

Air Ambulance Transport

Date of Origin: 07/2016

Last Review Date: 06/28/2023

Effective Date: 07/01/2023

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

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.

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 on board the air ambulance
 - ii. The dispatcher receives the pronouncement of death or inappropriate transport and has 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

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

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):

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