

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0034
EFFECTIVE DATE January 1, 2014	SUBJECT: Ambulance Transportation

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Medical Transport Services are ambulances, which are vehicles for transportation of the sick and injured.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Emergency Medical Transport

- A. BCNEPA shall provide coverage for Emergency Medical Transport Services (BLS, ALS or air/sea transport) in an emergency situation to the nearest appropriate facility. The Member's clinical condition must be severe and life threatening that any other form of transportation would be medically contraindicated.

- B. The following conditions, such as, but not limited to represent examples of cases for which BLS/ALS ambulance transport may be medically necessary:
1. Emergency situations, e.g., accidents, injury, acute illness;
 2. Need for restraints;
 3. Unconscious or in shock;
 4. Required oxygen or other emergency treatment during the trip;
 5. Required immobilization, i.e., fracture or the possibility of a fracture;
 6. Sustained acute stroke or myocardial infarction;
 7. Was experiencing severe hemorrhage;
 8. Was bed confined (See Definition) before and after the ambulance trip; or
 9. Could be moved only by stretcher.
- C. Air and sea medical transport services may qualify as an ambulance service if land transportation is contraindicated because of medical necessity or geographic limitations. As a general guideline, when it would take a land ambulance 30-60 minutes or more to transport an emergency patient, consider air transportation appropriate.
- D. The following conditions, such as, but not limited to represent examples of cases for which air/sea ambulance could be justified. The list is not inclusive of all situations that may justify air/sea transportation nor is it intended to justify air transportation in all locales in the circumstances listed:
1. Intracranial bleeding requiring neurosurgical intervention;
 2. Cardiogenic shock;
 3. Burns requiring treatment in a Burn Center;
 4. Conditions requiring treatment in a Hyperbaric Oxygen Unit;
 5. Multiple severe injuries; or
 6. Life-threatening trauma.

Non-Emergency Medical Transport

- E. Non-emergency medical transport, either one way or round trip, shall be considered eligible for coverage when medically necessary according to, but not limited to, the following guidelines:
1. The Member shall be transported to a hospital or skilled nursing facility, or from one of these facilities to the Member's home (or residence used as their home).
 2. The Member shall be transported for multiple trips of the same type that are scheduled in advance for dialysis, chemotherapy, etc.

3. The Member shall be transported from a residence to a non-hospital diagnostic center for services or treatment.
4. The Member shall be transported from one hospital to another to obtain necessary specialized diagnostic and/or therapeutic services if the following requirements are met:
 - a) The patient's condition is such that use of any other method is contraindicated;
 - b) The services are not available in the hospital in which the individual is an inpatient; and
 - c) The hospital furnishing the service is the nearest one with such facilities.

Transportation of Deceased Members

- F. The following guidelines shall be utilized for medical transport services for deceased Members.
1. If the patient was pronounced dead by a legally authorized individual before the ambulance was called, the services would not be covered.
 2. If the patient was pronounced dead after the ambulance was called but before pick up, the service to the point of the pick up is covered.
 3. If services were furnished to a patient who was pronounced dead while in route to or upon arrival at the destination, the entire ambulance service is covered.
- G. BCNEPA shall not provide coverage for:
1. Air/sea ambulance services for transport to a facility that is not an acute care facility, such as a nursing facility, physician's office, or a beneficiary home.
 2. Ambulance services when either an ambulance was utilized for convenience or because other means of transportation were not available.
 3. Ambulance service to a physician's office or a physician-directed clinic is not covered, unless an emergency stop is made at a physician's office enroute to a hospital.

Paramedic Intercept

- H. For Coverage of Paramedic Intercept, please refer to individual coding sections.

IV. DEFINITIONS:

Ambulance: a vehicle for transportation of the sick and injured, equipped and staffed to provide medical care during transit.

Air Ambulance: transportation service either by means of a helicopter or fixed wing aircraft.

Advanced Life Support (ALS) Ambulance: must have specialized life sustaining equipment and, ordinarily, equipment for radio-telephone contact with a physician or hospital. Typical of this type of ambulance are mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel (i.e., Paramedics, Emergency Medical Technicians and Pre-Hospital Registered Nurses) trained and authorized to administer intravenous therapy (IVS), provide anti-shock trousers, establish and maintain a patient's airway, defibrillate the heart, stabilize pneumothorax conditions and perform other advanced life support procedures or services. The ambulance supplier must be ALS licensed/certified. Advanced Life Support (ALS) vehicles must be staffed by two people with one of the two staff members certified as a paramedic or an EMT who is trained and certified by the state or local authority where the services are being furnished to perform one or more ALS services.

Appropriate Facility: means that the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. It is the institution, its equipment, its personnel and its capability to provide the services necessary to support the required medical case that determine whether it has appropriate facilities.

Bed Confinement: the patient is unable to get up from bed without assistance; unable to ambulate; and unable to sit in a chair or wheelchair.

Non-Transporting Advanced Life Support Unit: a unit provides Advanced Life support services but is not equipped to provide transportation; therefore, it must work in conjunction with an ambulance. This unit must have specialized life sustaining equipment and ordinarily, equipment for radio-telephone contact with a physician or hospital. This unit must be appropriately equipped and staffed by personnel, (i.e., Paramedics, Emergency Medical Technicians and Pre-Hospital Registered Nurses) trained and authorized to administer intravenous therapy (IVS), provide airway, defibrillate the heart, stabilize pneumothorax procedures or services. This unit must be ALS licensed/certified.

Basic Life Support (BLS) Ambulance: is one that provides transportation plus the equipment and staff (i.e., Emergency Medical Technicians) needed for such basic services, such as, but not limited to the control of bleeding, splinting fractures, treatment for shock delivery of babies, and Cardio-Pulmonary Resuscitation (CPR). The ambulance supplier must be BLS licensed/certified. Basic Life Support (BLS) ambulances must be staffed by at least two people, one of whom must be certified as an emergency medical technician (EMT) by the state or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

Emergency Service: transport for a condition that manifests itself by acute symptoms to sufficient severity or severe pain, such 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: 1) Placing the health of the enrollee, or, with respect to a pregnant woman, the health of the woman or unborn child, in serious jeopardy; 2) Serious impairment to bodily functions; or 3) Serious dysfunction of any bodily organ or part. Emergency transportation and related emergency service provided by a licensed ambulance service shall constitute an emergency service.

Non-Emergency Medical Transport: transport for any prearranged medical or diagnostic services.

Paramedic intercept services: advanced life support (ALS) services delivered by paramedics that operate separately from the agency that provides the ambulance transport. This type of service is most often provided for an emergency ambulance transport in which a local volunteer ambulance that can provide only basic life support (BLS) level service is dispatched to transport a patient. If the patient needs ALS services such as EKG monitoring, chest decompression, or IV therapy, another entity dispatches a paramedic to meet the BLS ambulance at the scene or once the ambulance is on the way to the hospital. The ALS paramedics then provide their services to the patient.

The intercept service(s) is:

1. Provided in a rural area;
2. Provided under a contract with one or more volunteer ambulance services; and
3. Medically necessary based on the condition of the beneficiary receiving the ambulance service.

In addition, the volunteer ambulance service involved must:

1. Be certified as qualified to provide ambulance services in accordance with CFR410.41 of the regulations;
2. Provide services only at the BLS level at the time of the intercept; and
3. Be prohibited by State law from billing for any service.

Finally, the entity providing the ALS paramedic intercept service must:

1. Be certified as qualified to provide ALS paramedic intercept services from the entity, regardless of whether or not those recipients are Medicare beneficiaries.

A rural area is defined as an area designated as a rural area by any law or regulation of the State or if it is located in a rural census tract of a metropolitan statistical area.

Prudent Lay Person: a person possessing an average knowledge of health and medicine who seeks emergency services based on his or her judgment that the symptoms may result in serious impairment to his or her health.

Specialty Care Transport (SCT): Specialty care transport is interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT Paramedic. SCT 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 (for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).

Vehicle and Staff Requirements: any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable to transporting patient's with acute medical conditions. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state or local law. This should include, at a minimum, one two-way voice radio or wireless telephone.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

540	A0021	A0398	A0431	S0215
541	A0140	A0420	A0432	T2002
542	A0225	A0422	A0433	T2003
543	A0380	A0424	A0434	T2004
544	A0382	A0425	A0435	T2005
545	A0384	A0426	A0436	T2007
546	A0390	A0427	A0998	
547	A0392	A0428	A0999	
548	A0394	A0429	S0207	
549	A0396	A0430	S0208	

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