



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 12/06/22
LAST REVIEW DATE: 12/06/22
CURRENT EFFECTIVE DATE: 12/06/22
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2023

AMBULANCE SERVICES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

An air ambulance is a specially equipped aircraft such as a rotary wing aircraft (i.e., helicopter) or a fixed wing aircraft used to transport ill or injured individuals from the site of an emergency, accident or acute



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AMBULANCE SERVICES (cont.)

Description: (cont.)

illness. A water ambulance is a specially equipped watercraft designed to transport ill or injured individuals from the site of an emergency, accident or acute illness.

A ground ambulance is a specially designed and equipped vehicle to transport ill or injured individuals from the site of an emergency, accident or acute illness.

Criteria:

- Air or water ambulance services to the nearest facility capable of providing appropriate treatment are considered **medically necessary** with documentation of **ANY** of the following:
 1. The emergency, accident, or acute illness occurs in an area inaccessible by ground vehicles
 2. Transport cannot be safely provided by ground ambulance due to great distances, prolonged transport time or other obstacles that would be harmful to the individual's medical condition

These conditions include, *but are not limited to*:

- Acute myocardial infarction; if this would enable the individual to receive a more timely medically necessary intervention (such as percutaneous transluminal coronary angioplasty [PTCA] or fibrinolytic therapy)
- Cardiogenic shock
- Conditions requiring treatment in a hyperbaric oxygen unit
- Emergency transplant candidates
- High risk pregnancy
- Intracranial bleeding
- Life-threatening shock, sepsis or organ failure requiring immediate intervention at an appropriately equipped facility
- Life-threatening trauma requiring immediate surgical intervention at an appropriately equipped facility
- Limb-threatening trauma
- Major burns requiring immediate treatment in a burn center
- Multiple severe injuries
- Neonatal emergencies
- Severe burns
- Significant multi-system injuries



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AMBULANCE SERVICES (cont.)

Criteria: (cont.)

- Air or water ambulance services to transport an individual from one hospital to another are considered **medically necessary** with documentation of **ALL** of the following:
 1. Above criteria are met
 2. Transferring hospital does not have the required services and facilities to treat the individual
 3. Transport **only** to the closest hospital that can provide the required services
 4. Transport is not to a lower level of care, i.e., rehabilitation, skilled nursing facility or home
- If above criteria not met, air ambulance is considered **not medically necessary, a benefit plan exclusion** and **not eligible for coverage**.
- Ground ambulance services are considered **medically necessary** with documentation of **ALL** of the following:
 1. Individual's medical condition requires transport from the site of an emergency, accident or illness to the **nearest** facility capable of providing appropriate treatment
 2. Interfacility transport for admission to an acute care facility, extended active rehabilitation facility or skilled nursing facility when the transferring facility is unable to provide the level of service required
- If above criteria not met, ground ambulance is considered **not medically necessary, a benefit plan exclusion** and **not eligible for coverage** for **ANY** of the following:
 1. Transport provided primarily for the convenience of the individual, individuals family, or physician
 2. Transport to physician's office, physical therapy, diagnostic/therapeutic services, home or any other non-emergent outpatient services
 3. Transport that would be otherwise appropriate in a non-skilled mode of transport (i.e., stretcher van or wheelchair van)



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AMBULANCE SERVICES (cont.)

Resources:

Literature reviewed 12/06/22. We do not include marketing materials, poster boards and non-published literature in our review.

1. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.

Coding:

CPT: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0390, A0420, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0888, A0998, A0999, S0207, S0208, S0209, S0215, S9960, S9961, T2007

History:

Date:

Activity:

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| Medical Policy Panel | 12/06/22 | Approved guideline |
| Legal Division | 11/08/22 | Review with no revisions |

Policy Revisions:



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AMBULANCE SERVICES (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hółq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

