

# Nonemergent Ambulance Services, Medical 105

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.**

## Description & Definitions:

Non-Emergent Ground, Air and Water Transportation Services are designed and equipped to respond to and are capable of transporting members with acute medical conditions.

**Ground ambulances** are medically equipped ground vehicle used to transport patients to treatment facilities where out-of-hospital medical care is provided during transport.

**Fixed-wing air ambulances** are planes powered by either piston, turboprop or jet engines. They require airstrips to land and take off. These types of air ambulances are generally used when someone needs to be transported a great distance (350 or more miles).

**Rotary Wing air ambulances**, such as helicopters, are powered by rotating blades. These types of air ambulances are generally used when someone needs to be transported a short distance (Less than 350 miles).

**Water ambulances** are specially designed to provide effective medical assistance on the water.

## Criteria:

DMAS Provider Manual Title: Transportation, Chapter IV: Covered Services and Limitations  
Revision Date: 8/28/2024 [Transportation Manual | MES](#)

Non-emergent Air and Water Ambulance Services are covered when **1 or more of the following** criteria are met:

- **Fixed Wing Air Ambulance Transport** is considered medically necessary when the **ALL** of the following criteria are met:
  - The member requires transportation to a treatment or long-term care facility for medically necessary care that cannot be obtained at the originating (current) facility.
  - Transport is to the nearest available provider or facility where the required medical care can be provided
  - Fixed wing transport is the only option available as evidenced by **1 or more** of the following:
    - Member is inaccessible by ground or water ambulance, OR
    - The treatment facility is located at a distance which would make ground or rotary wing transport impractical.
  - The individual's condition must be such that any form of transportation other than fixed wing air ambulance would be medically contraindicated.
  - Must be approved by Medical Director.
- **Rotary Wing Air & Water Ambulance** services are considered medically necessary when **ALL** of the following criteria are met:
  - The member requires transportation to a treatment for medically necessary care that cannot be obtained at the originating (current) facility.
  - Transport is to the nearest available provider or facility where the required medical care can be provided
  - The individual's condition is such that the time needed to transport by land would potentially adversely affect the individual's health.
  - When weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming.
  - Must be approved by Medical Director.
- **Ground Transportation** services are considered medically necessary when **ALL** of the following criteria are met:
  - The individual has a medical condition which indicates that any other form of transportation would be medically contraindicated (The individual requires specialized medical services during transport and close supervision, or is bed-confined (i.e., cannot get up from bed without assistance, unable to ambulate, and unable to sit in a wheelchair/chair)
  - Transport is to the nearest available provider or facility where the required medical care can be provided
  - **AND 1 or more** of the following:
    - Transportation to/ from one medical facility to another medical facility or skilled nursing facility
    - Transfer from an acute care facility to a patient's home 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.
      - Transportation to/from residence for a medically necessary visit to a physician's office
- **The use of air and water ambulance services for deceased individuals** is considered medically necessary when **1 or more** of the following are met:
  - **Fixed Wing Air Ambulance Transport** is considered medically necessary when the **ALL** of the following criteria are met:
    - The member requires transportation to a treatment or long-term care facility for medically necessary care that cannot be obtained at the originating (current) facility.
    - Fixed wing transport is the only option available as evidenced by **1 or more** of the following:
      - Member is inaccessible by ground or water ambulance, OR
      - The treatment facility is located at a distance which would make ground or rotary wing transport impractical.
    - The individual's condition must be such that any form of transportation other than fixed wing air ambulance would be medically contraindicated.
    - Must be approved by Medical Director.
    - **AND 1 or more** of the following are met:
      - The individual was pronounced dead while in route or upon arrival at the hospital or

- final destination; or
  - The individual was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, but prior to pick-up.
- **Rotary Wing Air & Water Ambulance** services are considered medically necessary when **All of the following** criteria are met:
  - The member requires transportation to a treatment for medically necessary care that cannot be obtained at the originating (current) facility.
  - The individual's condition is such that the time needed to transport by land would potentially adversely affect the individual's health.
  - When weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming.
  - Must be approved by Medical Director.
  - **AND 1 or more** of the following are met:
    - The individual was pronounced dead while in route or upon arrival at the hospital or final destination; or
    - The individual was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, but prior to pick-up.

Nonemergent Ground, Air and Water Ambulance Services are considered **not medically necessary** for any use other than those indicated in clinical criteria.

Mileage in excess of the distance from the trip origin to the nearest appropriate facility is considered **not medically necessary**.

## Document History:

### Revised Dates:

- 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

### Effective 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).
A0431	Ambulance service, conventional air services, transport, one way (rotary 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.
A0436	Fixed wing air mileage, per statute mile.

Considered Not Medically Necessary:

Coding	Description
A0998	Ambulance response and treatment, no transport

U.S. Food and Drug Administration (FDA) - approved only products only.

*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.*

## Special Notes: \*

- Coverage- See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products - Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization requirements – Precertification by the plan is required.
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical

policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

- 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.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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## Keywords:

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