



MASSACHUSETTS

GROUND AMBULANCE USE: CLINICAL CRITERIA

Here are the clinical criteria that we use to determine coverage for elective, non-emergency ground ambulance transport between a member's home or residence and a contracted facility or provider. Members should sign in to MyBlue at bluecrossma.org and check their plan benefits for eligibility details.

What Non-Emergency Transport Includes

Non-emergency transport includes an ambulance that's required to take a member from their home or residence to a facility to receive care, or from a facility to their home or residence after receiving care. It also includes ambulance transport associated with a mental health condition.

COVERAGE GUIDELINES

Ambulance services are covered as outlined by each member's plan.



We cover non-emergency ground ambulance transport 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
 - » Unable to ambulate
 - » Unable to sit in a chair or wheelchair
- Transportation using a mode other than an ambulance will cause an adverse event or would be medically contraindicated
- Diagnosis and present clinical condition justify ambulance transport
- Transportation is to a covered destination



We don't cover non-emergency ground ambulance transport in any of these circumstances:

- For the member's convenience instead of medical necessity
- If the member can be safely 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
- From a residential facility to a 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-Emergency Ground Ambulance Transport

Because these codes don't meet the coverage criteria described on the previous page, we don't cover these types of transport or review them for medical necessity.

BILLING CODE	DESCRIPTION OF SERVICE
DP	Diagnostic to medical doctor's office (MDO)
DS	Diagnostic to scene of accident
DX	Diagnostic to intermediate stop
ES	Residential/custodial to scene of accident
EP	Residential/custodial to medical doctor's office (MDO)
ER	Residential/custodial to residence
PR	Medical doctor's office (MDO) to residential/custodial
RE	Medical doctor's office (MDO) to residence
RP	Residence to residential/custodial
RR	Residence to medical doctor's office (MDO)
SE	Residence to residence
SN	Scene of accident to residential/custodial
SN	Scene of accident to skilled nursing facility (SNF)
SR	Scene of accident to residence

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-emergency ground ambulance transport from a member's home or residence¹ to a contracted facility or provider
- Chair car/van

Authorization is not required for:

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

For Indemnity and PPO members

Authorization isn't required for:

- Any ground ambulance services
- 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.

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, Blue Cross Medicare Advantage HMO Blue members must be offered the same services as those offered by Medicare. In many instances, Blue Cross Medicare Advantage policies offer enhanced benefits in comparison to those offered by Medicare.

Document History

Original Effective Date: March 22, 2007

Review Dates: April 14, 2008, April 29, 2009, May 3, 2010, April 7, 2011, April 9, 2012, April 11, 2013, April 10, 2014, March 30, 2015, March 24, 2016, March 21, 2017, March 27, 2018, March 22, 2019, June 10, 2019

Last Review Date: July 23, 2020



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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).