

## AMBULANCE AND MEDICAL TRANSPORT

### **Ground Ambulance:**

VCHCP covers ground ambulance transport in the following circumstances, subject to co-payments for certain Benefit Plans:

- To transport a person from the place where he/she is suddenly stricken by a disease or injury to the first hospital emergency room or hospital where treatment will be given. When a patient's circumstances permit, the patient may be transported to a contracted hospital.
- To transport a patient from one hospital to another nearby hospital when the first hospital does not have the required services and/or facilities to treat the patient, when ordered by the Plan.
- To transport a patient from hospital to home, skilled nursing facility or nursing home when the patient cannot be safely or adequately transported in another way without endangering the individual's health,
- To transport a patient from home to hospital for medically necessary inpatient or outpatient treatment when medical transport is required to safely and adequately transport the patient.
- When transport is medically necessary, the Plan will provide the lowest level of transport appropriate for the condition of the member.

**Note: Generally, ground ambulance is covered only for transfer to the nearest facility (i.e., a hospital, a skilled nursing facility, a nursing home) which would ordinarily be expected to have the appropriate facilities for the treatment of the injury or illness involved.**

**Note: Coverage to the patient's home requires prior Plan approval, and the home must be within the service area of the Plan (Ventura County).**

**Note: Coverage of ground transportation requires prior Plan approval except in life threatening emergencies or when transportation follows a paramedic response to 911 call.**

### **Air and Water Ambulance:**

VCHCP covers air and water ambulance transport in the following circumstances, subject to co-payments for certain Benefit Plans:

**Medical Policy: Ambulance and Medical Transport**

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2/8/24

- Patient requires transport to a hospital or from one hospital to another because the first hospital does not have the required services and/or facilities to treat the patient; and
- Ground ambulance transportation is not medically appropriate because of the distance involved, or because the patient has an unstable condition requiring medical supervision and rapid transport.

**Note:** Except in life threatening emergencies, coverage of Air and Water ambulance transport requires prior Plan approval.

**Non- Emergency Medical Transport:**

VCHCP covers non-emergency medical stretcher and wheelchair van transportation to and from medical facilities, private residences, nursing homes and retirement centers.

This transportation is provided by the Plan when deemed medically necessary and transportation cannot be safely provided by private means.

**A. References:**

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3. Witzel K, Hoppe H, Raschka C. The influence of the mode of emergency ambulance transportation on the emergency patient's outcome. *Eur J Emerg Med* 1999 Jun;6(2):115-8.
4. Kost S, Arruda J. Appropriateness of ambulance transportation to a suburban pediatric emergency department. *Prehosp Emerg Care* 1999 Jul-Sep;3(3):187-90.
5. Emergency ambulance destination. EMS Committee, American College of Emergency Physicians. *Ann Emerg Med* 1999 Jul;34(1):128.
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2/8/24

8. *HCFA updates, clarifies ambulance coverage requirements. Natl Rep Subacute Care 1999 Feb 10;7(3):1-2.*
9. *Department of Transportation (DOT) National Highway Traffic Safety Administration and the American Medical Association Commission on Emergency Medical Services air ambulance guidelines. Emerg Med Serv 1990 Dec;19(12):220.*
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13. *Arfken CL, Shapiro MJ, Bessey PQ, Littenberg B. Effectiveness of helicopter versus ground ambulance services for interfacility transport. J Trauma 1998 Oct;45(4):785-90.*

*Guidelines for pediatric equipment and supplies for basic and advanced life support ambulances. Committee on Ambulance Equipment and Supplies, National Emergency Medical Services for Children Resource Alliance. Prehosp Emerg Care 1997 Oct-Dec;1(4):286-7.*

**B. Attachments:** None

**C. Reviewers:** Sylvana Guidotti, MD; Richard Ashby, MD; QA Committee 07/02

**D. History:**

Reviewed/Revised: Sheldon Haas, MD & David Chernof MD on 02/08/05

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