



## Medica Central Utilization Management Policy

**Policy Name:** Air Ambulance, Non-Emergent (MP9632) III-MED.08

**Effective Date:** 12/01/2024

*This policy was developed with input from specialists in family practice, internal medicine, and obstetrics and gynecology and endorsed by the Medical Policy Committee.*

### IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

*These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.*

*Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>*

*Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.*

### PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

### BACKGROUND

#### I. Definitions

- A. **Emergency:** A condition or symptom (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, would believe requires immediate treatment to:
1. Preserve your life; or
  2. Prevent serious impairment to your bodily functions, organs or parts; or
  3. Prevent placing your physical or mental health (or, if you are pregnant, the health of your unborn child) in serious jeopardy.
- Medical conditions that may justify emergency transport include but are not limited to:
1. Intracranial bleeding which requires neurosurgical intervention
  2. Cardiogenic shock
  3. Burns requiring treatment in a burn center
  4. Conditions requiring treatment in a hyperbaric oxygen unit
  5. Multiple severe injuries

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- 6. Life-threatening trauma.
  - B. **Hospital:** A licensed facility that provides diagnostic, medical, therapeutic, rehabilitative, and surgical services by, or under the direction of, a physician and with 24-hour R.N. nursing services. The hospital is not mainly a place for rest or custodial care and is not a nursing home or similar facility.
  - C. **Non-Emergent Air Ambulance Services:** Means all transportation for patients, provided by an aircraft ambulance, that does not meet the above definition for emergency. There are two categories of air ambulance transportation services: fixed-winged (airplane) and rotary wing (helicopter) aircraft.
  - D. **Skilled care:** Nursing or rehabilitation services requiring the skills of technical or professional medical personnel to develop, provide and evaluate the member care and assess his/her changing condition. Long-term dependence on respiratory support equipment and/or the fact that services are received from technical or professional medical personnel do not by themselves define the need for skilled care.
  - E. **Skilled nursing facility:** A licensed bed or facility (including an extended care facility, hospital swing-bed and transitional care unit) that provides skilled nursing care, skilled transitional care or other related health services including rehabilitative services.
- II. Comments.
- A. Professional air ambulance services must meet the following requirements:
    - 1. Authorized to provide the requested air ambulance services under applicable state and federal law.
    - 2. Aircraft must be specifically designed and equipped for transporting the sick or injured. It must have customary patient care equipment and supplies, as well as safety and lifesaving equipment.
    - 3. The air ambulance crew must consist of at least two medical members, one of whom must be certified by the state or local authority as an Emergency Medical Technician (Intermediate or Paramedic), Registered Nurse (RN), or Physician.

### BENEFIT CONSIDERATIONS

- 1. Prior authorization **is required** for all non-emergent air ambulance requests. Please see the prior authorization list for product specific prior authorization requirements.
- 2. Emergency Air Ambulance transportation does not require prior-authorization.
- 3. Coverage may vary according to the terms of the member's plan document.
- 4. Coverage must be provided by a licensed air ambulance transportation service.
- 5. As we determine to be appropriate, the coverage determination is based on the member's medical condition, and geographic location.
- 6. If an alternate method to air ambulance transportation is available, is clinically appropriate and could be used without endangering the member's health, then air ambulance transport is not medically necessary and will not be covered.
- 7. Non-emergency services received from a non-network provider will be paid at the out of network benefit level, if available, unless authorized by The Health Plan as an in-network benefit.
- 8. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.
- 9. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Provider Manual.

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### WHAT IS NOT COVERED

Non-emergent air ambulance transportation is not covered for the following:

1. Transport to another hospital when care for the member's condition is available at the network hospital where first admitted.
2. Transport in which some other means of transportation could be used without endangering the member's health.
3. Transport solely for member's/family's convenience and/or preference.
4. Transport to physician offices or member's home.

### MEDICAL NECESSITY CRITERIA

#### I. Indications for non-emergent air ambulance.

Non-emergency air ambulance transportation may be considered medically necessary when documentation in the medical record indicates that **all of the following** criteria are met:

- A. Ordered by an attending physician.
- B. Provided by a licensed professional air ambulance service.
- C. Transportation meets one of the following criteria:
  1. Hospital to nearest hospital, when care for members' condition isn't available at the hospital where member was first admitted.
  2. Hospital to nearest post-acute level of care or skilled nursing facility.
  3. If it is required by The Health Plan (e.g., from an out-of-network hospital to the closest network hospital when covered health care services are required).
- D. The member is clinically stable.
- E. The member requires skilled care or medical monitoring for air ambulance transport. Medical conditions that may meet this criteria include but are not limited to:
  1. Clinically stable intracranial bleeding which requires neurosurgical intervention
  2. Clinically stable cardiogenic shock
  3. Clinically stable burns requiring treatment in a burn center
  4. Clinically stable conditions requiring treatment in a hyperbaric oxygen unit
  5. Clinically stable multiple severe injuries
  6. Clinically stable trauma.
- F. Ambulance transportation cannot be provided by a ground ambulance because it poses a threat or seriously endangers the member's health. These situations may include but are not limited to:
  1. The point of pick-up is not accessible by ground ambulance, or
  2. Great distances or other obstacles, such as heavy traffic or instability of ground transportation, prevent rapid and/or safe delivery.

#### II. Written documentation in the medical record specifying the medical necessity for non-emergency air ambulance transportation, according to the criteria above, **is required**. Requested documentation must include, but is not limited to:



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- A. Documentation of the member's medical condition
- B. Reason for air ambulance transport
- C. Location of transport pick-up
- D. Location of transport drop-off
- E. Any additional documentation supporting the need for air ambulance services (e.g., accessibility, distances, obstacles, etc.).

### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:  
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

### DOCUMENT HISTORY

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### DOCUMENT HISTORY

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Administrative Updates	

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### References:

#### **09/2018 MPC:**

1. American College of Emergency Physicians. Guidelines for Ambulance Diversion. 1999 reaffirmed 2012. Available at: <http://www.acep.org/practres.aspx?id=29080>. Accessed July 16, 2018.
2. American College of Emergency Physicians/ National Association of EMS Physicians. Alternate Ambulance Transportation and Destination. 2001, reaffirmed June 2008. Available at: <http://www.acep.org/practres.aspx?id=29078>. Accessed July 16, 2018.
3. American College of Surgeons/ American College of Emergency Physicians/ American College of Physicians Academy of Pediatrics/ National Association of EMS physicians. Equipment for Ambulances/American College of Physicians. Equipment for Ambulances. 2009. Available at: [www.facs.org/trauma/publications/ambulance.pdf](http://www.facs.org/trauma/publications/ambulance.pdf). Accessed July 16, 2018.
4. Doucet J, Bulger E, Sanddal N, et al. Appropriate use of helicopter emergency medical services for transport of trauma patients: guidelines from the Emergency Medical System Subcommittee, Committee on Trauma, American College of Surgeons. J Trauma Acute Care Surg. 2013; 75(4):734-741.
5. Medicare Benefit Policy Manual. Chapter 10-Ambulance Services. Rev. 236; June 16, 2017. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>. Accessed July 16, 2018.

#### **09/2019 MPC:**

No new references

#### **09/2020 MPC:**

No new references

#### **09/2021 MPC:**

No new references

#### **09/2022 MPC:**

6. Medicare Benefit Policy Manual. Chapter 10-Ambulance Services. Rev. 243; April 13, 2018. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf> . Accessed July 16, 2018.
7. Ruskin KJ. Helicopter air ambulance services. Curr Opin Anaesthesiol. 2019 Apr;32(2):252-256. doi: 10.1097/ACO.0000000000000700. PMID: 30817403.

#### **09/2023 MPC:**

No new references

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8. Joseph AM, Horvat CM, Evans IV, et al. Helicopter versus ground ambulance transport for interfacility transfer of critically ill children. Am J Emerg Med. 2022; 61:44-51.
9. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 10, Ambulance Services. Accessed on Jul 18, 2023. Available at: <http://www.cms.gov/manuals/Downloads/bp102c10.pdf>