Revisions to Position Statement and Reimbursement information.
01/01/14	Annual HCPCS coding update: added S9960 and S9961. Program Exceptions section updated.
05/15/16	Revision; position statement, program exception, and references updated; formatting updates.
04/24/17	Revision; Billing/Coding section.
10/15/19	Review: Position statements maintained and references updated.
10/15/21	Review: Position statements maintained.
07/15/23	Review: Position statements maintained; references updated.
08/15/24	Revision: Transportation to or from the outpatient department of a hospital position statement updated to exclude ER visits.
02/15/25	Review: Position statements maintained.