

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	AMBULANCE: AIR
Policy Number	11.01.06
Category	Contract Clarification
Effective Date	12/16/99
Revised Date	09/19/01, 01/24/02, 02/27/03, 04/22/04, 06/23/05, 06/22/06, 08/23/07, 06/26/08, 06/25/09, 06/24/10, 6/24/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 06/27/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based on our criteria and review of the peer-reviewed literature, air ambulance transportation services may be determined to be **medically necessary** only to the nearest facility that can provide the appropriate care when any one of the following occur:
- A. The patient's medical condition, as determined by Health Plan Medical Director review, required immediate and rapid ambulance transportation necessary to minimize risk of death or deterioration of the patients' condition that could not have been provided by land ambulance (*Refer to Policy Statement II*);
 - B. The point of pick-up is inaccessible by land vehicle; or
 - C. Great distances or other obstacles (e.g., traffic, weather conditions) are involved in getting the patient to the nearest hospital with appropriate facilities if the patient were to be transported via land/ground ambulance.
- II. Based on our criteria and review of the peer-reviewed literature, air ambulance services will be considered **medically necessary only** if the subscriber/member's medical condition is such that transportation by either basic or advanced life support land/ground ambulance is not appropriate.

Medical necessity is established when the patient's condition requires emergent or urgent care and is such that the time needed to transport a patient by land poses a threat to the individual's survival or endangers the patient's health. Examples of medical necessity for air ambulance transportation include, but are not limited to:

- A. Extensive burns requiring specialized treatment;
- B. Pediatric patients where airway control is unobtainable;
- C. Transplant candidates with end-stage organ disease:
 1. who are on the waiting list for organ transplantation, and
 2. the organ to be transplanted has been procured, and
 3. the transplant is imminent, and
 4. organ preservation times are critical (e.g., heart or lung);
- D. Significant mechanism of injury with catastrophic, life-threatening illness or trauma with signs and/or symptoms suggesting:
 1. Multiple orthopedic injuries, including multiple pelvic fracture,
 2. Vascular compromise,
 3. Neurologic presentation suggestive of spinal cord injury,
 4. Laryngotracheal trauma or injuries of the face or neck which may result in an airway compromise,
 5. Penetrating head injury,
 6. Open injury with cerebrospinal fluid leak,
 7. Major chest wall damage including flail chest or open sucking chest wounds,

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8. Pneumothorax/hemothorax,
 9. Partial or total amputation of a limb,
 10. Airway obstruction or compromise,
 11. Penetrating abdominal injury,
 12. Blunt injury with shock, or
 13. Scalping or degloving injury.
- E. In obstetric patients, air transport's advantage of minimized out-of-hospital time must be balanced against the risks inherent to land transport delivery. If transport is necessary in a patient in whom delivery is thought to be imminent, then a ground vehicle is most often the preferred mode of transport. Air transport may be considered in the rare circumstances when ground transport is logistically not feasible and/or there are circumstances, including but not limited to, the following:
1. Active premature labor with contractions resulting in progressive effacement and dilation of the cervix when estimated gestational age is less than 34 weeks or estimated fetal weight is less than 2,000 grams;
 2. Severe pre-eclampsia or eclampsia;
 3. Third-trimester hemorrhage;
 4. Fetal hydrops; or
 5. Acute abdominal emergencies (e.g., likely to require surgery) when estimated gestational age is less than 34 weeks or estimated fetal weight is less than 2,000 grams.

III. Hospital-to-Hospital Air Transport:

A. Hospital-to-hospital air transportation is **medically necessary if:**

1. The transferring hospital does not have adequate facilities to provide medical services needed by the patient,
2. Ground ambulance would endanger the patient's health, and
3. The medical criteria, as stated in Paragraph II above are met.

Examples of emergent care (e.g., emergency room to tertiary care facility) that may be considered medically necessary include, but are not limited to:

1. Patients with a dissecting aortic aneurysm's with IV pressor titration, or invasive monitoring;
2. Patients with unstable vital signs, requiring enroute pharmacologic interventions that would not be available or medically advisable by ground transport;
3. Transplantation patients who are unable to tolerate prolonged out-of-hospital times or have acute organ rejection.

B. Hospital-to-hospital air ambulance services are **not medically necessary for:**

1. Transportation to a facility that is not an acute care facility (e.g., nursing facility, physician's office or a patient's home), or
2. Non-emergent (e.g., inpatient to inpatient) transportation.

Refer to Corporate Medical Policy #11.01.11 regarding Land/Ground Ambulance Services.

Refer to Corporate Medical Policy #11.01.18 regarding Interfacility Transfer of a Registered Inpatient.

POLICY GUIDELINES

- I. Please refer to the specific member's subscriber contract for limitations and/or exclusions. Some contracts:
 - A. may exclude air ambulance services or limit transportation distances; and/or
 - B. require air ambulance claims to be accompanied by a Pre-Hospital Care Report.
- II. Benefits are not available for elective or convenience air ambulance transportation.

DESCRIPTION

Ambulance services involve the assessment and administration of care to the ill or injured patient by specially trained personnel and the transportation of the patient in specially designed and equipped vehicles within an appropriate, safe and monitored environment. Ambulance services are frequently the initial step in the chain of the delivery of medical care. This policy only addresses those ambulance services rendered by an air ambulance.

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Air ambulance services are provided by fixed (plane) or rotary (helicopter) wing equipment.

Air ambulance and medical transport may involve:

- I. The emergency transportation of a patient to the nearest hospital with the appropriate facilities for the treatment of patient's illness or injury; or
- II. The non-emergent medical transport of a registered hospital inpatient to another location to obtain medically necessary, specialized diagnostic or therapeutic services.

Ambulance services are rendered for emergent, urgent or non-emergent reasons.

- I. **Emergent** services are defined as services for a medical or behavioral condition with acute symptoms of sufficient severity that the absence of immediate medical attention would result in placing the health of the patient in serious jeopardy, serious impairment of bodily function or serious dysfunction of any body organ or part. In the case of a behavioral condition, lack of immediate medical attention may also place the health of others in serious jeopardy.
- II. **Urgent** services are defined as services for a medical or behavioral condition that require immediate attention, although the condition may not be an emergency situation. An urgent care condition has the potential to become emergent in the absence of treatment.
- III. **Non-emergent** services are defined as services for a medical or behavioral condition that are not considered to be of an emergent or urgent nature (e.g. elective surgery).

RATIONALE

According to the National Association of Emergency Medical Service Physicians (NAEMSP) *Guidelines for Air Medical Dispatch* the following are the indicated clinical situations for scene triage to air transport. NAEMSP states in some cases (e.g., flail chest), the diagnosis can be clearly established in the prehospital setting; in other cases (e.g., cardiac injury suggested by mechanism of injury and/or cardiac monitoring findings), prehospital care providers must use judgment and act on suspicion. As a general rule, air transport scene response should be considered more likely to be indicated when use of this modality, as compared with ground transport, results in more rapid arrival of the patient to an appropriate receiving center or when helicopter crews provide rapid access to advanced level of care (e.g., when a ground basic life support team encounters a multiple trauma patient requiring airway intervention).

- I. Trauma: Scene response to injured patients probably represents the mode of helicopter utilization with the best supporting evidence.
 - A. General and mechanism considerations:
 1. Trauma Score less than 12, (Glasgow Coma Scale, Systolic Blood Pressure, Respiratory)
 2. Unstable vital signs (e.g., hypotension or tachypnea),
 3. Significant trauma in patients less than 12 years old, greater than 55 years old, or pregnant patients,
 4. Multisystem injuries (e.g., long-bone fractures in different extremities; injury to more than two body regions),
 5. Ejection from vehicle,
 6. Pedestrian or cyclist struck by motor vehicle,
 7. Death in same passenger compartment as patient,
 8. Ground provider perception of significant damage to patient's passenger compartment,
 9. Penetrating trauma to the abdomen, pelvis, chest, neck, or head,
 10. Crush injury to the abdomen, chest, or head, or
 11. Fall from significant height.
 - B. Neurologic considerations:
 1. Glasgow Coma Scale score less than 10*,
 2. Deteriorating mental status,
 3. Skull fracture, or
 4. Neurologic presentation suggestive of spinal cord injury.
 - C. Thoracic considerations:
 1. Major chest wall injury (e.g., flail chest),
 2. Pneumothorax/hemothorax, or
 3. Suspected cardiac injury.
 - D. Abdominal/pelvic considerations:
 1. Significant abdominal pain after blunt trauma,

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2. Presence of a “seatbelt” sign or other abdominal wall contusion,
 3. Obvious rib fracture below the nipple line, or
 4. Major pelvic fracture (e.g., unstable pelvic ring disruption, open pelvic fracture, or pelvic fracture with hypotension).
- E. Orthopedic/extremity considerations:
1. Partial or total amputation of a limb (exclusive of digits),
 2. Finger/thumb amputation when emergent surgical evaluation (i.e., for replantation consideration) is indicated and rapid surface transport is not available,
 3. Fracture or dislocation with vascular compromise,
 4. Extremity ischemia,
 5. Open long-bone fractures, or
 6. Two or more long-bone fractures.
- F. Major burns:
1. Greater than 20% body surface area,
 2. Involvement of face, head, hands, feet, or genitalia,
 3. Inhalational injury,
 4. Electrical or chemical burns, or
 5. Burns with associated injuries.
- G. Patients with near drowning injuries.
- II. Nontrauma: The literature support for primary air transport of non-injured patients is limited to logistical considerations. It is conceivable that clinical indications for scene air response may be identified in the future. However, at this time prehospital providers should incorporate logistical considerations, clinical judgment, and medical oversight in determining whether primary air transport is appropriate for patients with nontrauma diagnoses.

* The Glasgow Coma Scale (GCS) can be obtained at: <http://www.trauma.org/archive/scores/gcs.html>.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
No code(s)	

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HCPCS Codes

Code	Description
A0140	Non-emergency transportation and air travel (private or commercial); intra- or inter-state
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
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air services, nonemergency transport, one way (rotary wing)

Proprietary Information of Excellus Health Plan, Inc.

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Code	Description
Non-covered code:	
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments

ICD10 Codes

Code	Description
Numerous	

REFERENCES

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*Key Article

KEY WORDS

Air ambulance, Air medical transport, Fixed wing transport, Helicopter transport, Rotary wing transport

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, Air Ambulance Services are not addressed in a National or Local Medicare coverage determination or policy. However, the Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services, addresses Air Ambulance Services (Section 10.4). Please refer to the following website for Medicare Members: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>

The Local Coverage Determination (LCD) will no longer be in effect for services performed after February 28, 2018. All local policy rules, requirements, and limitations within the LCD will no longer be applied on a prepayment basis, but as with any billed service, claims may be subject to postpayment review. All Centers for Medicare and Medicaid Services national policy rules, requirements and limitations remain in effect.

The Local Coverage Article: Air Ambulance (A55302) was retired 02/20/2018.