



Health Plan of Washington


MEDICAL POLICY – 10.01.512

Ambulance and Medical Transport Services

Effective Date:	Apr. 1, 2025	RELATED MEDICAL POLICIES:
Last Revised:	Mar. 24, 2025	None
Replaces:	N/A	

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Introduction

The plan covers ambulance transport for a medical emergency. An emergency is when a person's health is in serious danger and an ambulance is the only safe way to get to the closest medical facility. There are also cases where medical vehicles may be needed for nonemergency medical transport. This policy describes the situations in which ground, air, and sea ambulances, as well as nonemergency medical transport, are covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

This policy provides medical guidelines that are appropriate for the majority of individuals who need ambulance and medical transport services in both emergency and nonemergency situations. Unique clinical circumstances may justify individual consideration for coverage, based on a review of applicable medical records.

Applicable to ALL Ambulance and Medical Transport Services

- The medical transport services must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits
- The ambulance or other medical transport services must have the necessary personnel, patient care equipment and supplies

Emergency Medical Transport

Situation	Medical Necessity
<u>Ground emergency medical transport</u>	<p><u>Ground emergency medical transport (ambulance) services may be considered medically necessary when ALL of the following criteria are met:</u></p> <ul style="list-style-type: none">• Any other form of transportation would be medically contraindicated due to the severity of the individual's condition• The individual must be transported to the nearest hospital with the appropriate level of services for the treatment of the individual's illness or injury, or in the case of organ transplantation, to the approved transplant facility <p><u>Examples of medical conditions or injuries that may require emergency ambulance or medical transport include:</u></p> <ul style="list-style-type: none">• Conditions requiring treatment in a hyperbaric oxygen unit• Intracranial bleeding requiring neurosurgical intervention• Life-threatening shock, sepsis, or organ failure requiring immediate intervention at an appropriately equipped facility• Life-threatening multi-system trauma or trauma requiring immediate surgical intervention at an appropriately equipped facility• Neonatal emergencies• Severe burns requiring treatment in a burn center <p><u>Examples of specialized medical services that may not be available at all hospitals or acute care facilities include, but are not limited:</u></p> <ul style="list-style-type: none">• Acute detoxification• Acute psychiatric care• Cardiac care• Critical care



Emergency Medical Transport	
Situation	Medical Necessity
	<ul style="list-style-type: none"> • Intensive burn care • Neurosurgical care • Psychiatric crisis services • Trauma care
<u>Air/sea emergency medical transport</u>	<p>Air or sea emergency medical transport services may be considered medically necessary in exceptional circumstances when the following criteria are met:</p> <ul style="list-style-type: none"> • The individual's medical condition or injury requires immediate and rapid ambulance transport to the nearest appropriate medical facility equipped to treat the individual, but the time required to transport the individual by land or sea poses a threat to the individual's survival or endangers their health, and therefore, cannot safely be provided by ground ambulance due to one of the following: <ul style="list-style-type: none"> ○ Great distances, limited time frames, or other obstacles (e.g., it would take a ground ambulance 60 minutes or more to transport a member, crossing a large body of water, or crossing a mountain pass in inclement weather) are involved in getting the individual to the nearest hospital with appropriate specialized services for treatment (e.g., transport of a critically ill individual to an approved transplant facility with a waiting organ) <p>OR</p> <ul style="list-style-type: none"> ○ The point of pick-up is inaccessible by a land vehicle <p>Examples of specialized medical services that may not be available at all hospitals or acute care facilities include, but are not limited to:</p> <ul style="list-style-type: none"> • Acute detoxification • Acute psychiatric care • Cardiac care • Critical care • Intensive burn care • Neurosurgical care • Psychiatric crisis services



Emergency Medical Transport	
Situation	Medical Necessity
	<ul style="list-style-type: none"> • Trauma care <p>Examples of medical conditions or injuries that may require emergency ambulance or medical transport include:</p> <ul style="list-style-type: none"> • Conditions requiring treatment in a hyperbaric oxygen unit • Intracranial bleeding requiring neurosurgical intervention • Life-threatening shock, sepsis, or organ failure requiring immediate intervention at an appropriately equipped facility • Life-threatening multi-system trauma or trauma requiring immediate surgical intervention at an appropriately equipped facility • Neonatal emergencies • Severe burns requiring treatment in a burn center

Non-Emergency Medical Transport	
Situation	Medical Necessity
Non-emergent hospital-to-hospital medical transport	<p><u>Non-emergency ground ambulance</u> transport may be considered medically necessary for transfer of an individual from one hospital to another hospital under the following conditions:</p> <ul style="list-style-type: none"> • The transferring hospital is not equipped to provide the appropriate medical services needed by the individual <p>AND</p> <ul style="list-style-type: none"> • The receiving hospital is the nearest acute care facility equipped to provide the appropriate specialized medical services needed by the individual <p>Examples of specialized medical services that may not be available at all hospitals or acute care facilities include, but are not limited to:</p> <ul style="list-style-type: none"> • Acute detoxification • Acute psychiatric care • Cardiac care • Critical care • Intensive burn care



Non-Emergency Medical Transport	
Situation	Medical Necessity
	<ul style="list-style-type: none"> • Neurosurgical care • Psychiatric crisis services • Trauma care <p>Non-emergency air-ambulance transport may be considered medically necessary to transfer an individual from one hospital to another hospital under the following conditions:</p> <ul style="list-style-type: none"> • The transferring hospital is not equipped to provide the appropriate medical services needed by the individual <p>AND</p> <ul style="list-style-type: none"> • The receiving hospital is the nearest acute care facility equipped to provide the appropriate specialized medical services needed by the individual <p>AND</p> <ul style="list-style-type: none"> • Due to the severity of the individual's medical condition, the time required for ground medical transport poses a threat to the individual's survival or endangers their health <p>Examples of specialized medical services that may not be available at all hospitals or acute care facilities include, but are not limited to:</p> <ul style="list-style-type: none"> • Acute detoxification • Acute psychiatric care • Cardiac care • Critical care • Intensive burn care • Neurosurgical care • Psychiatric crisis services • Trauma care <p>Transport from a hospital capable of treating the individual because the individual, individual's family, or provider prefer a specific hospital or physician is considered NOT medically necessary</p>

Non-Emergency Medical Transport	
Situation	Medical Necessity
Other <u>non-emergency ground</u> medical ambulance transport services	<p>Other <u>non-emergency ground</u> medical transport services may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> The individual is a registered patient in an acute care hospital or other medical facility and appropriate diagnostic or therapeutic services are not available in that facility <p>AND</p> <ul style="list-style-type: none"> The individual's condition would be jeopardized in the absence of medically trained personnel or other means of transportation are contraindicated (e.g., individual is bed-confined; individual has full body cast) <p>AND one of the following:</p> <ul style="list-style-type: none"> Transportation is from one hospital or medical facility to the nearest other hospital or medical facility, skilled nursing facility or free-standing dialysis center in order to obtain medically necessary diagnostic or therapeutic services (such as MRI, CT, acute interventional radiology/cardiology procedure, or dialysis) provided such services are not available where the individual initially resides <p>OR</p> <ul style="list-style-type: none"> Transfer from an acute care facility to an individual's home or skilled nursing facility is required and the individual is unable to be transferred by any other method. Examples include being bed confined and unable to sit in a wheelchair or the presence of a condition that only allows transport by stretcher
Ambulance services for deceased member	<p>Ambulance services are considered medically necessary if the individual is legally pronounced dead after the ambulance was called, but before pickup, or death occurs en route to the hospital.</p> <p>Ambulance services are considered not medically necessary if the individual is legally pronounced dead before the ambulance was called.</p>



In all cases, the appropriate documentation must be kept on file and upon request, presented to the plan. The presence or absence of a physician's order for ambulance transport does not necessarily prove or disprove whether the service was medically necessary.

Coding

Code	Description
HCPCS	
A0140	Non-emergency transportation and air travel (private or commercial) intrastate or interstate
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
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)
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0999	Unlisted ambulance service
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

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Related Information

Description

Ambulance and medical transport services involve the use of specially designed and equipped vehicles to provide transportation for individuals who are injured or have acute medical conditions. These services may involve ground, air, or sea transport in both emergency and nonemergency situations.

Benefit Application

All devices and supplies are considered an integral part of the ambulance and medical transport services and no additional benefits are provided for reusable or disposable devices or supplies.

Consult the member benefit booklet to determine coverage for ambulance transport services. Some Plans offer riders for air or sea ambulance services. If a member or group does not accept this rider, the Plan may consider reimbursement in these situations up to the limits of the ground ambulance benefits. If a life-support ambulance is used, the life-sustaining equipment must also be used for it to be covered.

Washington Mandate

SSB 5986 amends RCW 48.43.005 and 2023 c 433 s 20 to define the following: Beginning January 1, 2025, a nonparticipating ground ambulance services organization may not balance bill an enrollee of a health plan for covered ground ambulance services. "For the purposes of this act, ground ambulance services means:

- the rendering of medical treatment and care at the scene of a medical emergency or while transporting a patient to an appropriate emergency services provider when the services are provided by one or more ground ambulance vehicles designed for this purpose; and
- ground ambulance transport between emergency services providers, emergency services providers and medical facilities, and between medical facilities when the services are medically necessary and are provided by one or more ground ambulance vehicles designed for this purpose."

More information can be found at the following link:

<https://lawfilesextra.leg.wa.gov/biennium/2023-24/Pdf/Amendments/House/5986-S%20AMH%20HCW%20H3321.2.pdf>. Accessed February 20, 2025.



Per RCW 48.49.020 Balance Billing Protection Act amended by section 7 or E2SHB 1688 beginning March 31, 2022 prohibits a nonparticipating provider from balance billing for emergency services which include air ambulance services.

A behavioral health emergency services provider may not balance bill for emergency services.

- "A behavioral health emergency services provider means emergency services provided in the following settings: a crisis stabilization unit, an evaluation and treatment facility, an agency certified to provide outpatient crisis services, a triage facility, an agency certified to provide medically managed or monitored withdrawal management services, and a mobile rapid response crisis team contracted with a behavioral health administrative services organization to provide crisis response services in its area."

More information can be found at the following link:

<https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/House%20Passed%20Legislature/1688-S2.PL.pdf#page=1>. Accessed February 20, 2025.

Note: This state statute is applicable to fully-insured members. Self-funded groups may or may not elect to provide similar provisions to their contract. Please check the member contract for benefits and administer accordingly.

Cabulance Van: Ambulatory/Non-ambulatory/Wheelchair Transport Services

Wheelchair vans do not contain the required equipment to qualify as an ambulance.

Evidence Review

N/A

References



N/A

History

Date	Comments
07/12/11	New Policy - Add to Administrative section. Held for provider 90-day notification; policy effective date December 1, 2011.
07/20/12	Replace Policy. Reviewed without literature review. Minimal rewriting for clarity. Added HCPCS codes A0140 Nonemergency transportation and air travel (private or commercial) intrastate or interstate and A0434 Specialty care transport, Policy statements unchanged.
09/11/12	Replace policy. Policy Guidelines section updated with statement to allow use of clinical judgment in special circumstances. Added: "Note: This policy provides medical guidelines that are appropriate for the majority of individuals who need ambulance and medical transport services in both emergency and nonemergency situations. Unique clinical circumstances may justify individual consideration for coverage, based on review of applicable medical records." Policy statement unchanged.
07/24/13	Replace policy. Policy reviewed. Minor edits and reformatting for clarification and readability. Policy statement unchanged.
01/30/14	Minor update. HCPCS codes A0426 and 0428 added to the coding section; these already appear on the RMN list and should be listed. Scope section updated with language indicating this policy is not applicable to Medical Advantage.
06/19/14	Annual Review. Policy reviewed without literature review. Minor reformatting for readability. Policy statement unchanged. All HCPCS removed with the exception of A0140, A0426, A0428, A0430-A0431 and A0999 – they do not suspend for review.
04/24/15	Annual Review. Minor formatting changes made for reading clarity. HCPCS codes A0434-A0436 added to the policy; these had been inadvertently removed and should be listed.
11/10/15	Interim Update. Policy section updated to address coverage of "other non-emergent medical transportation" considered medically necessary when criteria are met.
05/01/16	Annual Review, approved April 12, 2016. Policy reviewed. Policy statement unchanged.
02/01/17	Annual Review, approved January 10, 2017. Policy reviewed. Policy statement unchanged. Policy moved into new format.
02/01/18	Annual Review, approved January 9, 2018. Minor edits for clarification and readability. Policy statement unchanged. Removed HCPCS codes A0429 and A0431.



Date	Comments
02/01/19	Annual Review, approved January 22, 2019. Policy statement unchanged. Added HCPCS S9960 and S9961.
09/01/19	Interim Review, approved August 22, 2019. Clarified intent of great distances, limited time frames, or other obstacles (e.g., it would take a ground ambulance 60 minutes or more to transport a member, crossing a large body of water, or crossing a mountain pass in inclement weather) for air/sea emergency medical transport policy statement.
12/01/19	Interim Review, approved November 21, 2019. Policy reorganized and reformatted with minor edits made for greater clarity. Policy statement intent unchanged.
04/01/20	Annual Review, approved March 3, 2020. Medical policy reviewed. Policy statements unchanged.
03/01/21	Annual Review, approved February 18, 2021. Medical policy reviewed. Policy statements unchanged.
02/01/22	Annual Review, approved January 24, 2022. Medical policy reviewed. Policy statements unchanged.
06/01/22	Interim Review, approved May 9, 2022. Minor edit for clarity. Policy intent unchanged.
03/01/23	Annual Review, approved February 6, 2023. Medical policy reviewed. Policy statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 25, 2024. Medical policy reviewed. Policy statements unchanged.
02/01/25	Interim Review, approved January 13, 2025. Added clarification within all sections within, "Examples of specialized medical services that may not be available at all hospitals or acute care facilities..." that the list is not all inclusive; added acute psychiatric care; acute detoxification, and psychiatric crisis services to the listed examples. No other changes.
04/01/25	Annual Review, approved March 24, 2025. Medical policy reviewed. Policy statements unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member



benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

