MEDICAL COVERAGE POLICY	
SERVICE: Air Ambulance	
Policy Number:	**282**
Effective Date:	**05/01/2021**
Last Review:	**03/25/2021**
Next Review Date:	**03/25/2022**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Air Ambulance

PRIOR AUTHORIZATION: Required (non-emergent)

POLICY: Not all plans cover this therapy. Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details.

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

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

SWHP/FirstCare may consider emergent air ambulance medically necessary when the following criteria are met:

- The member, in connection with a medical emergency, is being transported to the nearest acute care hospital equipped to treat the member's condition.
- The member's destination is an acute care hospital - the sending facility does not have the required services to treat the member.
- The transport is to an appropriate contracted facility unless there is no appropriate contracted facility available to treat the member's condition.
- The air ambulance transport would cut at least 30 minutes from the transfer time (time the member leaves one facility until arrival at the next) and the member's medical condition at the time of pick-up required immediate and rapid transport due to the severity of their medical illness or injury.
- Trauma and first responders: The member has a condition that is life threatening, or first responders deem to be life threatening

Air ambulance may be appropriate when great distances, or other obstacles, are involved in getting the member to the nearest acute care hospital with appropriate facilities for treatment,

e.g., ground ambulance poses a threat to the member's survival or seriously endangers the member's health.

SWHP/FirstCare may consider emergent interfacility air ambulance medically necessary when the following criteria are met (condition dependent):

Trauma indications:

- The member has a medical condition/injury that is life-threatening.
- The initial evaluation at the sending hospital demonstrates life-threatening injuries/potential injuries that require further evaluation and management beyond the capabilities of the referring hospital.

Cardiac indications:

- Member has acute coronary syndromes/AMI with time critical need for urgent interventional therapy and the care is unavailable at the sending facility, e.g., cardiac catheterization, emergent cardiac surgery, intra-aortic balloon pump
- Member has cardiogenic Shock
- Member has cardiac tamponade
- Member has mechanical cardiac disease, e.g., acute cardiac rupture, decompensating valvular heart disease

Critically-ill medical or surgical member who has:

- Pre-transport cardiac/respiratory arrest
- The member is on continuous intravenous vasoactive medications or mechanical ventricular assist to maintain stable cardiac output and requires air transport
- Risk for airway deterioration (e.g., angioedema, epiglottitis)
- Acute pulmonary failure and/or requirement for sophisticated pulmonary intensive care (e.g., inverse-ratio ventilation) during transport
- Severe poisoning or overdose requiring specialized toxicology services
- Urgent need for hyperbaric oxygen therapy (e.g., vascular gas embolism, necrotizing infectious process, carbon monoxide toxicity)
- Requirement for emergent dialysis
- Gastrointestinal hemorrhages with hemodynamic compromise
- Surgical emergencies such as fasciitis, aortic dissection or aneurysm, or extremity ischemia
- Pediatric member for whom referring facilities cannot provide required evaluation and/or therapy

Obstetric members with one of the following:

- Reasonable expectation that delivery of infant(s) may require obstetric or neonatal care beyond the capabilities of the referring hospital
- Active premature labor when estimated gestational age is <34 weeks or estimated fetal weight <2,000 grams
- Severe pre-eclampsia or eclampsia
- Third-trimester hemorrhage

- Fetal hydrops
- Maternal medical conditions (e.g., heart disease, drug overdose, metabolic disturbances) exist that may cause premature birth
- Severe predicted fetal heart disease
- Acute abdominal emergencies (i.e., likely to require surgery) when estimated gestational age is <34 weeks or estimated

Members with one of the following neurologic conditions

- Central nervous system hemorrhage
- Spinal cord compression by mass lesion
- Evolving ischemic stroke (i.e., potential candidate for lytic therapy or acute vascular intervention)
- Status epilepticus

Neonatal members with one of the following:

- Gestational age <28 weeks, has body weight <1,500 grams, or addressed situations in complicated neonatal course
- Requirement for supplemental oxygen exceeding 60%, continuous positive airway pressure (CPAP), or mechanical ventilation
- Seriously ill infants with seizure activity, or congestive heart failure, or disseminated intravascular coagulation, etc.
- Surgical emergencies

AND the accepting facility is greater than 45 minutes from the transferring facility

Members with transplant status pending:

- The member has met medical necessity criteria for solid organ transplant.
- The proposed transplant event is urgent and time-critical (maintain viability of time critical transplant).
- Urgent circumstances prevent pre-arrangement for an alternative mode of transportation.
- 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

SWHP/FirstCare may consider non-emergent interfacility air ambulance medically necessary when **ALL** of the following criteria are met:

- A member's medical condition prevents safe transportation by any other means as evidenced by **ONE** of the following:
  - ✓ 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
  - ✓ 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
  - ✓ The point of pick-up is inaccessible by land and/or sea vehicle
- Transportation is for medically necessary care

- The member is, before, during and after transportation, bed-confined, as indicated by **ALL** of the following:
  - ✓ Unable to get up from bed without assistance.
  - ✓ Unable to ambulate
  - ✓ Unable to sit in a chair (including a wheelchair)
- 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):

- Transfers from one hospital to another if above criteria not met
- Transfers from a hospital capable of treating an individual to another hospital primarily for the convenience of the individual or the individual's family or physician
- Transportation to a hospital other than the nearest one with appropriate facilities
- When land transportation is available and the time required to transport the individual by land does not endanger the individual's life or health
- Transportation to a facility that is not an acute care hospital, such as a nursing facility, physician's office or the individual's home
- The services are for a transfer of a deceased individual to a funeral home, morgue, or hospital, when the individual was pronounced dead at the scene

Documentation required for ALL air transport requests:

- Medical history,
- Diagnoses
- Date of service,
- Provider documentation,
- Point of origin and destination,
- Mileage (one way) for transport,
- Requesting provider
- Members in cardiac arrest (traumatic or nontraumatic)

OVERVIEW:

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 are 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;•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 interfaculty 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:

CODES: 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
ICD10 codes:	
ICD10 Not covered:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	02/25/2021	New policy

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan 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 the health plan 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. American College of Emergency Physicians. https://www.acep.org
4. (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
5. 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.
6. National Association of EMS Physicians (NAEMSP) https://www.naemsp.org
7. Air Medical Physician Association (AMPA) https://www.ampa.org