



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: MEDICARE ADVANTAGE
ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 08/15/23
LAST REVIEW DATE: 08/06/24
CURRENT EFFECTIVE DATE: 08/06/24
LAST CRITERIA REVISION DATE: 08/15/23
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NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

MEDICARE ADVANTAGE AMBULANCE SERVICES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Blue Cross® Blue Shield® of Arizona Advantage has established a standardized process for provision and/or reimbursement for ambulance services only if they are furnished to a member whose medical condition is such that use of any other means of transportation is contraindicated. A member whose condition permits transport in any type of vehicle other than an ambulance would not qualify for services under Blue Cross Blue Shield of Arizona Advantage.

All references to Blue Cross Blue Shield of Arizona Advantage are hereby referenced as the “*Company*”. This Policy provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy.

Bed confined is not meant to be the sole criterion to be used in determining medical appropriateness. Other criteria must also be met.

If the transport is for the purpose of receiving a service considered not to be medically appropriate, then the transport is also considered to be not medically appropriate, even if the destination is an appropriate facility.

The Company does not consider repeat trips for a member on the same day medically necessary because it is a duplicate service. Extra attendants or physician/hospital staff accompanying the member en route also are not appropriate.

If a member can be transported by a vehicle other than an ambulance, it is the responsibility of the facility to ensure that the individual is transported by alternative means whenever possible.

The Company considers ambulance transportation services medically necessary when they are initiated through an emergency response system call and, upon examination by emergency medical personnel, the member’s condition is determined to be non-emergent but one which requires transportation by an ambulance for further evaluation. Such services do not require prior authorization.



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Criteria:

Ambulance services are covered to the extent that these types of services are generally covered by the member's benefit design as found in the Explanation of Coverage (EOC) and subject to state and federal regulations. All requests for non-emergency ambulance services require prior authorization (PA), whereas emergency ambulance services do not.

- The Company considers non-emergency ambulance transportation **medically necessary** when **ALL** of the following are met:

1. The individual is bed confined* at the time of transport.

*Bed confined is not synonymous with "bed rest," "non-ambulatory," or "stretcher-bound," but is defined by **ALL** of the following:

- The member is unable to get up from the bed without assistance
- The member is unable to stand and ambulate
- The member is unable to sit in a chair or wheelchair

Examples of situations in which individuals are bed-confined and cannot be moved by wheelchair but must be moved by stretcher include, *but are not limited to*:

- Members with dementia or psychiatric illness where ambulance transportation is necessary for safety issues.
- Members with polio, muscular dystrophy or multiple sclerosis who cannot be transported in a wheelchair.
- Quadriplegic members who cannot move at all below their neck.
- Lower extremity paralysis members who cannot move on their own.
- Immobility of lower extremities (member in a Spica cast, has fixed hip joints or unable to move or be moved by wheelchair).
- Severe vertigo or truncal ataxia causing inability to remain upright.
- Severe generalized weakness and frailty near the end stages of life from a terminal illness or cancer.
- Contractures of lower extremities, in a fetal position or member unable to straighten out their body creating a non-ambulatory status.

2. The member is transferred from one location to another. This may involve **ANY** of the following scenarios:

- The member is transported from home to an acute care facility for specialized services.
- The member is transported hospital to hospital when **ALL** of the following are met:
 - a. Services are not available in the hospital in which the member is an inpatient;
 - b. The member is transported to the nearest medical facility that can render appropriate specialized diagnostic and/or therapeutic services.



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- The member is transported upon discharge from an acute care hospital to a Skilled Nursing Facility (SNF), or Rehabilitation Facility when the member's condition precludes transportation by other means.
 - The member is transported from a SNF or Rehabilitation Facility to Hospital (non-emergent) when the member cannot be transported by other means and when the required medical service is not available at the originating facility.
3. The member's medical condition(s) at the time of transport contraindicates any other mode of transportation (such as automobile, taxi, wheelchair, van, invalid coach, bus etc.) without endangering the member's health **or** special handling en route requires the attendance of medically trained personnel. Examples would include:

- Medical conditions that contraindicate transport by other means (i.e., danger to self or others).
- Monitoring – Member's physical condition is such that member risks injury during vehicle movement despite restraints.
- Oxygen delivery – Third party assistance/attendant required to monitor, apply, administer, regulate or adjust oxygen en route.

Note: This does not apply to member's who are generally mobile and capable of self-administration of portable oxygen in the home. Member must require oxygen therapy and be so frail as to require assistance.

- Cardiac status – Cardiac/hemodynamic monitoring required en route.
 - Orthopedic device – Major orthopedic device, which includes body cast (Spica cast), backboard, halo traction, use of pins and traction, etc. which significantly hampers transport by wheelchair, van or other vehicle and where movement needs to be controlled.
- The Company considers non-emergency ambulance transportation **not medically necessary** for **ANY** of the following:
- Members characterized as ambulatory, non-ambulatory, bedridden, homebound or invalid because these members can often be transported without the use of an ambulance.
 - Need for assistance in and out of a vehicle and for transporting up and down stairs.
 - No illness or condition that must be evaluated or treated.
 - All transports from home to a physician's office, an outpatient clinic, hospital or podiatrist for routine evaluation, treatment, or follow-up such as office visits to have stitches removed, follow-up visits after surgery, routine check-ups, possible fractures or to have prescriptions refilled.
 - Transportation from a SNF/Rehabilitation Facility/acute care facility to the member's home if the member's condition is appropriate for private transportation, whether or not it is available.
 - When other means of transportation could be utilized without endangering the individual's health, whether or not such transportation is actually available (e.g., the member could walk unassisted to the vehicle or could walk to the vehicle with assistance, including personal assistance or the use of cane, crutches, walker or wheelchair).



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- Transfer from a hospital which has appropriate facilities and staff for treatment to another hospital to accommodate member or family preference to receive care by a personal physician or in a facility nearer home.
 - Returning individual to the transferring hospital.
 - Transfer for convenience of doctor, staff or family.
 - Routine outpatient clinic visits.
 - Transportation of deceased member.
 - Transportation by wheelchair vans or Medi-vans that do not meet the criteria for ambulance.
 - Discharged from inpatient and/or outpatient facilities to their homes because they are sufficiently recovered.
 - Transportation to a free-standing or hospital-based dialysis facility for routine maintenance dialysis because ordinarily they are not sufficiently ill enough to require ambulance transportation.
 - Sedated or medicated by physician that temporarily affects member's cognitive ability or ambulation after procedure is performed (e.g., Versed given during endoscopy).
 - Member with a cerebrovascular accident (CVA) discharged home from hospital if they are able to ambulate.
 - Member going through therapy to learn how to get around on their own after CVA/transient ischemic attack (TIA)/Stroke/Heart Attack in the last few months.
 - Amputee of lower limbs being discharged to home from hospital or member has had an amputation in the last few months and is going through therapy to acquire ambulation skills.
 - Round trip ambulance services utilized for those members receiving diagnostic and/or therapeutic services which could have been reasonable brought to the member's bedside or provided within the facility (e.g., portable x-ray).
 - Transportation by ambulance for a suspected emergency condition, treated and released. Member would no longer require the specialized service of ambulance transportation.
 - Round trip transport from home for radiation therapy and/or chemotherapy when member can be transported safely by other means.
 - Intra-facility transport, i.e., a transport within the certified campus of a facility.
 - Transportation of correctional inmates.
 - Refusal of member to be transported by any other means than ambulance.
 - Ambulance transport from a SNF to a physician's office for any reason.
- The company considers medically appropriate air ambulance transportation a covered service regardless of the state or region in which it is rendered. However, the service would only be approved for payment if the member's condition was such that transportation by either basic or advanced life support ground ambulance is not appropriate.
- Air ambulance transportation service, either by means of a helicopter or fixed wing aircraft, may be determined to be covered only if:
1. The member's medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance and **ANY** of the following:
 - The point of pickup is inaccessible by ground vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States)



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- Great distances or other obstacles are involved in getting the individual to the nearest hospital with appropriate facilities

Medical reasonableness is only established when the member’s condition is such that the time needed to transport a member by ground, or the instability of transportation by ground, poses a threat to the member’s survival or seriously endangers the member’s health. Some but not all examples for which an air ambulance could be justified:

- Intracranial bleeding, requiring neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Conditions requiring treatment in a Hyperbaric Oxygen Unit
- Multiple severe injuries
- Life-threatening trauma

- Air ambulance transport is covered for transfer of an individual from one hospital to another if:
 - Medical appropriateness criteria are met.
 - Transportation by ground would endanger the member’s health.
 - Transferring hospital does not have adequate facilities to provide the medical service needed by the member.
- Coverage is only provided to the nearest hospital with appropriate facilities.
- Coverage is not available for transport from a hospital capable of treating the member because the member, member’s family and/or member representative prefers a specific hospital or physician.
- Air ambulance services are not covered for transport to a facility that is not an acute care hospital, such as a SNF, physician’s office or a member’s home.

Resources:

Literature reviewed 08/06/24. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 08/15/23 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Blue Cross Blue Shield of Arizona. 2023 Evidence of Coverage. Blue Medicare Advantage. January 1, 2024. Accessed July 5, 2024.
2. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10-Ambulance Services. Updated April 13, 2018. Accessed July 5, 2024. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>



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Coding:

HCPCS: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0390, A0420, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0888, A0998, A0999, S0207, S0208, S0209, S0215, S9960, S9961, T2007

History:

Date:

Activity:

Medical Policy Panel	08/06/24	Review with revisions
Medical Policy Panel	08/15/23	Approved guideline
Medical Director (Dr. Raja)	08/02/23	Review with revisions
Medical Director (Dr. Raja)	07/27/23	Review with revisions

Policy Revisions:

08/06/24 Updated: Resources section



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'ánii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í'í hodíílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



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Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue Cross Blue Shield of Arizona، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید].

Assyrian:

Blue Cross Blue Shield of Arizona ... 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือถามคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสมารถที่จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มคาคาใช้จ่าย โปรดขงถาม โทร 877-475-4799