

Nonemergent Ambulance Services, Medical 105

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Description & Definitions:

An ambulance is a transport vehicle that is able to provide medical care and treatment up to and including life-saving interventions. This vehicle can either be on the ground or through the air.

Criteria:

Ambulance services are considered medically necessary for **1 or more** of the following:

- Ground Transportation and **ALL** of the following:
 - The ambulance must have the necessary equipment and supplies to address the needs of the individual
 - The individual is transported to a destination that is **1 or more** of the following:
 - The destination participates (PAR) with Sentara Health Plans
 - The destination does not participate (Non-PAR) with Sentara Health Plans and **ALL** of the following:
 - Sentara Health Plan Medical Director has approved the transport
 - The individual is at a facility that is non-participating (Non-PAR) with Sentara Health Plan and the continued length of stay is expected to be extensive
 - The destination is to the member's home or residence.
 - The individual has a medical condition which indicates that any other form of transportation would be medically contraindicated and **1 or more** of the following:
 - Transportation to/ from one medical facility to another medical facility or skilled nursing facility
 - Transportation to/from residence or facility for diagnostic or therapeutic treatment (e.g. dialysis center, radiation therapy, imaging studies, surgical intervention, etc.) and **ALL** of the following:
 - The diagnostic or therapeutic treatment is medically necessary
 - If transport is from a facility, the diagnostic or therapeutic treatment cannot be available at that facility
 - Transfer from an acute care facility to a patient's home or skilled nursing facility that is medically necessary
 - Transportation to/from residence for a medically necessary visit to a physician's office
- Air Transportation and **ALL** of the following:

- The ambulance must have the necessary equipment and supplies to address the needs of the individual
- Individual meets **1 or more** of the following criteria:
 - The individual's location is such that accessibility is only feasible by air or water
- The individual has a medical condition which indicates that any other form of transportation would be medically contraindicated and **1 or more** of the following:
 - Transportation to/ from one medical facility to another medical facility or skilled nursing facility
 - The individual is transported to a destination that is **1 or more** of the following:
 - The destination participates (PAR) with Sentara Health Plans
 - The destination does not participate (Non-PAR) with Sentara Health Plans and **ALL** of the following:
 - Sentara Health Plan Medical Director has approved the transport
 - The individual is at a facility that is non-participating (Non-PAR) with Sentara Health Plan and the continued length of stay is expected to be extensive
 - Transportation to/from facility for diagnostic or therapeutic treatment (e.g. dialysis center, radiation therapy, imaging studies, surgical intervention, etc.) and **ALL** of the following:
 - The diagnostic or therapeutic treatment is medically necessary
 - If transport is from a facility, the diagnostic or therapeutic treatment cannot be available at that facility

Ambulance transport is considered **Not Medically Necessary** and therefore is **NOT COVERED** for **ANY** of the following indications or clinical scenarios:

- When the transport is primarily for the convenience of the individual, individual's family or physician
- The services are for a transfer of a deceased individual to a funeral home, morgue, or hospital, when the individual was pronounced dead at the scene
- Transfers from a hospital capable of treating an individual to another hospital primarily for the convenience of the individual or individual's family or physician
- Transportation to a hospital other than the nearest one with appropriate facility
- Air transport when land transportation is available and the time required to transport individual by land does not endanger the his/her life or health
- Some other means of transportation could have been used without endangering the individual's health.
- Ambulance transportation was denied by the individual after response and treatment at scene.

Document History:

Revised Dates:

- 2026: February – Implementation date of June 1, 2026. Annual review. No updates to criteria. Removed codes that no longer require prior authorization.
- 2022: February, April
- 2021: October
- 2020: January, July
- 2015: February
- 2014: August
- 2013: August
- 2010: November
- 2008: October

Reviewed Dates:

- 2025: February
- 2024: February
- 2023: February
- 2020: April
- 2018: November
- 2017: December
- 2016: July
- 2015: July
- 2014: July

- 2013: July
- 2012: August
- 2011: October
- 2010: October
- 2009: October

Origination Date: December 2007

Coding:

Medically necessary with criteria:

Coding	Description
A0425	Ground mileage, per statute mile.
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS1).
A0428	Ambulance service, basic life support, nonemergency transport (BLS).
A0430	Ambulance service, conventional air services, transport, one way (fixed wing).
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers.
A0434	Specialty care transport (SCT).
A0435	Fixed wing air mileage, per statute mile.

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be ALL inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and Special Notes: *

- Coverage:
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
 - See appropriate facility contract to ensure transport is not included in the facility daily rate.
- Application to products:
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements:
 - Precertification by the plan is required.
 - **Please refer to Prior Authorization List for most up to date requirement** [Search PAL List: Sentara Health Plans](#)
- Special Notes:
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific

services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Federal Register. Office of Personnel Management; Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services. Requirements Related to Surprise Billing; Part I. A Rule by the Personnel Management Office, the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 07/13/2021. Retrieved 1.20.2026. <https://www.federalregister.gov/documents/2021/07/13/2021-14379/requirements-related-to-surprise-billing-part-i>

US Food and Drug Administration. FDA.gov. Drug Supply Chain Security Act (DSCSA), 10.16.2025. Retrieved 1.20.2026. <https://www.fda.gov/drugs/drug-supply-chain-integrity/drug-supply-chain-security-act-dscsa>

Commonwealth of Virginia. Virginia Law: RD627 - Progress of Virginia's Emergency Medical Services Agencies in Response to the Federal Drug Supply Chain Security Act and the Federal Protecting Patient Access to Emergency Medications Act – October 15, 2025. Author: Board of Pharmacy. Enabling Authority: Chapter 624 Enactment Clause 1. Executive Summary. Retrieved 1.20.2026. <https://rga.lis.virginia.gov/Published/2025/RD627>

Symplr. Formally Hayes Rating. Retrieved 1.21.2026. https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522nonemergent%2520ambulance%2520transport%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%25257B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%2522:%2525B%2522*%2522%2525D,%2522sorts%2522:%2525B%2527B%2522field%2522:%2522_score%2522,%2522direction%2522:%2522desc%2522%2527D%2525D,%2522filters%2522:%2525B%2525D%2527D

Centers for Medicare and Medicaid Services. CMS.gov. Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport. 9.16.2025. Retrieved 1.21.2026. <https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/prior-authorization-and-pre-claim-review-initiatives/prior-authorization-repetitive-scheduled-non-emergent-ambulance-transport-rsna>

Commonwealth of Virginia. DMAS Provider Manual Title: Transportation. Chapter IV: Covered Services and Limitations. Revision Date 8.28.2024. Retrieved 1.21.2026. https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-08/Transportation%20Chap.%20IV%20%28updated%208.28.24%29_Final.pdf

National Comprehensive Cancer Network. NCCN.org. Retrieved 1.21.2026. <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=nonemergent%20ambulance>

TWELFTH EDITION ACCREDITATION STANDARDS of the Commission on Accreditation of Medical Transport Systems. CAMTS.org. 10.2022. Retrieved 1.21.2026. https://cdn.prod.website-files.com/65de10e0a5df356d60f6b987/68793613ef5467e9754953c3_CAMTS%2012th%20Edition%20free%20download.pdf

Han, S., Navarro, S. P., & Alexander, G. L. (2025). Transportation Services in Society for Individuals Living With Dementia in Long-Term Care Facilities: A Scoping Review. *Journal of the American Medical Directors Association*, 26(9), 105745. Retrieved 1.21.2026. <https://doi.org/10.1016/j.jamda.2025.105745>

MCG Informed Care Strategies. 29th Edition. 2025. Retrieved 1.21.2026. <https://careweb.careguidelines.com/ed29/index.html>

Keywords:

Ambulance transport, medical 105, air, ground, paramedics, transportation, als, bls, Non-Emergency Medical Transportation (NEMT)