



## Non-Emergent Ambulance Transport

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input type="checkbox"/> Medicare  <input type="checkbox"/> Medicaid	<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input type="checkbox"/> Oregon
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### Commercial Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

Ambulance services may be required during emergent/urgent or non-emergent/non-urgent situations.

Ambulance services are frequently the initial step in the chain of delivery of quality medical care. They involve the assessment and administration of medical care by trained personnel and transportation of patients within an appropriate, safe, and monitored environment. The patient's condition at the time of the transport is the determining factor in whether a trip is necessary.

An ambulance is a specially equipped vehicle designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions. An ambulance may be either ground transportation vehicle, such as a specially equipped truck or van, but may also be a properly equipped aircraft or boat.

PacificSource covers state certified ground or air ambulance during an emergent or urgent situation when a member requires transportation to the nearest facility capable of treating the medical condition when other forms of transportation will endanger the member's health. Emergent/Urgent ambulance (see definitions below) services and/or transportation do not require prior authorization.

Non-emergent/non-urgent ground or air ambulance transportation may be necessary when a member's medical condition prevents use of lower acuity transportation modalities (e.g., taxicab, private care, or wheelchair/stretching van) due to member safety concerns or medical contraindications.

PacificSource does not cover non-emergent/non-urgent ground or air ambulance transport; however, exceptions can be made for member specific situations. This policy reflects PacificSource's non-emergent/non-urgent ambulance transportation criteria requirements.

## Criteria

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PacificSource does not cover non-emergent/non-urgent ground or air ambulance transportation; however, exceptions may be allowed for member specific situations. First, the member's benefit book (contract) or Facet Benefit Summary (BSBS) must allow for the exception. Secondly, the exception situation requires a prior authorization. Lastly, the following criteria must be met to allow for coverage:

### **A. Non-Emergent /Non-Urgent Ground Ambulance**

PacificSource considers non-emergent/non-urgent ground ambulance transport between facilities medically necessary when the member's condition is stable but could be jeopardized by any lessor level of transport **AND one** of following conditions is met:

- Members requiring cardiac monitoring, intravenous medications, or oxygen
- Members transferring from an emergency service setting to an intensive care unit, transferring between intensive care units, or if the member requires services which are not available and must transfer to another facility to receive required services (e.g., neonatal intensive care unit (ICU))
- The member is unable to sit up due to pain, debility, immobility (e.g., suspected fracture), or disease process.
- The member needs to be restrained or closely observed in order to prevent injury to themselves or others.

### **B. Non-Emergent/Non-Urgent Air Ambulance**

PacificSource considers non-emergent/non-urgent air ambulance transport medically necessary when **ALL** of the following criteria is met:

- The transferring facility is unable to provide the necessary medical services.
- The member's condition would be adversely impacted by transportation by ground ambulance.

Utilization managers facilitate air transport with contracted (in-network) providers whenever possible. If an air ambulance contracted provider is not available, an out-of-network exception may be required. Refer to the PacificSource One-Time-Agreement (OTA) policy to see if transport qualifies for an agreement to decrease potential member financial responsibility.

## **Claims**

Non-transport ambulance claims (e.g., ambulance called but member refuses transport A0998) are payable under the member's ambulance benefit.

## Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

- A0140 Non-emergency transportation and air travel (private or commercial) intra- 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)
- A0435 Fixed wing air mileage, per statute mile
- A0436 Rotary wing air mileage, per statute mile
- A0998 Ambulance response and treatment, no transport

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## Definitions

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**Air Ambulance Service** - Transportation provided by a fixed wing aircraft, conventional air ambulance or critical care helicopter which is staffed at the Basic Life Support (BLS) or Advanced Life support (ALS) level.

### Emergency Medical Condition -

- A medical, mental health, or substance use disorder condition manifesting itself by acute symptoms with sufficient severity, including severe pain or emotional distress, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect that without receiving immediate medical, mental health, or substance use disorder treatment the following could result in:
  - Placing the health of an individual or the health of a pregnant individual or their unborn child in serious jeopardy
  - Serious impairment to bodily functions
  - Serious dysfunction of any bodily organ or part
- With respect to a pregnant individual who is having contractions, for which there is inadequate time to safely transfer to another hospital before delivery or for which a transfer may pose a threat to the health or safety of the individual or the unborn child
- A behavioral health crisis

**Ground Ambulance Service** - A vehicle staffed and equipped to respond to a medical emergency. For purposes of this procedure, the level of care provided may include:

- Basic Life Support (BLS) – Care typically delivered by an Emergency Medical Technician (EMT), focusing on essential life-saving interventions
- Advanced Life support (ALS) – Care provided by paramedics, which includes more advanced medical procedures and interventions

**Facility** - A hospital, skilled nursing facility, inpatient rehabilitation or behavioral health inpatient or residential setting.

**Urgent Care Services** - Health services that are medically appropriate and immediately required to prevent serious deterioration of a member's health that are a result of unforeseen illness or injury. This includes physical, mental, and/or dental health.

**Wheelchair or stretcher van Service** - Non-emergency transportation in a vehicle which accommodates wheelchairs and stretchers but does not provide skilled medical services enroute. Wheelchair/stretchers vans may be the least costly alternative to ambulance. For purposes of this procedure, use the ground ambulance criteria to determine medical necessity.

## Related Policies

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Non-participating PacificSource Fee Schedule

One Time Agreements

Transplant Travel Benefit

## Appendix

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**Policy Number:**

**Effective:** 5/1/2020

**Next review:** 3/1/2027

**Policy type:** Commercial

**Author(s):**

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**Applicable regulation(s):**

**OPs Approval:** 2/2026