

Medical Policy: Non-Emergent Ambulance Services



POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
M20200049	8/8/2025	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

Guideline

Non-emergency transportation by ambulance is appropriate if the member is being transported to/from an appropriate destination and meets certain medical conditions at the time of transport when criterion A or B are met, as applicable.

(Note: A pertains to Medicare, B pertains to [Commercial](#))

A. This is a Medicare member who meets **ALL** the following:

- Transportation service requested for **1 or more**:
 - Hospital to home
 - Home to another medical facility or required service
 - Hospital to skilled nursing or rehabilitation facility or long term acute care hospital (LTACH)
 - Dialysis services
- The member's condition at the time of transport is the determining factor in whether medical necessity is met. Transportation by any other means (such as taxi, private car, wheelchair van or other type of vehicle) is contraindicated by the medical condition of the member, and stretcher services are needed if the clinical condition includes **1 or more**:
 - Unable to sit for transport without severe pain or risk to recent orthopedic injury
 - Dementia or a psychiatric illness where ambulance transportation is necessary for safety issues

- Frail, debilitated, extreme muscle atrophy with risk of falling out of wheelchair while in motion
- Comatose, unconscious or in shock
- Seizure-prone and requires trained personnel to monitor condition during transport
- Suffers from paralysis (hemi, semi, quad)
- Existence of decubitus ulcers or other wounds requiring extreme caution
- Chemotherapy or radiation therapy with medical necessity for ambulance documented in the medical record (such as extreme weakness or debility, etc.)
- Dialysis round trip transportation with medical necessity
- Required oxygen (that member could not self-manage) during transport
- If the condition contraindicating other means of transportation is “bed confined”, the member must meet **ALL**:
 - Unable to get up from bed without assistance
 - Unable to ambulate
 - Unable to sit in a chair or wheelchair
- Member is on restraints, at risk for self-harm or harm to others

B. This is a Commercial member going to 1 of the following appropriate destinations AND has at least 1 of the below medical conditions, **ALL** the following:

- Going from one of the following appropriate destinations **1 or more** of the following:
 - Facility to facility transfer (includes acute care hospitals, skilled nursing facilities, rehabilitation facilities, and LTAC hospitals)

The member’s condition at the time of the transport is the determining factor in whether medical necessity is met. Transportation by any other means (such as taxi, private car, wheelchair van or other type of vehicle) is contraindicated by the medical condition of the member and stretcher services are needed if the member’s clinical condition includes **1 or more** of the following:

- Unable to sit for transport without severe pain or risk to recent orthopedic injury
- Dementia or a psychiatric illness where ambulance transportation is necessary for safety issues
- Frail, debilitated, extreme muscle atrophy with risk of falling out of wheelchair while in motion
- Comatose, unconscious or in shock
- Seizure prone and requires trained personnel to monitor condition during transport
- Suffers from paralysis: (Hemi, Semi, Quad)
- Existence of decubitus ulcers or other wounds requiring extreme caution
- Chemotherapy or radiation therapy with medical necessity for ambulance documented in medical record (such as extreme

weakness or debility, etc.)

- Dialysis round trip transportation with medical necessity
- Required oxygen (that member could not self-manage) during transport
- Member is on restraints, at risk for self-harm or harm to others
- If the condition contraindicating other means of transportation is “bed confined”, the member must meet **ALL** the following:
 - Unable to get up from bed without assistance
 - Unable to ambulate
 - Unable to sit in a chair or wheelchair

Procedure Codes

A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)

References

Centers for Medicare & Medicaid Services. Pub. 100-102. Medicare Benefit Policy Manual. Chapter 10 – Ambulance Services (Rev. 12268 09-28-23, Rev. 243 04-13-18). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>. Accessed August 14, 2024.

Medicare Claims Processing Manual. Chapter 15- Ambulance (Rev. 12414, 12-19-23). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>. Accessed August 14, 2024.