MEDICAL COVERAGE POLICY	
SERVICE: Air Ambulance	
Policy Number:	**282**
Effective Date:	**04/01/2024**
Last Review:	**03/11/2024**
Next Review Date:	**03/11/2025**

Important note: *Unless otherwise indicated, medical policies will apply to all lines of business.*
Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Air Ambulance

PRIOR AUTHORIZATION: Required (non-emergent)

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination), LCD (Local Coverage Determination), or Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services, 10.4.3 Time Needed for Ground Transport. Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid Provider Procedures Manual | TMHP (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider EMERGENT air ambulance transport medically necessary from the scene OR for interfacility transfers**,** when **ALL** the following criteria are met:

1. The member is being transported by scene EMS to the nearest acute care facility capable of treating the member's condition; or for an interfacility transfer, the referring facility does not have the required services/resources to treat the member (e.g., burn, cardiac, trauma, critical care, pediatric specialty care, obstetrics, etc.)
2. The member's condition is such that any other form of transportation would be medically contraindicated (e.g., care provided by air ambulance transport cannot be provided by transportation via standard automotive ground vehicle, basic ground ambulance, or advanced life support ground ambulance)
3. A delay in transport / transport time poses a threat to the member's survival or seriously endangers their life or health. As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a member whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the member's illness/injury
4. Great distances OR other obstacles (road conditions, adverse weather, point of pickup inaccessible by ground vehicle, etc.) are involved in transporting the client to the nearest appropriate facility.

Note: Air transport should not bypass an available appropriate facility in order to deliver the member to an alternate facility. If air ambulance transport is deemed medically necessary, and the nearest appropriate facility is bypassed, payment shall be based on the distance to the nearest appropriate

facility unless documentation is submitted to explain why the nearest appropriate facility was bypassed. (e.g., on divert, has no beds available, has no accepting physician, or the air ambulance is not able to land at the location, etc.)

Condition dependent examples that meet the above criteria (list is not an all-inclusive):

1. Cardiac indications
    a. Acute coronary syndromes / AMI with time critical need for emergent interventional therapy unavailable at the referring facility (e.g., cardiac catheterization, emergent cardiac surgery, intra-aortic balloon pump)
    b. Cardiogenic shock
    c. Cardiac tamponade
    d. Mechanical / anatomical cardiac disease requiring emergent interventions (e.g., acute cardiac rupture, decompensating valvular heart disease)
2. Medical or Surgical Critical Illness indications
    a. Pre-transport cardiac / respiratory arrest
    b. Continuous intravenous vasoactive medications or mechanical ventricular assist to maintain stable cardiac output
    c. Risk for airway deterioration (e.g., angioedema, epiglottitis)
    d. Acute pulmonary failure and/or requirement for noninvasive positive pressure ventilation, mechanical ventilation, or sophisticated pulmonary intensive care (e.g., inverse-ratio ventilation) during transport
    e. Severe poisoning or overdose requiring specialized toxicology services
    f. Emergent need for hyperbaric oxygen therapy (e.g., vascular gas embolism, necrotizing infectious process, carbon monoxide toxicity)
    g. Requirement for emergent dialysis
    h. Active gastrointestinal hemorrhages with hemodynamic compromise
    i. Surgical emergencies such as fasciitis, aortic dissection or aneurysm, or extremity ischemia
    j. Septic shock requiring source control (e.g., abscess drainage, surgical procedure to remove source of infection)
3. Neonatal members with one of the following:
    a. Gestational age < 28 weeks, has body weight < 1,500 grams, or addressed situations in complicated neonatal course
    b. Requirement for supplemental oxygen exceeding 60%, continuous positive airway pressure (CPAP), or mechanical ventilation
    c. Seriously ill infants with seizure activity, or congestive heart failure, or disseminated intravascular coagulation, etc.
    d. Surgical emergencies
4. Neurologic indications
    a. Central nervous system hemorrhage requiring emergent intervention
    b. Spinal cord compression by mass lesion requiring emergent intervention
    c. Evolving ischemic stroke with time critical need for emergent interventional therapy unavailable at the referring facility (e.g., candidate for lytic therapy or acute vascular intervention)
    d. Status epilepticus
5. Obstetric indications

   a. Reasonable expectation that delivery of infant(s) may require obstetric or neonatal care beyond the capabilities of the referring hospital and member is in active labor / risk of imminent delivery
   b. Active premature labor when estimated gestational age is <34 weeks or estimated fetal weight < 2,000 grams
   c. Severe pre-eclampsia or eclampsia
   d. Active hemorrhage during third trimester
   e. Fetal hydrops
   f. Maternal medical conditions (e.g., heart disease, drug overdose, metabolic disturbances) which are threatening premature delivery
   g. Severe predicted fetal heart disease and member is in active labor / risk of imminent delivery
   h. Acute abdominal emergencies (i.e., likely to require surgery) when estimated gestational age is < 34 weeks
6. Pediatric indications – a time sensitive condition exists, and the referring facility cannot provide the required evaluation and/or therapy
7. Transplant status pending
   a. The member has met medical necessity criteria for solid organ transplant
   b. The proposed transplant event is urgent and time-critical (maintain viability of time critical transplant)
   c. Urgent circumstances prevent pre-arrangement for an alternative mode of transportation.
   d. Ambulance transport for a transplant event to allow the participant to reside outside the transplant program's defined driving distance is considered not medically necessary
8. Trauma indications
   a. Life or limb threatening trauma as a result of isolated injury or multiple severe injuries
   b. Burns requiring immediate treatment in a burn center

BSWHP may consider non-emergent interfacility air ambulance medically necessary with **prior authorization** when **ALL** the following criteria are met:

1. A member's medical condition prevents safe transportation by any other means as evidenced by **ONE** of the following:
   a. A medical condition requires timely initiation of treatment that would necessitate a faster mode of transportation than would be safely provided by a ground or water ambulance or alternative mode of transport in a timely manner (e.g., ground transportation is not available for more than 24 hours, ground travel duration is excessive and not reasonable)
   b. A medical condition requires a critical level of care during transport that could not be provided in a timely and safe manner by a ground or water ambulance
   c. The point of pick-up is inaccessible by land and/or sea vehicle
2. Transportation is for medically necessary care that cannot be provided at the referring facility
3. The receiving facility is the nearest appropriate / contracted facility with the required capabilities
4. The member is, before, during and after transportation, bed-confined, as indicated by **ALL** of the following:
   a. Unable to get up from bed without assistance.
   b. Unable to ambulate
   c. Unable to sit in a chair (including a wheelchair)
5. The request is being submitted by a physician, nursing facility, health-care provider, or other responsible party.

Air ambulance is NOT medically necessary for the following (list is not all-inclusive):

1. Transfers from one hospital to another if above criteria not met
2. Transfers from a hospital capable of treating a member to another hospital primarily for patient / family / provider preference (e.g., closer to home or family, solely for the sake of continuity of care by a preferred provider / specialist)
3. Transportation to a hospital other than the nearest one available with appropriate capabilities OR to a facility that is not an acute care hospital
4. When land transportation is available, and the time required to transport the individual by land does not endanger the individual's life or health
5. Transportation to a facility that is not an acute care hospital, such as a nursing facility, physician's office or the individual's home
6. The services are for a transfer of a deceased individual to a funeral home, morgue, or hospital, when the individual has already been pronounced dead
7. Transport on a commercial / charter flight that is not a certified air ambulance

Documentation required for ALL air transport requests:

1. Medical history
2. Diagnoses
3. Date of service
4. Provider documentation
5. Point of origin and destination
6. Mileage (one way) for transport
7. Requesting provider

BACKGROUND:

Air Ambulance transport services involve the use of specially designed and equipped vehicles to transport ill or injured individuals. Air Ambulance transport may involve the movement of an individual to the nearest hospital for emergency treatment of an individual's illness or injury, or non-emergency medical transport of an individual to an acute care hospital to obtain medically necessary specialized diagnostic or treatment services. Proper equipment may include ventilation and airway equipment, cardiac equipment (monitoring and defibrillation), immobilization devices, bandages, communication equipment, obstetrical kits, infection control, injury prevention equipment, vascular access equipment, and medications.

Although many ill and injured patients can be transported safely by ground, air medical transport provides added medical assessment and care capabilities beyond those of the paramedic-staffed ground ambulance[1].The capabilities of this non-physician air crew represent an extended scope of practice.

Helicopter EMS (HEMS) can benefit patients with time-sensitive life-threatening illnesses and injuries by providing early access to treatment, decreasing the time to definitive care/critical interventions, and decreasing the time to match a complex patient being moved to a higher level of care. They also can bring life-saving medical care to the patient. Air crews are skilled in maintaining advanced care. However, medical helicopters are instruments of time. They are unlikely to provide benefit if they are used for situations that are not time sensitive[2]. They must shorten the time to delivery of care in order to

provide patient benefit. In short, the effectiveness for medical helicopters is time saving, reducing the time necessary to bring specialized care to the patient or to bring the patient to appropriate care, or both[2,3].

The American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) has published guidelines/position statements for utilization or air medical transport including clinical situations for scene triage to air transport for interfacility transfers. The position statement has been endorsed by the Air Medical Physician Association (AMPA).

Definitions:

Emergency medical condition - a medical condition manifesting itself by acute symptoms of sufficient severity so 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 physical or mental health of the individual afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or
- Serious impairment to such individual's bodily functions; or
- Serious dysfunction of any bodily organ or part of such individual.

Bed-confined - a member who is unable to stand, ambulate, and sit in a chair or wheelchair. Examples of conditions in which members may be bed confined and cannot be moved by wheelchair

- Contractures of lower extremities, in fetal position or member unable to straighten out their body creating non-ambulatory status
- Severe generalized weakness and frailty near the ending stages of life from a terminal illness
- Severe vertigo or ataxia causing inability to remain upright
- Immobility of lower extremities (e.g., member in spica cast, has fixed hip joints)
- Lower extremity paralysis members who cannot move on their own
- Members with dementia or a psychiatric illness where ambulance transport is necessary for safety issues

Specialty Care Transport (SCT) (procedure code A0434) - the interfacility transport of a critically injured or ill client by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) or paramedic. SCT is necessary when a client's condition requires ongoing care that must be furnished by one or more health-professionals in an appropriate specialty area, for example, emergency or critical-care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

CODES:

Important note:

Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	

HCPCS Codes	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 A0225 - Ambulance service, neonatal transport, base rate, emergency transport, one way S9960 - Ambulance service, conventional air services, non-emergency transport, one-way, fixed wing S9961- Ambulance service, conventional air services, non-emergency transport, one-way, rotary wing T2007-Transportation waiting time, air ambulance and nonemergency vehicle, ½ hour increments A0394 - ALS specialized service disposable supplies; IV drug therapy A0396 - ALS specialized service disposable supplies; esophageal intubation A0398 - ALS routine disposable supplies A0420 - Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments A0422 - Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation A0424 - Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged) A0426 - Ambulance service, advanced life support, nonemergency transport, level 1 (ALS1) A0427 - Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency) A0433 - Advanced life support, level 2 (ALS2) A0434 - Specialty care transport A0998 - Ambulance response and treatment, no transport
ICD-10 codes	
ICD-10 Not Covered	

POLICY HISTORY:

Status	Date	Action
New	02/25/2021	New policy
Reviewed	02/25/2022	No changes
Updated	11/29/2023	Clarified Medicare and Medicaid guidance. Clarified language and added language for Emergency Air Ambulance use examples. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	03/11/2024	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance, added reference to Medicare Benefit Policy Manual hyperlink to Medicare Plans section.

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the

evolution of the published clinical evidence. Should additional scientific studies become available, and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Stone, Keith C., and Stephen H. Thomas. "Air Medical Transport." *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9e* Eds. Judith E. Tintinalli, et al. McGraw-Hill, 2020, https://accessmedicine.mhmedical.com/content.aspx?bookid=2353&sectionid=183421693.
2. American College of Emergency Physicians. Appropriate and Safe Utilization of Helicopter Emergency Medical Services: A Joint Policy Resource and Education Paper (PREP) of the Air Medical Physician Association (AMPA), the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the American Academy of Emergency Medicine (AAEM) (April 2011, reaffirmed Sept 2018) Accessed Feb 2021. Can be found at: https://www.acep.org/globalassets/new-pdfs/preps/appropriate-and-safe-utilization-of-helicopter-emer.-medical-services---prep.pdf
3. (2007) Joint Position Statement of the National Association of EMS Physicians, the American College of Emergency Physicians and The Association of Air Medical Services (Draft 9-13-06 for possible ACEP/AAMS approval) Approved by NAEMSP Board, August 23, 2006, Prehospital Emergency Care, 11:4, 466. https://www.tandfonline.com/doi/full/10.1080/10903120701538772
4. Shelton SL, Swor RA, Domeier RM, Lucas R, National Association of EMS Physicians. Medical Direction of Interfacility Transports. Position Statement. 2000. Prehospital Emerg Care. 2000 Oct-Dec; 4(4):361-364.
5. National Association of EMS Physicians (NAEMSP) https://www.naemsp.org
6. Air Medical Physician Association (AMPA) https://www.ampa.org
7. (Medicaid) TAC Rule 354.115 (1) (A)
8. Medicare Benefit Policy Manual – Chapter 10 Ambulance Services

***Note**:*
Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs.