

Ambulance Services

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[Instructions for Use](#)

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Application

This Coverage Determination Guideline does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	Transportation Services (for Indiana Only)
Kentucky	Ambulance Services (for Kentucky Only)
Louisiana	Ambulance Services (for Louisiana Only)
Mississippi	Ambulance Services (for Mississippi Only)
Nebraska	Ambulance Services (for Nebraska Only)
New Jersey	Ambulance Services (for New Jersey Only)
North Carolina	Ambulance Services (for North Carolina Only)
Pennsylvania	Ambulance Services (for Pennsylvania Only)
Tennessee	Ambulance Services (for Tennessee Only)

Coverage Rationale

Indications for Coverage

Emergency Air Ambulance

Emergency Air Ambulance services may be deployed when the member’s condition requires immediate transportation that cannot be provided by ground ambulance. Examples may include situations when a member’s medical condition is unstable and transportation by ground ambulance poses a threat to the member’s survival or seriously endangers the member’s health and the member’s care cannot be provided/stabilized at the current location.

Emergency Air Ambulance transportation may also be considered when ground transport times exceed 30-60 minutes and the lengthy transport times may endanger the member’s life or seriously endanger the member’s health.

In addition, Emergency Air Ambulance may be considered when the pickup point is inaccessible by ground ambulance or is in a remote or sparsely populated area.

Emergency Air Ambulance transportation should meet the following criteria:

- The member's destination is an acute care hospital; and
- Services requested by police or medical authorities at the site of an emergency; and
- Emergency Air Ambulance transportation requiring advanced life support; or
- Weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming

Emergency Ambulance (Ground, Water, or Air)

Coverage includes Emergency ambulance transportation (including wait time and treatment at the scene) by a licensed ambulance service from the location of the sudden illness or injury, to the nearest hospital where Emergency Health Care Services can be performed.

The following Emergency ambulance services are covered:

- Transportation to the nearest hospital that can provide services appropriate to the covered person's illness or injury
- Transportation 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
- Ground ambulance or Air Ambulance transportation requiring basic life support or advanced life support
- Supplies that are needed for advanced life support or basic life support to stabilize a member's medical condition
- Treatment at the scene (paramedic services) without ambulance transportation
- Wait time associated with covered ambulance transportation
- Transportation to a hospital that provides a required higher level of care that was not available at the original hospital

Non-Emergency Ambulance (Ground or Air) Between Facilities

Coverage includes non-Emergency ambulance transportation by a licensed ambulance service (either ground or Air Ambulance, as UnitedHealthcare determines appropriate) between facilities only when the transport meets one of the following:

- From an out-of-Network Hospital to the closest Network Hospital when Covered Health Care Services are required
- To the closest Network Hospital or facility that provides the required Covered Health Care Services that were not available at the original Hospital or facility
- From a Short-Term Acute Care Facility to the closest Network Long-Term Acute Care Facility (LTAC), Network Inpatient Rehabilitation Facility, or other Network Sub-Acute Facility where the required Covered Health Care Services can be delivered

The applicable benefit level for eligible non-Emergency ambulance transportation depends on the member pick-up location (origin) as follows:

- If the member is inpatient and is transported from a hospital to another hospital or inpatient facility, coverage levels for these ambulance services may vary.
- If the member is in a sub-acute setting and is transported to an outpatient facility and back (outpatient hospital, outpatient facility, or physician's office), these ambulance services are covered under the benefits that apply to that sub-acute setting. For example, if the member is at a Skilled Nursing Facility, the ambulance transport to an outpatient facility (dialysis facility or radiation whether or not it is attached to a hospital) and back is covered under the Skilled Nursing Facility/Inpatient Rehabilitation Facility Services benefit.

Prior Authorization Requirements for Non-Emergency Ambulance (Ground and Air)

Ground Ambulance: Certain plans may require prior authorization for non-emergency ground ambulance transport. Refer to the federal, state, or contractual requirements.

Air Ambulance: Prior authorization is required for non-emergency Air Ambulance transport.

Out-of-Network Ambulance (Emergency)

If the ambulance transportation is covered, the benefit level for out of Network Emergency ambulance (ground, water, or air) is covered at the Network level of deductible and coinsurance.

Coverage Limitations and Exclusions

The following services are not eligible for coverage:

- Ambulance services from providers that are not properly licensed to be performing the ambulance services rendered.
- Air Ambulance transportation that does not meet the covered indications in the [Air Ambulance](#) criteria listed above.
- Non-ambulance transportation. Non-ambulance transportation is not covered even if rendered in an Emergency situation. Examples include but are not limited to:
 - Commercial or private airline or helicopter
 - A police car ride to a hospital
 - Medi-van or wheel-chair van transportation
 - Taxi ride, bus ride, rideshare services such as Lyft and Uber, etc.
- Ambulance transportation when other mode of transportation is appropriate. Except as indicated under the [Indications for Coverage](#) section of this policy, ambulance services when transportation by other means would not endanger the member's health, are not covered.
- Ambulance transportation to a home, residential, domiciliary or custodial facility is not covered.
- Ambulance transportation that violates the notification criteria listed in the [Indications for Coverage](#) section above.
- Ambulance transportation for member convenience or other miscellaneous reasons for member and/or family. Examples include but are not limited to:
 - Member wants to be at a certain hospital or facility for personal/preference reasons
 - Member is in foreign country, or out of state, and wants to come home for a surgical procedure or treatment (this includes those recently discharged from inpatient care)
 - Member is going for a routine service and is medically able to use another mode of transportation
 - Member is deceased and family wants transportation to the coroner's office or mortuary
- Ambulance transportation deemed not appropriate. Examples include but are not limited to:
 - Hospital to home
 - Home to physician's office
 - Home (e.g., residence, nursing home, domiciliary or custodial facility) to a hospital for a scheduled service
- If the member is at a Skilled Nursing Facility/Inpatient Rehabilitation Facility and has met the annual day/visit limit on Skilled Nursing Facility/Inpatient Rehabilitation Facility Services, ambulance transports (during the non-covered days) are not eligible.

Definitions

Check the federal, state or contractual definitions that supersede the definitions below.

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.

Covered Health Care Service(s): Health care services, including supplies or pharmaceutical products, which UnitedHealthcare determines to be all of the following:

- Provided for the purpose of preventing, evaluating, diagnosing or treating a sickness, injury, mental illness, substance-related and addictive disorders, condition, disease or its symptoms
- 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.

Long-Term Acute Care Facility (LTAC): A facility or Hospital that provides care to people with complex medical needs requiring long-term Hospital stay in an acute or critical setting.

Medically Necessary: Health care services that are all of the following as determined by UnitedHealthcare or our designee:

- In accordance with *Generally Accepted Standards of Medical Practice*
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for the member's convenience or that of the member's doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the member's sickness, injury, disease or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. UnitedHealthcare has the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by UnitedHealthcare.

UnitedHealthcare develops and maintains clinical policies that describe the *Generally Accepted Standards of Medical Practice* scientific evidence, prevailing medical standards and clinical guidelines supporting UnitedHealthcare determinations regarding specific services. These clinical policies (as developed by UnitedHealthcare and revised from time to time) are available to covered persons on www.myuhc.com or the telephone number on your ID card. They are also available to physicians and other health care professionals on www.UHCprovider.com.

Short-Term Acute Care Facility: A facility or hospital that provides care to people with medical needs requiring short-term hospital stay in an acute or critical setting such as for recovery following a surgery, care following sudden sickness, injury, or flare-up of a chronic sickness.

Sub-Acute Facility: A facility that provides intermediate care on short-term or long-term basis.

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 1819 facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between mode of ambulance transport

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.	
J	Free standing ESRD facility
N	Skilled nursing facility (SNF)
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 service, 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	
A0140	Nonemergency transport and air travel (private or commercial) intra- or interstate
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 miles (per mile)
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug
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, 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)

HCPCS Code	Description
Ground/Other Ambulance	
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, non-hospital 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; neo-natal ambulance
0547	Ambulance; pharmacy
0548	Ambulance; EKG transmission
0549	Ambulance; other

References

Fee Schedule for Ambulance Services, 42 CFR 414.605 (2002) <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol3/pdf/CFR-2010-title42-vol3-sec414-605.pdf>. Accessed December 6, 2021.

Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services. <http://www.cms.gov/manuals/Downloads/bp102c10.pdf>. Accessed December 6, 2021.

Guideline History/Revision Information

Date	Summary of Changes
08/01/2022	<p>Coverage Rationale</p> <p><i>Prior Authorization Requirements for Non-Emergency Ambulance (Ground and Air)</i></p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Ground Ambulance: Certain plans may require prior authorization for non-emergency ground ambulance transport; refer to the federal, state, or contractual requirements ○ Air Ambulance: Prior authorization is required for non-emergency Air Ambulance transport ● Removed language indicating physicians and other health care professionals who participate in a network are responsible for obtaining prior authorization; however, if the member chooses to receive Covered Health Care Services from an out-of-network provider, the member is responsible for obtaining prior authorization before receiving the services <ul style="list-style-type: none"> ○ If UnitedHealthcare initiates the non-Emergency ambulance transportation, member prior authorization is not required <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Revised description for modifiers E, I, P, and X

Date	Summary of Changes
	<p data-bbox="337 138 639 170">Supporting Information</p> <ul data-bbox="337 176 857 207" style="list-style-type: none"> <li data-bbox="337 176 857 207">• Archived previous policy version CS003.N

Instructions for Use

This Coverage Determination Guideline 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 guideline, 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 Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination 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.