

MEDICAL POLICY

Medical Policy Title	Ambulance: Land/Ground
Policy Number	10.01.07
Current Effective Date	February 20, 2025
Next Review Date	February 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

- I. The Health Plan provides benefits for land/ground ambulance services in accordance with the New York State mandate, where applicable.
- II. When the New York State mandate does not apply, **medical appropriateness** and eligibility of coverage of land/ground ambulance services will be based on the following criteria:

A. Emergency Ambulance Transportation

Ambulance services for the emergency transportation of individuals with suspected emergency conditions when **ALL** of the following criteria are met:

1. The services must be provided by an ambulance service issued a certificate under the New York Public Health Law;
2. The ambulance must have the necessary patient-care equipment and supplies;
3. The individual's condition must be such that any other form of transportation would be medically contraindicated; **and**
4. The individual is transported to the nearest hospital with the appropriate facilities for the treatment of the patient's illness or injury.

B. Urgent Ambulance Transportation

Ambulance transportation for individuals with suspected urgent conditions when **ALL** of the following criteria are met:

1. The individual is unable to get up from bed without assistance;
2. The individual is unable to ambulate; **and**
3. The individual is unable to sit in a chair or wheelchair.

C. Non-Emergency Ambulance Transportation

Non-emergent medical transport services by a licensed ambulance service with the necessary patient care equipment and supplies between facilities when the transport is **ANY** of the following:

1. From a non-participating hospital to a participating hospital;

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2. To a hospital that provides a higher level of care that was not available at the original hospital;
3. Of a registered inpatient from one acute care facility to another acute care facility, to obtain necessary, specialized diagnostic and/or therapeutic services when the necessary diagnostic and/or therapeutic services are not available in the facility in which the individual is registered; and the provider of the necessary service(s) is the participating facility nearest to the facility in which the patient is currently admitted, or such other facility as approved by the Health Plan pursuant to CMP# 11.01.18 (Interfacility Transfer of a Registered Inpatient);
4. To a more cost-effective acute care facility; **or**
5. From an acute care facility to a sub-acute setting;

AND

The individual's condition is such that another form of transport would be contraindicated; and the provider of the specialized service is the nearest one with the required capabilities.

- III. Elective or convenience ambulance transportation (e.g., patient/patient's family desire, transportation from one facility to another facility within the same health care system for capacity management) is considered **not medically necessary**.

RELATED POLICIES

Corporate Medical Policy

10.01.12 Emergency Care Services

11.01.06 Air Ambulance Services

11.01.18 Interfacility Transfer of a Registered Inpatient

POLICY GUIDELINE(S)

- I. When the New York State mandate does not apply to ambulance transportation, contractual distance restrictions may apply. Refer to the member's subscriber contract regarding specific limitations.
- II. The non-emergent medical transport of a bed-confined patient, when specialized medical services during transport are not necessary, is considered to be a non-ambulance transportation and is **ineligible for coverage** as non-ambulance transportation, such as ambulette, van or taxicab is generally excluded by contract.
- III. Transportation services utilizing vehicles that are not equipped and certified under the New York Public Health Law to provide emergency medical services (e.g., ambulette, van or taxicab) are **ineligible for coverage** as they do not provide medical care or monitoring during transportation.

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- IV. Ambulance services for deceased members may be **eligible for coverage** if the patient is legally pronounced dead after the ambulance is called, but before pick-up or enroute to the hospital. These services are **ineligible for coverage** if the patient is pronounced dead before the ambulance is called.
- V. Prior authorization for interfacility transfer is contract-dependent, and, where a member's subscriber contract so requires, authorization must be obtained prior to transfer of the patient. Some members' subscriber contracts exclude coverage for the transfer of its members between health care facilities.

Accepting the transfer of a registered inpatient from another facility through the emergency department, when the patient is not in need of emergent services, does not negate the requirement for prior authorization of the transfer if the member contract requires prior authorization for inpatient admissions.

DESCRIPTION

Ambulance services involve the assessment and administration of care to the ill or injured individual by specially trained personnel and transportation of the individual in specially designed and equipped vehicles within an appropriate, safe and monitored environment. The emergency medical personnel, ambulances, and equipment must follow New York State laws, codes, rules and regulations not addressed in this policy. Ambulance services are frequently the initial step in the chain of the delivery of medical care.

Ambulance and Medical Transport may involve:

- The emergency transportation of an individual to the nearest hospital with the appropriate facilities for the treatment of the individual's illness or injury; or
- The non-emergent medical transport of a registered hospital inpatient to another location to obtain medically necessary, specialized diagnostic or therapeutic services.

Ambulance Services are rendered for Emergent, Urgent or Non-Emergent Reasons

- I. An Emergency Condition is defined as services for a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:
- A. Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;
 - B. Serious impairment to such person's bodily function;
 - C. Serious dysfunction of any body organ or part of such person; or
 - D. Serious disfigurement of such person.

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- II. Urgent services are defined as services for a medical or behavioral condition that require immediate attention, although the condition may not be an emergency situation. An urgent care condition has the potential to become emergent in the absence of treatment.
- III. Non-emergent services are defined as services for a medical or behavioral condition that are not considered to be of an emergent or urgent nature (e.g., elective surgery).

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINES

In an updated Joint Position Statement of the Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020 co-authored by National Association of EMS Physicians (NAEMSP)/American Academy of Pediatrics (AAP)/ American College of Surgeons Committee on Trauma (ACS COT)/EMS for Children Innovation and Improvement Center (EIIC)/Emergency Nurses Association (ENA)/National Association of State EMS Officials (NASEMSO) and endorsed by National Association of Emergency Medical Technicians (NAEMT), Lyng et al. (2021b) stated that the delivery of high-quality and effective EMS care is dependent on several factors, including but not limited to:

- Credentialed providers who have demonstrated appropriate knowledge, ability, psychomotor skills, and critical thinking.
- Clinical protocols or guidelines supported by the best available scientific evidence.
- Equipment and supplies necessary to deliver appropriate care as indicated by clinical protocols/guidelines for patients of all ages.

The purpose of this statement is to review and revise the 2014 version of the joint position statement to include a review of equipment lists established by individual state/territory rules and statutes for all 56 U.S. states and territories and to establish recommended equipment standards to build consistency across the EMS system of care and to facilitate advances in the delivery of quality and cost-effective EMS care. The statement also establishes that EMS agencies should include in their routine quality assurance practices efforts to assess that:

- Their EMS providers are outfitted with all necessary equipment for them to perform clinical care.
- All equipment and supplies undergo appropriate preventive maintenance and routine function checks.
- Malfunctioning or missing equipment issues are quickly addressed to preserve readiness to respond and provide patient care continuously.

The statement includes a list of required equipment for basic life support (BLS) Emergency Ground Ambulances and Advanced Life Support (ALS) Emergency Ground Ambulances, a list of optional equipment that should be used based on local needs and resources and a list of optional medications.

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REGULATORY STATUS

The New York Insurance Law mandates coverage for pre-hospital emergency services and land transportation provided by ambulance services certified under the New York Public Health Law. The mandate requires coverage of pre-hospital emergency services and ground ambulance transport when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in:

- I. Placing the health of the person afflicted with such condition (or with respect to a pregnant woman, placing the health of the woman or her unborn child), in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;
- II. Serious impairment to such person’s bodily function;
- III. Serious dysfunction of any bodily organ or part of such person; or
- IV. Serious disfigurement of such person.

The New York State mandate does not require coverage of air ambulance transportation and explicitly excludes ambulance transportation between hospitals or health care facilities.

The New York State mandate applies to all major medical or similar comprehensive-type contracts, including Health Maintenance Organization (HMO) contracts and Child Health Plus contracts.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
Not Applicable	

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HCPCS Codes

Code	Description
A0021	Ambulance service, outside state per mile, transport (Medicaid only)
A0080-A0130	Non-emergency transportation; ground vehicle (code range)
A0160-A0210	Non-emergency transportation (code range)
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way

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Code	Description
A0380	BLS mileage (per mile)
A0382-A0384	BLS disposable supplies (code range)
A0390	ALS mileage (per mile)
A0392-A0398	ALS disposable supplies (code range)
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, ALS, non-emergency transport, level 1 (ALS 1)
A0427	Ambulance service, ALS, emergency transport, level 1 (ALS 1 – emergency)
A0428	Ambulance service, BLS, non-emergency transport (BLS)
A0429	Ambulance service, BLS, emergency transport (BLS, emergency)
A0432	Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payors
A0433	Advanced life support, level 2 (ALS2)
A0434	Specialty care transport (SCT)
A0888	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance services
S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport
S0215	Non-emergency transportation; mileage, per mile
T2001-T2007	Non-emergency transportation (code range)
T2049	Non-emergency transportation; stretcher van, mileage; per mile

ICD10 Codes

Code	Description
Multiple Codes	

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SEARCH TERMS

Ambulance, emergency vehicle, ground medical transportation, paramedic vehicle, rescue vehicle

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Based on our review, Ambulance Services are not addressed in National or Regional Medicare coverage determinations or policies.

Please refer to the Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services. [Last updated 2018 April 13; accessed 2025 Jan 8] Available from: [Medicare Benefit Policy Manual Chapter 10- Ambulance Services](#)

Please refer to the Medicare Claims Processing Manual, Chapter 15 – Ambulance. [Last updated 2024 Oct 17; accessed 2025 Jan 8] Available from: [Medicare Claims Processing Manual Chapter15- Ambulance](#)

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.

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- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
10/18/01, 02/28/02, 02/27/03, 04/22/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 08/25/17, 04/26/18, 04/18/19, 04/23/20, 04/22/21, 04/21/22, 03/23/23, 03/21/24, 02/20/25	
Date	Summary of Changes
02/20/25	<ul style="list-style-type: none">• Annual review, policy intent unchanged
01/01/25	<ul style="list-style-type: none">• Summary of changes tracking implemented.
10/18/01	<ul style="list-style-type: none">• Original effective date