

AMBULANCE SERVICES

Policy Number: TRANSPORT 002.19 T2

Effective Date: June 1, 2018

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| Related Policies |
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| <ul style="list-style-type: none"> • Ambulance • Emergency Room Visits (Including Coverage for Members Outside of the United States) |

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

| | |
|--|---|
| Applicable Lines of Business/ Products | This policy applies to Oxford Commercial plan membership. |
| Benefit Type | General benefits package |
| Referral Required (Does not apply to non-gatekeeper products) | No |
| Authorization Required (Precertification always required for inpatient admission) | Yes ^{1,2,3} |
| Precertification with Medical Director Review Required | No ^{1,2,3} |
| Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required) | Ambulance |
| Special Considerations | <p>¹Emergency land transportation to a hospital and/or hospital Emergency facility does not require notification, precertification or certification.</p> <p>²Precertification with review by a Medical Director or their designee is required for non-emergent transportation (land, air, or water) and for all requests for any out-of-the-country transportation.</p> <p>³Precertification with review by a Medical Director or their designee is required all requests for air or water transportation. In the event precertification is not feasible due to time constraints related to medical emergencies, Oxford will require review of clinical notes post-service and prior to payment.</p> |

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable. If there is a difference between the policy and the member's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

Product Specific Information

NJ Plans and Products

- If the member has no choice in what type of emergent transport the Emergency personnel determines is necessary, the member must be held harmless (i.e., medical necessity does not have to be demonstrated).
- Mobile Intensive Care Units must be treated the same as an Emergency room visit (cost sharing, notification requirements, etc.).

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

POLICY

Note: Refer to Oxford's [Ambulance](#) policy for additional information regarding the reimbursement of ambulance transportation services.

Indications for Coverage

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 services can be performed.

Emergency transportation to an acute care hospital and/or hospital Emergency facility does not require notification, precertification or certification.

The following Emergency ambulance services are covered:

- Ground ambulance transportation requiring basic life support or advanced life support
- Treatment at the scene (paramedic services) without ambulance transportation
- Wait time associated with covered ambulance transportation
- To a hospital that provides a required higher level of care that was not available at the original hospital

Air Ambulance

As a general guideline, 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 member's illness/injury, air transportation may be appropriate.

Air Ambulance transportation should meet the following criteria:

- The member's destination is an acute care hospital, **and**
- The member's condition is such that the ground ambulance (basic or advanced life support) would endanger the member's life or health, **or**
- Inaccessibility to ground ambulance transport or extended length of time required to transport the member via ground ambulance transportation could endanger the member, **or**
- Weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming.

Additional Information

Emergency ambulance coverage includes supplies that are needed for advanced life support or basic life support to stabilize a member's medical condition.

Non-Emergency Ambulance (Ground or Air)

Coverage includes Non-Emergency ambulance transportation by a licensed ambulance service (either ground or Air Ambulance), between health care facilities only when the transport meets one of the following:

- From an out-of-network hospital or facility 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
- 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.

Additional Information

- Non-emergent transportation and is covered only when the member's specific benefit document includes coverage for non-emergent ambulance/transportation and/or coverage is required due to federal or state mandates.
- Ambulance transportation that is done for convenience of the patient is not covered. Please see the [Coverage Limitations and Exclusions](#) section below for more information on non-covered ambulance transportation.

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, 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 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 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

Out-of-Country Transportation

When a member has traveled outside of the United States, Mexico, Canada and the U.S. Territories, Emergency transportation to the nearest hospital and/or hospital Emergency facility does not require notification, precertification or certification. However, Oxford should be notified of an admission within 48 hours or as soon as possible, consistent with the member's certificate.

Refer to Oxford's [Emergency Room Visits \(Including Coverage for Members Outside of the United States\)](#) policy for additional information on coverage for services received outside of the United States, Mexico, Canada, and the U.S. Territories.

DEFINITIONS

Emergency: Refer to the policy titled [Emergency Room Visits \(Including Coverage for Members Outside of the United States\)](#) for definitions and additional information.

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.

Repatriation: Returning a person to their place of origin or citizenship.

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 the member specific benefit plan document 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 may apply.

| Modifier | Description |
|--|---|
| Ambulance Modifiers | |
| Ambulance claims are billed with the following modifiers. The first digit indicates the place of origin, and the destination is indicated by the second digit. The modifiers most commonly used are: | |
| D | Diagnostic or therapeutic site other than 'P' or 'H' |
| E | Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility) |
| G | Hospital-based dialysis facility (hospital or hospital-related) |
| H | Hospital |
| I | Site of transfer (for example, airport or helicopter pad) between types of ambulance |
| J | Non-hospital-based dialysis facility |
| N | Skilled nursing facility (SNF) |
| P | Physician's office (includes HMO non-hospital facility, clinic, etc.) |
| R | Residence |
| S | Scene of accident or acute event |
| X | Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.) Note: Modifier X can only be used as a destination code in the second position of a modifier. |

| HCPCS Code | Description |
|-------------------------------------|--|
| Air Ambulance Codes | |
| 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 Codes | |
| 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) |

| HCPCS Code | Description |
|-------------------------------------|---|
| Ground/Other Ambulance Codes | |
| 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) |
| 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, non-hospital based ALS(nonvoluntary), nontransport |
| S0208 | Paramedic intercept, hospital-based ALS, (nonvoluntary), nontransport |

| Revenue Code | Description |
|--------------|---------------------------------------|
| 540 | Ambulance; general classification |
| 541 | Ambulance; supplies |
| 542 | Ambulance; medical transport |
| 543 | Ambulance; heart mobile |
| 544 | Ambulance; oxygen |
| 545 | Air ambulance |
| 546 | Neo-natal ambulance |
| 547 | Ambulance; pharmacy |
| 548 | Ambulance; telephone transmission EKG |
| 549 | Other ambulance |

REFERENCES

The foregoing Oxford policy has been adapted, in part, from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Coverage Determination Committee [CDG.001.08]

Medicare Benefit Policy Manual, Chapter 10, Ambulance Services. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>. Accessed March 15, 2018.

Oxford Commercial Member Health Benefit Plans

POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------------|---|
| 06/01/2018 | <ul style="list-style-type: none"> Changed policy title; previously titled <i>Transportation Services</i> Revised conditions of coverage/precertification guidelines; added language to indicate: |

| Date | Action/Description |
|------|--|
| | <ul style="list-style-type: none"> ○ Precertification with review by a Medical Director or their designee is required for all requests for out-of-the-country transportation ○ In the event precertification for air or water transportation is not feasible due to time constraints related to medical emergencies, Oxford will require review of clinical notes post-service and prior to payment ● Revised coverage rationale: <ul style="list-style-type: none"> ○ Replaced references to: <ul style="list-style-type: none"> ▪ "Patient" with "member" ▪ "Transportation" with "ambulance" Emergency Ambulance (Ground, Water, or Air) <ul style="list-style-type: none"> ○ Added language to indicate the following Emergency ambulance services are covered: <ul style="list-style-type: none"> ▪ Ground ambulance transportation requiring basic life support or advanced life support ▪ Treatment at the scene (paramedic services) without ambulance transportation ▪ Wait time associated with covered ambulance transportation ▪ To a hospital that provides a required higher level of care that was not available at the original hospital ○ Removed duplicative language pertaining to precertification requirements (see the <i>Conditions of Coverage</i> section of the policy) Non-Emergency Ambulance (Ground or Air) <ul style="list-style-type: none"> ○ Modified language to indicate coverage includes non-Emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as we determine appropriate) between facilities <i>only</i> when the transport <i>meets one</i> of the following: <ul style="list-style-type: none"> ▪ From an out-of-Network Hospital to the closest Network Hospital <i>when Covered Health Care Services are required</i> ▪ To the closest Network Hospital or facility that provides <i>the required Covered Health Care Services</i> 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 <i>where the required Covered Health Care Services can be delivered</i> ○ Added reference link to the <i>Coverage Limitations and Exclusions</i> section of the policy for additional information on non-covered ambulance transportation Coverage Limitations and Exclusions <ul style="list-style-type: none"> ○ Replaced reference to "air ambulance" with "air ambulance <i>transportation</i>" ○ Removed language indicating ambulance transportation that violates the notification criteria listed in the <i>Indications for Coverage</i> section of the policy is not covered ○ Modified list of examples of excluded ambulance transportation for member convenience or other miscellaneous reasons to reflect/include: <ul style="list-style-type: none"> ▪ Member wants to be at a certain hospital or facility for personal/preference reasons ▪ Member is in foreign country, or out of state, <i>and</i> wants to come home <i>for</i> a surgical procedure or treatment (this includes those recently discharged from inpatient care) ▪ Member is going <i>for</i> a routine service and is medically able to use another mode of transportation ▪ Member is deceased <i>and family wants</i> transportation to the coroner's office or mortuary Out-of-Country Transportation <ul style="list-style-type: none"> ○ Removed duplicative language pertaining to precertification requirements (see the <i>Conditions of Coverage</i> section of the policy) ● Updated definitions: <ul style="list-style-type: none"> ○ Added definition of "Emergency" ○ Removed definition of: <ul style="list-style-type: none"> ▪ Air Ambulance ▪ Fixed Wing Aircraft |

| Date | Action/Description |
|------|---|
| | <ul style="list-style-type: none">▪ Rotary Wing Aircraft• Updated list of applicable HCPCS codes; revised description for A0427• Archived previous policy version TRANSPORT 002.18 T2 |