



CLINICAL MEDICAL POLICY	
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DISCLAIMER

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary ground ambulance transportation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Ground BLS (Basic Life Support) Ambulance Service – The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an EMT-Basic (*emergency medical technician-basic*). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral IV (*intravenous*) line.

Ground ALS1 (Advanced Life Support, Level 1) – The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the member's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the member requires an ALS level of service.

An ALS intervention is a procedure that is in accordance with State and local laws, required to be done by an EMT-Intermediate (emergency medical technician-intermediate) or EMT-Paramedic.

ALS1- Emergency – When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, requires an immediate response. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Ground ALS2 (Advanced Life Support, Level 2) – An ALS2 is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (*excluding crystalloid fluids*) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- Manual defibrillation/cardioversion; OR
- Endotracheal intubation; OR
- Central venous line; OR
- Cardiac pacing; OR
- Chest decompression; OR
- Surgical airway; OR
- Intraosseous line

PROCEDURES

Medical Necessity Guidelines

1. Emergency Ambulance Services

Coverage includes emergency ambulance transportation (including wait time and treatment at the scene) by a licensed ambulance service from the location of the sudden illness or injury to the nearest hospital where emergency health services can be performed.

Emergency ambulance services are covered when:

- a. The services meet the destination limits of closest appropriate facilities; AND
- b. The services are provided by an ambulance service that is licensed by the state; AND
- c. The member's condition is an emergency that renders the member unable to be safely transported to the hospital in a moving vehicle (other than an ambulance) for the amount of time required to complete the transport to result in one or more of the following:
 - i. Place the member's health in serious jeopardy
 - ii. Cause serious impairment to bodily functions
 - iii. Cause serious dysfunction of any body organ or part

Emergency response means responding immediately at the Basic Life Support (BLS) or Advanced Life Support 1 (ALS1) level of service to a 911 call or the equivalent. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

2. Non-Emergent Ground Ambulance Service

Non-emergent ground ambulance medical necessity is established when the member's clinical condition is such that the use of any other method of transportation, such as taxi, private car, or other type of vehicle, would be contraindicated (i.e., would endanger the member's medical condition). Coverage includes non-emergent ambulance transportation by a licensed ambulance service between facilities only when the transport meets one of the following:

- a. The member is before, during, and after transportation, bed-confined. For the purposes of this medical policy, "bed-confined" means the member must meet all of the following three criteria:
 - i. Unable to get up from bed without assistance,
 - ii. Unable to ambulate,
 - iii. Unable to sit in a chair (including a wheelchair); AND

Note: As stated in the bullet above, statements about the member's bed-bound status must be validated in the record with contemporaneous objective observations and findings as to the member's functional physical or mental limitations that have rendered him/her bed-bound.

Note: Non-emergent ambulance transportation is not covered for members who are restricted to bed rest by a physician's instructions but who do not meet the above three criteria. If some means of transportation other than an ambulance (i.e., private car, wheelchair van, etc.) could be utilized without endangering the individual's health, whether such other transportation is actually available, no payment may be made for ambulance service.

Non-emergent ambulance services may be those that are scheduled in advance – scheduled services being either repetitive or non-repeating.

Non-emergent ambulance transportation is not covered if transportation is provided for the member who is transported to receive a service that could have been safely and effectively provided in the point of origin (residence, Skilled Nursing Facility [SNF], hospital, etc.). Such transportation is not covered even if the member could only have gone for the service by ambulance.

- B. Ambulance transportation for services excluded from SNF consolidated billing must meet the criteria as reasonable and necessary indicated above.

The member is transferred from an acute care facility to another acute care facility/clinic if all the following criteria are met:

- i. The member is registered as inpatient in an acute care hospital; AND
 - ii. Specialized services are not available in the hospital in which the member is registered, and the specialized services are considered reasonable, medically necessary, and covered under the member's contract; AND
 - iii. The provider of the specialized services is the nearest one with the required capabilities; OR
- C. The member is transferred from a skilled nursing facility/rehabilitation facility to the closest appropriate facility to treat the member's condition; OR
- D. The member is transferred via ambulance services outside of the state or country if the transfer is to or from an acute care hospital. The facility outside of the state or country must be the closest appropriate facility to treat the member's condition; OR
- E. The member is transported via ambulance services to a physician's office when the transporting ambulance stops at a physician's office because the member is in dire need of professional attention.
- F. Ground transportation is to the member's home from an acute care, rehabilitation, or skilled nursing facility (not more than 125 miles from discharging facility); OR
- G. Ambulance services are for a postpartum mother within the first 72hrs after delivery of a live infant that required emergent transport to higher level of care.

3. Destination

For ambulance services to be a covered benefit, the transport must be to the nearest institution with appropriate facilities for the treatment of the illness or injury involved. The term "appropriate facilities" means that the institution is generally equipped to provide hospital care necessary to manage the illness or injury involved.

1) Covered destinations for emergency ambulance services include:

- a. Hospitals
- b. Physician's office, only if during an emergency transportation to a hospital, the ambulance stops at a physician's office en route due to a dire need for professional attention and thereafter continues to the hospital. In such cases, the member is deemed not to have been transported to the physician's office, and payment may be made for the entire trip.

2) Covered destinations for "non-emergent" transports include:

- a. Hospitals ("appropriate facility")
- b. Skilled nursing facilities
- c. Dialysis facilities – Ambulance services furnished to a maintenance dialysis member only when the member's condition at the time of transport requires ambulance services.
- d. From a SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is a resident, including the return trip (for instance, cardiac catheterization; specialized diagnostic imaging procedures such as computerized axial tomography or magnetic resonance imaging; surgery performed in an operating room; specialized wound care; cancer treatments) when the member's condition at the time of transport requires ambulance services.

- e. The member’s residence, only if the transport is to return from an “appropriate facility,” and the member’s condition at the time of transport requires ambulance services.

4. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

CODING REQUIREMENTS

Procedure Codes

HCPCS Codes	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport level 1 (ALS1)
A0427	ALS1- Emergency
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0429	BLS - Emergency
A0433	ALS 2
A0434	Specialty care transport
A0888	Noncovered ambulance mileage
A0999	Unlisted ambulance service (e.g., sea ambulance)

Due to the increased specificity of ICD-10 and the large number of possible covered diagnoses codes, this medical policy does not provide a complete list of covered diagnosis codes for HCPCS codes: A0425, A0426, A0427, A0428, A0429, A0433 and A0434.

Primary Diagnosis Group 1 Codes:

The following is a list of “suggested” ICD-10 codes that may be used as a primary diagnosis for transport to acute care, or for the transport on to another facility for specialty or other care.

*Please note that a secondary diagnosis code is required and is listed under section: **Secondary Diagnosis Group 1 Codes.**

ICD-10 Codes	Description
A41.9	Sepsis, unspecified organism
B89	Unspecified parasitic disease
B96.89	Other specified bacterial agents as the cause of diseases classified elsewhere
B99.9	Unspecified infectious disease
D49.89	Neoplasm of unspecified behavior of other specified sites
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E15	Nondiabetic hypoglycemic coma
E16.1	Other hypoglycemia
E16.2	Hypoglycemia, unspecified

E86.0	Dehydration
E86.1	Hypovolemia
E86.9	Volume depletion, unspecified
F05	Delirium due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.231	Alcohol dependence with withdrawal delirium
F10.239	Alcohol dependence with withdrawal, unspecified
F11.10	Opioid abuse, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F12.90	Cannabis use, unspecified, uncomplicated
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F14.10	Cocaine abuse, uncomplicated
F15.10	Other stimulant abuse, uncomplicated
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated
F15.929	Other stimulant use, unspecified with intoxication, unspecified
F16.10	Hallucinogen abuse, uncomplicated
F18.10	Inhalant abuse, uncomplicated
F19.10	Other psychoactive substance abuse, uncomplicated
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F23	Brief psychotic disorder
F29	Unspecified psychosis not due to a substance or known physiological condition
F41.1	Generalized anxiety disorder
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F63.89	Other impulse disorders
F99	Mental disorder, not otherwise specified
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G45.9	Transient cerebral ischemic attack, unspecified
G81.90	Hemiplegia, unspecified affecting unspecified side
G82.20	Paraplegia, unspecified
G82.50	Quadriplegia, unspecified
G89.11	Acute pain due to trauma
G89.18	Other acute postprocedural pain
G89.29	Other chronic pain
I20.0	Unstable angina
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I26.99	Other pulmonary embolism without acute cor pulmonale

I46.9	Cardiac arrest, cause unspecified
I48.91	Unspecified atrial fibrillation
I49.9	Cardiac arrhythmia, unspecified
I50.9	Heart failure, unspecified
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.89	Other cerebrovascular disease
I69.920	Aphasia following unspecified cerebrovascular disease
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
I95.9	Hypotension, unspecified
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.901	Unspecified asthma with (acute) exacerbation
J80	Acute respiratory distress syndrome
J81.0	Acute pulmonary edema
J95.00	Unspecified tracheostomy complication
J95.821	Acute postprocedural respiratory failure
J95.851	Ventilator associated pneumonia
J95.859	Other complication of respirator [ventilator]
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J98.4	Other disorders of lung
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction
K92.2	Gastrointestinal hemorrhage, unspecified
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.109	Pressure ulcer of unspecified part of back, unspecified stage
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.209	Pressure ulcer of unspecified hip, unspecified stage
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4

L89.309	Pressure ulcer of unspecified buttock, unspecified stage
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
M24.559	Contracture, unspecified hip
M24.569	Contracture, unspecified knee
M25.50	Pain in unspecified joint
M43.8X9	Other specified deforming dorsopathies, site unspecified
M53.9	Dorsopathy, unspecified
M54.5	Low back pain
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M79.601	Pain in right arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.609	Pain in unspecified limb
M79.89	Other specified soft tissue disorders
N17.9	Acute kidney failure, unspecified
N19	Unspecified kidney failure
O26.819	Pregnancy related exhaustion and fatigue, unspecified trimester
O26.899	Other specified pregnancy related conditions, unspecified trimester
O26.90	Pregnancy related conditions, unspecified, unspecified trimester
O75.9	Complication of labor and delivery, unspecified
O80	Encounter for full-term uncomplicated delivery
O99.89	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
R00.0	Tachycardia, unspecified
R00.2	Palpitations
R06.00	Dyspnea, unspecified
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.3	Periodic breathing
R06.4	Hyperventilation
R06.82	Tachypnea, not elsewhere classified
R06.89	Other abnormalities of breathing
R06.9	Unspecified abnormalities of breathing
R07.1	Chest pain on breathing
R07.2	Precordial pain
R07.81	Pleurodynia
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R09.02	Hypoxemia
R09.1	Pleurisy
R09.2	Respiratory arrest
R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified

R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.817	Generalized abdominal tenderness
R10.819	Abdominal tenderness, unspecified site
R10.827	Generalized rebound abdominal tenderness
R10.829	Rebound abdominal tenderness, unspecified site
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.2	Nausea with vomiting, unspecified
R19.00	Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.07	Generalized intra-abdominal and pelvic swelling, mass and lump
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R19.30	Abdominal rigidity, unspecified site
R19.37	Generalized abdominal rigidity
R20.8	Other disturbances of skin sensation
R20.9	Unspecified disturbances of skin sensation
R23.0	Cyanosis
R23.1	Pallor
R25.0	Abnormal head movements
R26.1	Paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R29.5	Transient paralysis
R29.810	Facial weakness
R29.818	Other symptoms and signs involving the nervous system
R40.0	Somnolence
R40.1	Stupor
R40.20	Unspecified coma
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2131	Coma scale, eyes open, to sound, in the field [EMT or ambulance]
R40.2141	Coma scale, eyes open, spontaneous, in the field [EMT or ambulance]
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2231	Coma scale, best verbal response, inappropriate words, in the field [EMT or ambulance]

R40.2241	Coma scale, best verbal response, confused conversation, in the field [EMT or ambulance]
R40.2251	Coma scale, best verbal response, oriented, in the field [EMT or ambulance]
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2331	Coma scale, best motor response, abnormal, in the field [EMT or ambulance]
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2351	Coma scale, best motor response, localizes pain, in the field [EMT or ambulance]
R40.2361	Coma scale, best motor response, obeys commands, in the field [EMT or ambulance]
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
R40.3	Persistent vegetative state
R40.4	Transient alteration of awareness
R41.0	Disorientation, unspecified
R41.2	Retrograde amnesia
R41.89	Other symptoms and signs involving cognitive functions and awareness
R42	Dizziness and giddiness
R44.2	Other hallucinations
R44.3	Hallucinations, unspecified
R45.89	Other symptoms and signs involving emotional state
R47.01	Aphasia
R47.02	Dysphasia
R47.81	Slurred speech
R47.89	Other speech disturbances

R50.81	Fever presenting with conditions classified elsewhere
R50.82	Postprocedural fever
R50.9	Fever, unspecified
R51	Headache
R52	Pain, unspecified
R53.1	Weakness
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.83	Other fatigue
R55	Syncope and collapse
R56.9	Unspecified convulsions
R57.9	Shock, unspecified
R58	Hemorrhage, not elsewhere classified
R61	Generalized hyperhidrosis
R68.0	Hypothermia, not associated with low environmental temperature
R68.11	Excessive crying of infant (baby)
S05.90XA	Unspecified injury of unspecified eye and orbit, initial encounter
S09.8XXA	Other specified injuries of head, initial encounter
S09.90XA	Unspecified injury of head, initial encounter
T07.XXXA	Unspecified multiple injuries, initial encounter
T14.8XXA	Other injury of unspecified body region, initial encounter
T14.90XA	Injury, unspecified, initial encounter
T14.91XA	Suicide attempt, initial encounter
T30.0	Burn of unspecified body region, unspecified degree
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter
T65.91XA	Toxic effect of unspecified substance, accidental (unintentional), initial encounter
T65.92XA	Toxic effect of unspecified substance, intentional self-harm, initial encounter
T65.93XA	Toxic effect of unspecified substance, assault, initial encounter
T65.94XA	Toxic effect of unspecified substance, undetermined, initial encounter
T67.2XXA	Heat cramp, initial encounter
T67.5XXA	Heat exhaustion, unspecified, initial encounter
T68.XXXA	Hypothermia, initial encounter

T69.9XXA	Effect of reduced temperature, unspecified, initial encounter
T74.21XA	Adult sexual abuse, confirmed, initial encounter
T75.00XA	Unspecified effects of lightning, initial encounter
T75.1XXA	Unspecified effects of drowning and nonfatal submersion, initial encounter
T75.4XXA	Electrocution, initial encounter
T76.21XA	Adult sexual abuse, suspected, initial encounter
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.40XA	Allergy, unspecified, initial encounter
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter
T81.9XXA	Unspecified complication of procedure, initial encounter
T82.519A	Breakdown (mechanical) of unspecified cardiac and vascular devices and implants, initial encounter
T82.529A	Displacement of unspecified cardiac and vascular devices and implants, initial encounter
T82.539A	Leakage of unspecified cardiac and vascular devices and implants, initial encounter
T82.599A	Other mechanical complication of unspecified cardiac and vascular devices and implants, initial encounter
T83.198A	Other mechanical complication of other urinary devices and implants, initial encounter
T83.498A	Other mechanical complication of other prosthetic devices, implants and grafts of genital tract, initial encounter
T88.7XXA	Unspecified adverse effect of drug or medicament, initial encounter
Y71.0	Diagnostic and monitoring cardiovascular devices associated with adverse incidents
Y82.8	Other medical devices associated with adverse incidents
Z20.818	Contact with and (suspected) exposure to other bacterial communicable diseases

Primary Diagnosis Group 2 Codes:

Group 2 Paragraph: The following is a list of suggested ICD-10 codes that may be used as a primary diagnosis for post treatment transfer (e.g., transfer to home, nursing facility, SNF, IRF, and IPP).

*Please note that a secondary diagnosis code is required and is listed in the under section: **Secondary Diagnosis Group 1 Codes.**

ICD-10 Codes	Description
C71.9	Malignant neoplasm of brain, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
D49.0	Neoplasm of unspecified behavior of digestive system
D49.1	Neoplasm of unspecified behavior of respiratory system
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.3	Neoplasm of unspecified behavior of breast
D49.4	Neoplasm of unspecified behavior of bladder
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D49.89	Neoplasm of unspecified behavior of other specified sites
F01.51	Vascular dementia with behavioral disturbance

F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
F63.3	Trichotillomania
F63.89	Other impulse disorders
G30.9	Alzheimer's disease, unspecified
G37.9	Demyelinating disease of central nervous system, unspecified
G89.29	Other chronic pain
G89.3	Neoplasm related pain (acute) (chronic)
I25.9	Chronic ischemic heart disease, unspecified
I42.9	Cardiomyopathy, unspecified
I50.9	Heart failure, unspecified
I67.89	Other cerebrovascular disease
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease
I69.911	Memory deficit following unspecified cerebrovascular disease
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
I69.913	Psychomotor deficit following unspecified cerebrovascular disease
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
J43.9	Emphysema, unspecified
J44.9	Chronic obstructive pulmonary disease, unspecified
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.153	Pressure ulcer of sacral region, stage 3

L89.154	Pressure ulcer of sacral region, stage 4
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
M24.551	Contracture, right hip
M24.552	Contracture, left hip
M24.561	Contracture, right knee
M24.562	Contracture, left knee
M25.50	Pain in unspecified joint
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R29.5	Transient paralysis
R40.0	Somnolence
R40.1	Stupor
R40.20	Unspecified coma
R40.3	Persistent vegetative state
R40.4	Transient alteration of awareness
R52	Pain, unspecified
R64	Cachexia
S12.9XXA	Fracture of neck, unspecified, initial encounter
S13.29XA	Dislocation of other parts of neck, initial encounter
S13.9XXA	Sprain of joints and ligaments of unspecified parts of neck, initial encounter
S22.9XXA	Fracture of bony thorax, part unspecified, initial encounter for closed fracture
S23.0XXA	Traumatic rupture of thoracic intervertebral disc, initial encounter
S23.20XA	Dislocation of unspecified part of thorax, initial encounter
S24.9XXA	Injury of unspecified nerve of thorax, initial encounter
S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture
S33.0XXA	Traumatic rupture of lumbar intervertebral disc, initial encounter
S33.30XA	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter
S72.91XA	Unspecified fracture of right femur, initial encounter for closed fracture
S72.92XA	Unspecified fracture of left femur, initial encounter for closed fracture

Secondary Diagnosis Group 1 Codes:

All ambulance transports require dual diagnosis codes (e.g. primary and secondary code) as described below.

Providers should report the most appropriate ICD-10 code that adequately describes the member's medical condition at the time of transport as the primary diagnosis. In addition, a secondary diagnosis, from the list below, must be reported:

ICD-10 Codes	Description
Z74.01	Bed confinement status
Z74.3*	Need for continuous supervision
Z78.1*	Physical restraint status
Z99.89*	Dependence on other enabling machines and devices

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: **Note:** Use code Z74.3 to denote cardiac/hemodynamic monitoring required en route.

Note: Use code Z78.1 to denote member safety: danger to self and others – monitoring other and unspecified reactive psychosis.

Note: Use code Z99.89 to denote the need for continuous IV fluid(s), "active airway management," or the need for multiple machines/devices.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

POLICY SOURCE(S)

Centers for Medicare & Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 10: Ambulance services. [CMS Web site]. Revised 9/9/16. Accessed January 16, 2019.

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Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual Chapter 15 – Ambulance. (Rev. 3625 10-14-16). Accessed on January 16, 2019.

Novitas Solutions, Inc. Local Coverage Determination (LCD): Ambulance Services (Ground Ambulance) (L35162). Effective 07/16/2018. Accessed on January 16, 2019.

Novitas Solutions Article: Ambulance Services (Ground Ambulance) (A54574). Effective 10/01/2018. Accessed on January 16, 2019.

Palmetto GBA, LLC. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD): Ambulance Services (L34549). Effective 05/31/2018. Accessed on January 16, 2019.

Policy History

Date	Activity
01/16/2019	Initial policy developed
03/12/2019	QI/UM Committee Review Approval
05/06/2019	Provider effective date