



CLINICAL MEDICAL POLICY	
Policy Name:	Ambulance - Air
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Responsible Department(s):	Medical Management
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Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 6

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 air 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

Basic Life Support (BLS) – A BLS ambulance is one that provides transportation plus the equipment and staff needed for basic services such as control of bleeding, splinting fractures, treatment of shock, delivery of babies, and cardiopulmonary resuscitation (CPR). Oxygen charges may be billed separately.

Advanced Life Support, Level 1 (ALS1) – The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment by ALS personnel 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. In the case of an appropriately dispatched ALS emergency service, if the ALS crew completes an ALS Assessment, the services provided by the ambulance transportation service provider or supplier shall be covered at the ALS emergency level, regardless of whether the member required ALS intervention services during the transport, provided that ambulance transportation itself was medically reasonable and necessary, and all other coverage requirements are met.

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

Advanced Life Support, Level 2 (ALS2) – 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 (IV) 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:

- a. Manual defibrillation/cardioversion;
- b. Endotracheal intubation;
- c. Central venous line;
- d. Cardiac pacing;
- e. Chest decompression;
- f. Surgical airway; OR
- g. Intraosseous line

Fixed Wing Air Ambulance (FW) – Fixed wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

Rotary Wing Air Ambulance (RW) – Rotary wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic,

preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

Rural Air Ambulance Services – Rural air ambulance service means fixed wing and rotary wing air ambulance service in which the point of pickup of the member occurs in a rural area (as defined in Section 1886(d)(2)(D)) or in a rural census tract of a metropolitan statistical area (as determined under the most recent modification of the Goldsmith Modification, originally published in the Federal Register on February 27, 1992) (57 Fed. Reg. 6725).

PROCEDURES

Medical Necessity Guidelines

Medically appropriate air ambulance transportation is a covered service, regardless of the state or region in which it is rendered. However, claims may be approved only if the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate.

There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. The higher operational costs of the two types of aircraft are recognized with two distinct payment amounts for air ambulance mileage. The air ambulance mileage rate is calculated per actual loaded (member onboard) miles flown and is expressed in statute miles (not nautical miles).

1. Fixed Wing Air Ambulance (FW) (A0430)

Fixed wing air ambulance is furnished when the member's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the member is inaccessible by a ground ambulance vehicle.

2. Rotary Wing Air Ambulance (RW)(A0431)

Rotary wing air ambulance is furnished when the member's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the member is inaccessible by a ground ambulance vehicle.

The following medical necessity criteria must be met:

3. Emergency Air Ambulance Transportation – Medical Reasonableness

- A. The ambulance must have the necessary equipment, supplies and crew to address the needs of the member; **AND**
- B. The member's destination is an acute care hospital; **AND**
- C. There is a medical condition that is life-threatening or first responders deem to be life-threatening, including but not limited to the following:
 - 1) Intracranial bleeding; **OR**
 - 2) Cardiogenic shock; **OR**
 - 3) Major burns requiring immediate treatment in a Burn Center; **OR**

- 4) Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit; **OR**
- 5) Multiple severe injuries; **OR**
- 6) Transplants; **OR**
- 7) Limb-threatening trauma; **OR**
- 8) High risk pregnancy; **OR**
- 9) Acute myocardial infarction, if this would enable the member to receive a more timely medically necessary intervention (such as percutaneous transluminal coronary angioplasty [PTCA] or fibrinolytic therapy).
- D. The member's condition is such that the ground ambulance (basic or advanced life support) would endanger the member's life or health; **OR**
- E. Inaccessibility to ground ambulance transport or extended length of time required to transport the member via ground ambulance transportation could endanger the member; **OR**
- F. Weather or traffic conditions make ground ambulance transportation impractical, impossible, or overly time consuming.

4. Destination

Air ambulance transport and mileage is covered and considered medically necessary to the nearest appropriate facility to obtain necessary diagnostic and/or therapeutic services. In addition to all other coverage requirements, this transport situation is covered only to the extent of the payment that would be made for bringing the service to the member.

- A. The use of air ambulance services to transport a member from one hospital to another requires:
 - 1) The above criteria must be met; **AND**
 - 2) The first hospital does not have the required services and facilities to treat the member.

Note: Examples of such specialized medical services include but are not limited to: burn care, cardiac care, trauma care, and critical care. A member transported from one hospital to another hospital is covered only if the hospital to which the member is transferred is the nearest one with appropriate facilities.

- B. The use of air ambulance services for a deceased member is considered medically necessary when the above criteria are met and when either of the following is present:
 - 1) The member was pronounced dead while in route or upon arrival at the hospital or final destination; **OR**
 - 2) The member was pronounced dead by a legally authorized member (physician or medical examiner) after the ambulance call was made but prior to pick-up. In these circumstances the response to call is considered medically necessary.

5. When Air Ambulance is not covered

All other uses of air ambulance services are considered not medically necessary, including but not limited to the following:

- A. Transfers from one hospital to another if the above criteria not met; **OR**
- B. Transfers from a hospital capable of treating a member to another hospital primarily for the convenience of the member or the member's family or physician; **OR**
- C. When land transportation is available and the time required to transport the member by land does not endanger the member's life or health; **OR**

- D. Transportation to a facility that is not an acute care hospital, such as a nursing facility, physician's office, or the member's home; **OR**
- E. The services are for a transfer of a deceased member to a funeral home, morgue, or hospital, when the member was pronounced dead at the scene; **OR**
- F. There is no transport of a member (A0998), therefore the ambulance service is not covered.

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

HCPCS Codes	Description
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile

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 on January 18, 2019.

Centers for Medicare & Medicaid Services (CMS). Medical Ambulance Transports. Effective: January 2016. Accessed on January 18, 2019.

Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual Chapter 15 – Ambulance. (Rev. 3625 10-14-16). January 18, 2019.

Palmetto GBA. Local Coverage Determination for Ambulance Services (L34549). Revised 09/18/2017. Accessed on January 18, 2019.

Novitas Solutions, Inc. Local coverage Determination (LCD): Ambulance Services (ground Ambulance) (L35162). Effective 3/16/2017. Accessed on January 18, 2019.

Novitas Solutions Article: Ambulance Services (Ground Ambulance) (A54574). Effective 10/01/2017. Accessed on January 18, 2019.

Policy History

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