



Policy and Procedure No: CL 18.3	Revision No: 3
Division: Care Management	
Department: Claims Operations	
Title: PHC-CA Emergency and Non-Emergent Transportation	
Effective Date: 7/1/2019	
Supersedes Policy No: CL 18.0, CL 18.1, CL 18.2	
Reviewed/Revised by: Sandra Holzner	Review/Revision Date: 12/1/2025
Approving Committee: Member Provider Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

The purpose of this policy is to establish PHC California’s (the Health Plan) standardized procedures for the billing, submission, and processing of ambulance charges within HealthSUITE. This policy ensures that all related claim adjustments, modifications, and payments are handled accurately, in a timely manner, and in compliance with applicable federal and state laws, regulations, and contractual requirements.

Policy:

The Health Plan reimburses both emergent and non-emergent transportation services in accordance with the Medi-Cal Fee-for-Service schedule or the provider’s contracted rate, as applicable.

Procedure:

Ambulance Transportation

1. Ambulance charges may be billed for either ground or air transportation.
2. The Health Plan covers the medically necessary transport of a member by ambulance to the nearest appropriate facility capable of treating the member’s condition.
3. An ambulance or EMS claim may be generated whenever a member receives an assessment, care, or treatment, regardless of the method of transport.
4. Ambulance services may be provided and billed by a variety of entities, including:
 - a. Volunteer fire and/or ambulance companies
 - b. Local government ambulance companies
 - c. Privately-owned and operated ambulance companies
 - d. Independently owned and operated ambulance companies
5. Ambulance claims are composed of multiple billable elements; ambulance services are not reimbursed as a flat-fee service.

Ground Transportation

Ground ambulance transports includes transport on land and water. Ground ambulance transports includes the following levels of service:

1. Basic Life Support (BLS) – Includes the provision of medically necessary supplies and services and BLS ambulance transportation as defined by the state of situs.
2. Advanced Life Support, Level 1 (ALS1) – Includes the provision of medically necessary supplies and services, and the provision of an ALS assessment or at least one ALS intervention.
3. Advanced Life Support, Level 2 (ALS2) – Includes the provision of medically necessary supplies and services, involving at least three separate administrations of one (1) or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or at least one ALS2 procedures.
4. Specialty Care Transport (SCT) – Includes the provision of medically necessary supplies and services at a level of service beyond the scope of an EMT-Paramedic.
5. Paramedic Intercept (PI) – When an entity that does not provide the ambulance transport provides ALS services (such as electrocardiogram monitoring, chest decompression, or intravenous therapy).

Ground Ambulance Transportation Coverage Requirements

1. The Transport Is Medically Reasonable and Necessary
 - a. A medically reasonable and necessary ground ambulance transport must meet these requirements:
 - i. Due to the member's condition, the use of any other method of transportation is contraindicated.
 - ii. The purpose of the transport is to obtain an AHF covered service or to return from obtaining such service.
2. A Covered Member Is Transported
 - a. The transport of a covered member must occur for an ambulance transport to be payable.
 - b. When multiple ambulance providers and suppliers respond, payment is made to the provider that transports the member.
3. The Destination Is Local
 - a. As a rule, the ground ambulance transport destination must be local, which means that only mileage to the nearest appropriate facility equipped to treat the member is covered.
 - b. If two (2) or more facilities meet this requirement and can appropriately treat the member, the full mileage to any of these facilities is covered.
4. The Facility Is Appropriate

- a. An appropriate facility is an institution that is generally equipped to provide the needed hospital or skilled nursing care for the member's illness or injury.
- b. An appropriate hospital must have a physician or a physician specialist available to provide the necessary care required to treat the member's condition.

Air Ambulance Transportation

A medically necessary air ambulance transport refers to transportation of a member by fixed wing (airplane) or rotary wing (helicopter) aircraft.

Air Ambulance charges are allowable when the following conditions are met:

1. Air transportation is medically necessary.
 - a. Member condition critical status urgency supports the need for air transport.
2. Any other means of transportation is contraindicated.
 - a. Ground ambulance unable to access location (remote area), etc.
3. The destination is to the nearest appropriate facility that can treat the member's condition.

Air Ambulance Transportation Coverage Requirements

1. The Transport Is Medically Reasonable and Necessary
 - a. A medically reasonable and necessary air ambulance transport must meet one or more of these requirements:
 - i. The member's medical condition requires immediate and rapid ambulance transport.
 - ii. Transport cannot be furnished by BLS or ALS ground ambulance transport because one of these poses a threat to the member's survival or seriously endangers his or her health.
 - iii. The point-of-pick-up (POP) is not accessible by ground vehicle.
2. A Covered Member Is Transported
 - a. The transport of a covered member must occur for an ambulance transport to be payable.
 - b. When multiple ambulance providers and suppliers respond, payment is made to the provider that transports the member.
3. The Destination Is Local
 - a. As a rule, the air ambulance transport destination must be local, which means that only mileage to the nearest appropriate facility equipped to treat the member is covered.

- b. If two (2) or more facilities meet this requirement and can appropriately treat the member, the full mileage to any of these facilities is covered.
4. The facility is appropriate
- a. Because all duly licensed acute care hospitals are presumed to be appropriate sources of health care, clear evidence must indicate that an air ambulance transport to a more distant hospital is the nearest appropriate facility.
 - b. Some circumstances that may justify air ambulance transport to a more distant institution include:
 - i. The beneficiary's condition requires a higher level of trauma care or other specialized service only available at the more distant hospital.
 - ii. No beds are available at the nearest hospital.

Ambulance Claims in HealthSUITE

1. Ambulance charges are commonly billed with HCPCS codes on HCFA1500 professional claim form.
2. Place of service forty-one (41) is used for ground transport, and forty-two (42) for air ambulance transport.
3. Mileage is billed per mile traveled once the member is in the ambulance.
4. HealthSUITE will price and pay based on the billed charges.
5. Ambulance charges do not require an Authorization.
6. Miles traveled will always be in the Units field on an ambulance claim.
7. Claim must contain miles traveled to be processed within HEALTH suite.

Monitoring:

This policy and procedure is reviewed at least annually, and as needed, by the Member Provider Committee.

Definitions:

1. Air Ambulance Transport: A medically necessary air ambulance transport refers to transportation of a member by fixed wing (airplane) or rotary wing (helicopter) aircraft.
2. Ground Ambulance: means a vehicle which is properly equipped, maintained, permitted, and used to transport a patient to a patient destination such as a patient receiving facility or resource hospital.
3. HealthSUITE: A system of fully integrated modules designed to administer Medicare Advantage plans including plans/products and benefits, enrollment & eligibility, premium billing, provider data management, provider contracting & reimbursement, medical and utilization management, and

encounter and claims administration processing. The system is also designed to process claims based on Medicaid (Cal) requirements and applies logic per line of business based on members plan enrollment.

