

Air Ambulance Transport

Date of Origin: 07/2016

Last Review Date: 06/26/2024

Effective Date: 07/01/2024

Dates Reviewed: 07/2017, 08/2018, 08/2019, 08/2020, 07/2021, 06/2022, 06/2023, 06/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Moda Health follows the recommendation of the American College of Emergency Physicians (ACEP) for Air Transport. ACEP recognizes Air Ambulance Transport is a crucial component in a tiered emergency response (including all levels of EMS providers, BLS and ALS ground services, rescue, etc.) for the expeditious initial care and delivery of the patient to an appropriate health care facility. An air ambulance (helicopter, fixed wing, or jet) should be an appropriately equipped and licensed ambulance staffed with adequate personnel to provide rapid and stabilizing care under various conditions. The air ambulance personnel should provide this care with the supervision of a qualified emergency physician cognizant of the unique features of air evacuation and use approved protocols for direct on-line as well as off-line medical control. Dispatch of the air ambulance should be under the direction of the appropriate emergency response entities.

Ambulance – means a specially equipped and licensed vehicle for transporting sick or injured individuals that meets the licensing standards of the Authority or the licensing standards of the State in which the ambulance provider is located.

Emergency Medical Condition- means a medical condition, whether physical, dental, or behavioral, manifesting itself by acute systems of severity such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of an individual (or with respect to the pregnant person, the health of the person or their pregnancy) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

An emergency medical condition is not based on the final diagnosis but is based on presenting symptoms as perceived by a prudent layperson and includes cases in which the absence of immediate medical attention may not in fact have had the adverse results described in the previous sentence.

Emergency Medical Transportation means transportation necessary for a client with an emergency medical condition as defined in this rule and requires a skilled medical professional such as an Emergency Medical Technician (EMT) and immediate transport to a site, usually a hospital, where appropriate emergency medical service is available.

II. Criteria: CWQI HCS-0183

- A. Moda Health will cover emergent/urgent transport via air ambulance for members who meet **ALL** of the following conditions
- a. Air ambulance transport is requested for a member with **1 or more** of the following conditions:
 - i. Member has a significant potential to require high-level life support available from an air ambulance, which is not available by ground transport
 - ii. Member has a significant potential to require a time-critical intervention and air medical ambulance, fixed wing (airplane) or rotary wing (helicopter), will deliver the patient to an appropriate acute care facility faster than ground transport
 - iii. Member is in a geographically isolated area which would make ground transport impossible or greatly delayed
 - iv. Local EMS resources are exceeded
 - b. The air ambulance and staff are licensed to perform the necessary services required to stabilize and transport a patient
 - c. The patient should have initial stabilization and preparation for flight, then be expeditiously transported to the closest acute care facility.
 - d. **The air ambulance services are NOT for the purpose of transporting the member for services that are considered experimental/investigational or services that are considered not medically necessary**
- B. If the member is unable or inappropriate for air ambulance transport after activation, the following coverage guidelines apply:
- a. Air ambulance services will **NOT** be covered if all the following apply:
 - i. The member expires before being loaded onboard the air ambulance
 - ii. The dispatcher receives the pronouncement of death or inappropriate transport and has a reasonable opportunity to notify the pilot to abort the flight
 - iii. The aircraft has taxied but has not taken off, or at a controlled airport, the aircraft has been cleared to take off but has not actually taken off
 - b. The appropriate air ambulance base rate (with no mileage or rural adjustment) will be covered if both of the following apply:
 - i. The member expires or is no longer appropriate for air ambulance transport after takeoff to the point of pickup (POP)
 - ii. The member has not been loaded onboard the air ambulance
 - c. The appropriate air ambulance base rate including mileage and rural adjustment will be covered if both of the following apply:
 - i. The member expires or is no longer appropriate for air ambulance transport after the member is loaded onboard the air ambulance
 - ii. The member expires or is no longer appropriate for air ambulance transport before or upon arrival at the receiving facility
- C. Moda Health may cover scheduled non-emergent air ambulance transportation when all the following requirements are met;
- a. For medically necessary transport to the nearest facility that has the capability to provide the necessary treatment

III. Information Submitted with the Request:

1. Patient chart notes from facility or agency requesting transport.
2. Emergency response records
3. Flight documentation records
4. Emergency department records of receiving hospital

IV. CPT or HCPC codes covered:

| 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 |
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V. Annual Review History

| Review Date | Revisions | Effective Date |
|-------------|---|----------------|
| 07/2016 | New criteria based on ACEP Guidelines currently used to review requests for Air Transport | 08/01/2016 |
| 07/2017 | Annual Review: Minor wording changes, uploaded to new template | 07/26/2017 |
| 08/2018 | Annual Review: Added section II.A.d regarding if patient status changes prior to take off or after landing at POP. | 08/22/2018 |
| 08/2019 | Annual Review: specified requirements for emergent/urgent transport with air ambulance Added section II.B. describing coverage for non-emergent air-ambulance transportation requirement | 09/01/2019 |
| 08/2020 | Annual Review: Minor format changes, indication for air transport services considered E/I or not medically necessary placed as a stand on statement. Reworded guidelines for member unable or inappropriate for air transport | 09/01/2020 |
| 07/2021 | Annual Review: added 'scheduled' for non-emergent services | 08/01/2021 |
| 06/2022 | Annual Review: No changes | 07/01/2022 |
| 06/2023 | Annual Review: No changes | 07/01/2023 |
| 06/2024 | Annual Review: Added ambulance and emergency medical care definitions | 07/01/2024 |

VI. References

1. American College of Emergency Physicians (ACEP), Appropriate Utilization of Air Medical Transport in the Out-of-Hospital Setting. 2008 Accessed on July 21, 2017 at:
https://www.acep.org/uploadedFiles/ACEP/Practice_Resources/issues_by_category/Emergency_Medical_Services/GuidelinesForAirMedDisp.pdf.

2. CMS Medicare Benefit Policy Manual, Chapter 10-Ambulance Services, section 10.4 – Air Ambulance Services; Accessed July 21, 2017 at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

| Jurisdiction(s): 5, 8 | NCD/LCD Document (s): |
|--|-----------------------|
| CMS Medicare Benefit Policy Manual, Chapter 10-Ambulance Services, section 10.4 – Air Ambulance Services | |
| AMBULANCE Billing When Patient Refuses Transport (A52883) LCD | |

| NCD/LCD Document (s): |
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| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|--|------------------------------------|
| Jurisdiction | Applicable State/US Territory | Contractor |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |