



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

NON-EMERGENCY AMBULANCE SERVICE FOR ARIZONA DEPARTMENT OF ADMINISTRATION

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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NON-EMERGENCY AMBULANCE SERVICE FOR ARIZONA DEPARTMENT OF ADMINISTRATION (cont.)

Description:

Ambulance is defined as a vehicle for transportation of sick and/or injured individuals equipped and staffed to provide medical care during transport. Ambulance services include ground, air and sea.

Non-emergency ambulance services are defined as services for a medical or behavioral condition that is not considered to be of an emergent nature i.e., acute symptoms of sufficient severity that the absence of immediate medical attention would result in placing the health of the individual in serious jeopardy, serious impairment of bodily function or serious dysfunction of any body organ or part. In the case of a behavioral condition, lack of immediate medical attention may also place the health of others in serious jeopardy.

Criteria:

This guideline is **ONLY** applicable to the Arizona Department of Administration employer group. Precertification is required for non-emergency ambulance services.

- Non-emergency ambulance transportation is considered **medically necessary** with documentation of **ALL** of the following:
 1. Transportation from one healthcare facility to another for diagnostic or therapeutic services
 2. Individual's condition contraindicates the use of any other method of transportation
 3. The services are not available in the hospital to which the individual has been admitted
- Non-emergency ground ambulance transportation is considered **medically necessary** if individual is legally pronounced dead after the ambulance was called but before pickup.
- Non-emergency ambulance transportation for all other indications not previously listed or if above criteria not met is considered **not medically necessary**.



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Resources:

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

1. Arizona Department of Administration. Benefit Plan Book.

Coding:

HCPCS: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0380, A0390, A0420, A0424, A0425, A0426, A0428, A0430, A0431, A0432, A0435, A0436, A0888, A0998, A0999, S0209, S0215, S9960, S9961, T2007

History:

Date:

Activity:

Medical Policy Panel	12/06/22	Approved guideline
Legal Division	11/28/22	Review with no revisions

Policy Revisions:



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NON-EMERGENCY AMBULANCE SERVICE FOR ARIZONA DEPARTMENT OF ADMINISTRATION (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 nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'idííkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'á doo baqah ilínigóó. 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.

