

Ambulance Services (for Kentucky Only)

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[Instructions for Use](#)

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Related Policies
None

Application

This Medical Policy only applies to the state of Kentucky.

Coverage Rationale

Ambulance services are considered Medically Necessary in certain circumstances. For coverage criteria, refer to the [Kentucky Administrative Regulations 907 1:060](#).

Emergency Air Ambulance services are considered Medically Necessary when all of the following criteria are present:

- The member’s medical condition requires immediate transportation that cannot be provided by ground ambulance and a delay in transportation time may endanger the member’s life or seriously endanger the member’s health including:
 - When ground transport times are excessive (i.e., 30 - 60 minutes or longer), or
 - When weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming, or
 - When the pickup point is inaccessible by ground ambulance.
- The member’s destination is the nearest acute care hospital that can meet the member’s needs; and
- One of the following conditions exist:
 - Services requested by police or medical authorities at the site of an Emergency; or
 - Advanced or basic life support is required during transportation.

Emergency Air Ambulance services are not considered Medically Necessary for all other indications.

Emergency ground ambulance services are considered Medically Necessary when all of the following criteria are present:

- The member’s medical condition requires immediate transportation:
 - To the nearest acute hospital that can provide services appropriate to the covered person's illness or injury, or
 - To the nearest neonatal special care unit for newborn infants’ treatment of illness, injuries, congenital birth defects, or complications of premature birth that require that level of care, or
 - To a hospital that provides a required higher level of care that was not available at the original hospital.
- A delay in transportation time may endanger the member’s life or seriously endanger the member’s health; and

- Advanced or basic life support is required during transportation.

Emergency ground ambulance services without ground transportation are considered Medically Necessary when treatment is rendered by the Emergency ground ambulance personnel at the scene.

Emergency Ground Ambulance Transportation is not considered Medically Necessary for all other indications.

Definitions

Air Ambulance: Medical transport by rotary wing Air Ambulance or fixed wing Air Ambulance as defined in Code of Federal Regulations 42 CFR 414.605 - Definitions:

- Rotary wing Air Ambulance (RW) means transportation by a helicopter that is certified as an ambulance and such services and supplies as may be Medically Necessary.
- Fixed wing Air Ambulance (FW) means transportation by a fixed wing aircraft that is certified as a fixed wing Air Ambulance and such services and supplies as may be Medically Necessary.

Emergency: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so 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:

- Placing the health of the Covered Person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Health Care Services: Services that are required to stabilize or begin treatment in an Emergency. Emergency Health Care Services must be received on an outpatient basis at a Hospital or Alternate Facility.

Medically Necessary: The determination of whether a covered benefit or service is Medically Necessary shall:

- Be based on an individualized assessment of the recipient's medical needs; and
- Comply with the requirements established in this paragraph. To be Medically Necessary or a medical necessity, a covered benefit shall be:
 - Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;
 - Appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice;
 - Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
 - Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
 - Needed, if used in reference to an Emergency medical service, to exist using the prudent layperson standard.
 - Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 U.S.C. 1396d(r) and 42 C.F.R. Part 441 Subpart B for individuals under twenty-one (21) years of age; and
 - Provided in accordance with 42 C.F.R. 440.230. (907 KAR 3:130)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Modifier	Location
Ambulance Modifiers	
Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.	
D	Diagnostic or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than 1829 facility)
G	Hospital-based ESRD facility
H	Hospital
I	Site of transfer (i.e., airport or helicopter pad) between modes of ambulance transport
J	Free standing ESRD facility
N	Skilled nursing facility
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on way to the hospital (destination code only) Note: Modifier X can only be used as a destination code in the second position of a modifier.

HCPCS Code	Description
Air Ambulance (Also see Air Ambulance Revenue Code 0545 below)	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments
Ground/Other Ambulance	
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)

HCPCS Code	Description
Ground/Other Ambulance	
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)
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)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport
S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport

Revenue Code	Description
0540	Ambulance General Classification
0541	Ambulance Supplies
0542	Ambulance Medical Transport
0543	Ambulance Heart Mobile
0544	Ambulance Oxygen
0545	Ambulance Air Ambulance
0546	Ambulance Neonatal Ambulance
0547	Ambulance Pharmacy
0548	Ambulance EKG Transmission
0549	Ambulance Other Ambulance

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Ambulance transportation is a service and, therefore, not subject to regulation by the FDA.

References

Kentucky Administrative Regulations. Cabinet for Health and Family Services - Department for Medicaid Services. 907 KAR 1:060. Ambulance transportation. Available at: <https://apps.legislature.ky.gov/law/kar/907/001/060.pdf>. Accessed April 29, 2023.

Kentucky Administrative Regulations. Cabinet for Health and Family Services - Department for Medicaid Services. 907 KAR 3:130. Medical necessity and clinically appropriate determination basis. Available at: <https://apps.legislature.ky.gov/law/kar/907/003/130.pdf>. Accessed April 28, 2021.

Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<p>Template Update</p> <ul style="list-style-type: none"> Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy”

Date	Summary of Changes
	<p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ Ambulance services are considered Medically Necessary in certain circumstances; refer to the <i>Kentucky Administrative Regulations 907 1:060</i> for coverage criteria <p>Emergency Air Ambulance Services</p> <ul style="list-style-type: none"> ○ Emergency Air Ambulance services are considered Medically Necessary when all of the following criteria are present: <ul style="list-style-type: none"> ▪ The member’s medical condition requires immediate transportation that cannot be provided by ground ambulance and a delay in transportation time may endanger the member’s life or seriously endanger the member’s health including: <ul style="list-style-type: none"> – When ground transport times are excessive (i.e., 30-60 minutes or longer) – When weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming – When the pickup point is inaccessible by ground ambulance ▪ The member’s destination is the nearest acute care hospital that can meet the member’s needs ▪ One of the following conditions exist: <ul style="list-style-type: none"> – Services requested by police or medical authorities at the site of an Emergency – Advanced or basic life support is required during transportation ○ Emergency Air Ambulance services are not considered Medically Necessary for all other indications [not listed above] <p>Emergency Ground Ambulance Services</p> <ul style="list-style-type: none"> ○ Emergency ground ambulance services are considered Medically Necessary when all of the following criteria are present: <ul style="list-style-type: none"> ▪ The member’s medical condition requires immediate transportation: <ul style="list-style-type: none"> – To the nearest acute hospital that can provide services appropriate to the covered person’s illness or injury – To the nearest neonatal special care unit for newborn infants’ treatment of illness, injuries, congenital birth defects, or complications of premature birth that require that level of care – To a hospital that provides a required higher level of care that was not available at the original hospital ▪ A delay in transportation time may endanger the member’s life or seriously endanger the member’s health ▪ Advanced or basic life support is required during transportation ○ Emergency ground ambulance services without ground transportation are considered Medically Necessary when treatment is rendered by the Emergency ground ambulance personnel at the scene ○ Emergency ground ambulance transportation is not considered Medically Necessary for all other indications [not listed above] <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of: <ul style="list-style-type: none"> ○ Ambulance Transportation ○ Appropriate Medical Facility or Provider ○ Medical Services Area <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Revised description for modifier G <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added <i>FDA</i> section ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version CS003KY.05

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.