



Ambulance

How to Use this Document

This document explains the clinical criteria Blue Cross Blue Shield of Massachusetts uses to determine coverage for elective non-emergent ambulance transport from a member's home or residence to a contracted facility or provider. Please be sure to check member benefits and eligibility before rendering services.

Description

Non-emergent transport includes an ambulance that is required to take a member from home/residence to facility to receive care or from a facility to home after receiving care. It also includes an ambulance that is needed for a *behavioral health condition*.

Coverage Guidelines

Ambulance services are covered as outlined by each Blue Cross member's benefit design or subscriber certificate.

We cover non-emergent ambulance transports for members when all the following criteria are met:

- + The member is bed-confined. Bed-confined is defined as:
 - Unable to get out of bed without assistance; and
 - Unable to ambulate; and
 - Unable to sit in a chair or wheelchair
- + Transportation using a mode other than an ambulance will precipitate an adverse event or would be medically contraindicated
- + Diagnosis and present clinical condition justifies ambulance transport
- + Transportation is to a covered destination

We do NOT cover non-emergent ambulance transport in any of these circumstances:

- + For the member's convenience instead of medical necessity
- + If the member can be moved by a wheelchair
- + If the member is not bed-confined
- + If the member can be moved or travel by a special van or other means
- + For the convenience of the doctor or staff
- + For the convenience of the member or their family
- + From a residential facility to member's home
- + From a member's home to a residential facility
- + From one residential facility to another
- + For travel to the member's doctor's office

Non-Covered Codes for Non-Emergent Transports

Because these codes do not meet the coverage criteria described on the previous table, we do not cover these transports or review them for medical necessity.

Billing Code	Description of Service
DP	Diagnostic to medical doctor's office (MDO)
EP	Residential/custodial to medical doctor's office (MDO)
ER	Residential/custodial to residence
PE	Medical doctor's office (MDO) to residential/custodial
PR	Medical doctor's office (MDO) to residence
RE	Residence to residential/custodial
RP	Residence to medical doctor's office (MDO)
RR	Residence to residence
SE	Scene of accident to residential/custodial
SN	Scene of accident to SNF
SR	Scene of accident to residence
DS	Diagnostic to scene of accident
DX	Diagnostic to intermediate stop
ES	Residential/custodial to scene of accident

Billing Code	Description of Service
EX	Residential/custodial to intermediate stop
HS	Hospital to scene of accident
HX	Hospital to intermediate stop
IR	Site of transfer (helicopter pad) to residence
NS	SNF to scene of accident
NX	SNF to intermediate stop
PP	Medical doctor's office (MDO) to MDO
PS	Medical doctor's office (MDO) to scene of accident
PX	Medical doctor's office (MDO) to intermediate stop
RI	Residence to site of transfer (helicopter pad)
RS	Residence to scene of accident
RX	Residence to intermediate stop
SS	Scene of accident to scene of accident
SX	Scene of accident to intermediate stop

Authorization Guidelines

For managed care members (HMO Blue,[®] Blue Choice,[®] Access Blue, Medicare HMO Blue[®]):

Authorization is required for:

- + All non-emergent ambulance transports from a member's home or residence¹ to a contracted facility or provider
- + Chair car/van

Authorization is not required for:

- + Emergency transports
- + Non-emergency ambulance transports between facilities when the patient is an inpatient
- + Involuntary transport to a psychiatric facility

1. A member's "residence" is defined as the place where he or she makes their home and dwells permanently, or for an extended period of time.

For Indemnity and PPO members:

Authorization is not required for:

- + Any ground ambulance services
- + Involuntary transport to a psychiatric facility
- + Air ambulances

Note: all air ambulance claims must be submitted with supporting documentation and will be reviewed for medical necessity.

How to Submit an Authorization Request

Providers may send relevant clinical information to:

Before services are rendered

Blue Cross Blue Shield of Massachusetts
Case Creation/Medical Policy
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-327-6716
Fax: 1-888-282-0780

For services already billed

Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

References

CMS Publication 100-02; Medicare Benefit Policy Manual, Ambulance Services, Chapter 10:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>

The Centers for Medicare & Medicaid Services (CMS) develops its own policy, independent of Blue Cross policy. Our policy is based solely upon scientific evidence; CMS policy incorporates scientific evidence with local expert opinion, and governmental regulations. While Blue Cross and CMS policies may differ, our Medicare HMO BlueSM members must be offered the same services as those offered by Medicare. In many instances, Blue Cross policies offer more benefits than those offered by Medicare.

Document History

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