

# Medicare Medical Policy

## Ambulance Transport

MEDICARE MEDICAL POLICY NUMBER: 386

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## PRODUCT AND BENEFIT APPLICATION

Medicare Only

### MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

**Notes:** Prior to 5/11/2023, there were temporary provisions in place for this Medicare medical policy during the COVID-19 public health emergency. See [Policy Guidelines](#) below for information regarding these emergency provisions.

Service	Medicare Guidelines
Ambulance Services	Medicare Benefit Policy Manual, <a href="#">Chapter 10 – Ambulance Services</a>  <b>NOTE:</b> This Medicare manual addresses many scenarios for which ground and/or air ambulance services may be required. Please consider all relevant sections during the course of a medical necessity review.

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

### NEED AND DURATION OF EMERGENCY PROVISIONS

1. Need for the temporary Provisions: COVID-19 public health emergency
2. Documents or source relied upon: Centers for Medicare & Medicaid Interim Rules for the COVID-19 Public Health Emergency

3. Initial Effective Date: 3/1/2020
4. Re-review dates: 5/27/2020; 7/22/2020; 9/23/2020; 11/30/2020; 2/3/2021; 3/31/2021; 6/1/2021; 12/8/2021; 7/20/2022; 10/4/2022; 12/16/2022; 2/1/2023
5. Termination Date: 5/11/2023
6. Next Reassessment Date determined at Companies sole discretion: 5/10/2023, or sooner if regulations or clinical practice guidelines change.

## POLICY ADDENDUM

### COVID-19 Public Health Emergency

On April 7, 2020, Medicare released expanded coverage of necessary ambulance transport during the COVID-19 public health emergency. This [interim rule](#) states:

*A patient suspected of having COVID–19 that requires a medically necessary transport may be transported to a testing facility to be tested for COVID–19 instead of a hospital in an effort to prevent possible exposure to other patients and medical staff.*

*Home may be an appropriate destination for a COVID–19 patient who is discharged from the hospital to home to be under quarantine (as noted above, there must be a medically necessary ground ambulance transport of a patient in order for an ambulance service to be covered).*

*During the COVID-19 Public Health Emergency, Medicare will cover a medically necessary emergency and non-emergency ground ambulance transportation from any point of origin to a destination that is equipped to treat the condition of the patient consistent with state and local Emergency Medical Services (EMS) protocols where the services will be furnished.*

***On an interim basis, CMS is expanding the list of destinations that may include but are not limited to:***

- *Any location that is an alternative site determined to be part of a hospital, Critical Access Hospital (CAH), or Skilled Nursing Facility (SNF)*
- *Community mental health centers*
- *Federally Qualified Health Centers (FQHCs)*
- *Rural health clinics (RHCs)*
- *Physicians' offices*
- *Urgent care facilities*
- *Ambulatory Surgery Centers (ASCs)*
- *Any location furnishing dialysis services outside of an End-Stage Renal Disease (ESRD) facility when an ESRD facility is not available*
- *Beneficiary's home*

Applicability date: 3/1/2020

### DOCUMENTATION REQUIREMENTS

For assistance in documentation requirements, see the Noridian web page for [Ambulance Documentation Requirements](#).

## BACKGROUND

The Medicare Benefit Policy Manual reference noted above serves as the primary resource for Medicare coverage of ambulance services; however, additional information can also be found on the [local Medicare Administrative Contractor \(MAC\) - Noridian- web page for ambulance services](#). This includes, but is not limited to, information regarding coverage (or non-coverage), billing, and Medicare requirements for transport vehicles and their staff.

## DEFINITIONS

Under Medicare, the terms ground and air ambulance refer to multiple types of vehicles.

- “Ground ambulance” refers to land (automobile) and water transport vehicles.
- “Air ambulance” refers to fixed wing (airplane) and rotary wing (helicopter) aircraft.

## BILLING GUIDELINES AND CODING

### GENERAL

While HCPCS codes used to report ambulance services may not require prior authorization, they may be subject to utilization audit or post-service review. The coverage criteria in this policy apply to any ambulance service being reviewed, regardless of what HCPCS code is used.

CODES*		
CPT	None	
HCPCS	None	

#### \*Coding Notes:

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

1. Medicare Claims Processing Manual, Chapter 15 - Ambulance; Available at:  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c15.pdf>

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
4/2023	New Medicare Advantage medical policy