

Premier Health Insuring Corporation

POLICY AND PROCEDURE MANUAL

Policy Number: PA.200.PC
Last Review Date: 09/10/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

PA.200.PC – Air Ambulance Transportation

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers Air Ambulance Transportation medically necessary for the following indications:

1. Emergent medical care would be considered medically necessary services for an illness or injury that would result in further disability or death if professional attention is not delivered immediately. If the air transportation does not meet this definition of emergent care, then the air transportation services would be considered as non-emergent.
2. Non Emergent Professional air ambulance transportation services, either by means of a rotary wing or fixed wing aircraft, may be determined to be a covered benefit when ALL of the following are met:
 - a. Transport service is to the nearest hospital or nursing facility with adequate facilities to treat the medical condition; **and**
 - b. The services required to treat the illness or injury are not available in the facility where currently receiving care; **and**
 - c. There is no other method of transportation that is appropriate **and** meets **ALL** of the following:
 - i. The air ambulance has the necessary patient care equipment and supplies to meet the patient's needs;
 - ii. The patient's medical condition requires immediate and rapid ambulance transport that could not have been provided by ground ambulance or the point of pick up is inaccessible by land vehicle;
 - iii. Great distances, limited time frames, or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities for treatment;
 - iv. The patient's condition is such that the time needed to transport a patient by land poses a threat to the patient's health.

Medical Necessity Requirements

Medical appropriateness can only be established when the member's condition is such that the time needed to transport a member by ground, or the instability of transportation by ground, poses a threat of further serious disability; reduced potential for the member's survival or seriously endangers the member's health. Following is an

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advisory list of examples of cases for which air ambulance could be justified. The list is not inclusive of all situations that justify air transportation, nor is it intended to justify air transportation in the circumstances listed.

- Intracranial bleeding - requiring neurosurgical intervention;
- Cardiogenic shock;
- Burns requiring treatment in a burn center; or
- Life-threatening trauma

Not Covered Services

Professional air ambulance services are not covered for transport to a facility that is not an acute care hospital, such as a nursing facility, physician's office, or a member's home.

Professional air ambulance transportation services for an inter-facility transport from a hospital capable of treating an individual performed primarily for the convenience of the patient or patient's family, physician or other health care provider would be considered a non-covered benefit.

Background

The purpose of this policy is to document the process for arranging emergent and non-emergent medically necessary Air Ambulance transportation. Professional air ambulance services require authorization. Emergent services can be authorized retrospectively. The Utilization Management staff will follow the standard authorization process, reviewing these requests for service against the benefit and medical necessity criteria outlined below. If the clinical information provided does not fully support the medical necessity of the requested service, the request is referred to the plan medical director for determination.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)

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A0436	Rotary wing air mileage, per statute mile
A0435	Fixed wing air mileage, per statute mile
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments

References

1. Medicare Benefit Policy Manual. Chapter 10-Ambulance Services (Rev. 190, 07-11-14). Available at <https://www.cms.gov/manuals/Downloads/bp102c10.pdf>.

Disclaimer:

Premier Health Insuring Corporation medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Insuring Corporation and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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