

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>AIR AND WATER AMBULANCE SERVICES</b>
<b>POLICY NUMBER</b>	<b>MP 3.017</b>

<b>CLINICAL BENEFIT</b>	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
<b>Effective Date:</b>	<b>3/1/2024</b>

- |                                  |  |   |
|----------------------------------|--|---|
| <a href="#">POLICY RATIONALE</a> | <a href="#">PRODUCT VARIATIONS DEFINITIONS</a> | <a href="#">DESCRIPTION/BACKGROUND BENEFIT VARIATIONS</a> |
| <a href="#">DISCLAIMER</a>       | <a href="#">CODING INFORMATION</a>             | <a href="#">REFERENCES</a>                                |
| <a href="#">POLICY HISTORY</a>   |  |   |

**I. POLICY**

This policy addresses clinical guidelines that apply to air and water ambulance services **and will be used to determine coverage in conjunction with** the member’s benefits, the network provider’s agreement with Capital BlueCross, and any applicable ambulance billing guidelines.

Air and water ambulance may be considered **medically necessary** to transport an individual to the closest medical facility with the capability of treating the individual’s condition when:

- The individual’s condition is that the time needed to transport an individual by ground, or the instability of transportation by ground, poses a threat to the individual’s survival or seriously endangers the patient’s health **AND** either:
  - The point of pickup is inaccessible by ground vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States); **or**
  - Great distances or other obstacles (e.g. traffic) are involved in getting the individual to the nearest hospital with appropriate facilities for treatment.

Examples of cases which air or water ambulance could be justified are listed below.

**The list is not inclusive** of all situations that justify air transportation, nor is it intended to justify air transportation in all locales in the circumstances listed.

- Intracranial bleeding requiring prompt neurosurgical intervention; **or**
- Cardiogenic shock; **or**
- Burns requiring treatment in a burn center; **or**
- Conditions requiring treatment in a Hyperbaric Oxygen Unit; **or**
- Multiple severe injuries; **or**
- Life-threatening trauma.

Air and water ambulance transport may be considered **medically necessary** for transfer of a individual from one hospital to another if the medical appropriateness criteria are met, that is,

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>AIR AND WATER AMBULANCE SERVICES</b>
<b>POLICY NUMBER</b>	<b>MP 3.017</b>

transportation by ground ambulance would endanger the patient's health and the transferring hospital does not have adequate facilities to provide the medical services needed by the individual. Examples of specialized medical services generally not available at all type of facilities may include but are not limited to: burn care, cardiac care, trauma care, and critical care. A individual transported from one hospital to another hospital is covered only if the hospital the individual is transferred is the nearest one with appropriate facilities.

Air or water ambulance services for deceased individuals is considered **medically necessary** when the above criteria were met and when the individual was pronounced dead at the scene or while en route to the hospital. If death occurred prior to ambulance arrival but after ambulance was dispatched, services may be considered **medically necessary**. Mileage will be considered **not medically necessary** when the individual expires prior the ambulance arrival or at the scene.

Transport from a hospital capable of treating the individual because the individual and/or the individual's family prefer a specific hospital or physician is considered **not medically necessary**.

Air and water ambulance services 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 are considered **not medically necessary**.

Air ambulance transportation service is performed by a rotary wing aircraft (RW) (e.g., helicopter) or fixed wing aircraft (FW) (e.g. airplane), specially designed and equipped for transporting the sick or injured. It must have customary individual care equipment supplies, and must have safety and lifesaving equipment. The ambulance crew must consist of at least two attendants. One of these attendants must be qualified to provide the medical care required during transport.

Water ambulance transportation service is performed by boat, specially designed and equipped for transporting the sick or injured. It must have customary individual care equipment supplies, and must have safety and lifesaving equipment. The ambulance crew must consist of at least two attendants. One of these attendants must be qualified to provide the medical care required during transport.

***Cross-reference:***

**MP 3.009 Non-Emergent Ground Transport Services**

**MP-4.003 Medical Necessity**

**II. PRODUCT VARIATIONS**

[TOP](#)

This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

**FEP PPO** - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>AIR AND WATER AMBULANCE SERVICES</b>
<b>POLICY NUMBER</b>	<b>MP 3.017</b>

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

### III. DESCRIPTION/BACKGROUND

[TOP](#)

Ambulance and medical transport services involve the use of specially designed and equipped vehicles to transport ill or injured individuals. These services may involve ground, water, or air transports in both emergency and non-emergency situations.

Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies, as well as non-emergency situations. The vehicle must comply with state and local laws governing the licensing and certification of an emergency medical transport vehicle. At a minimum, the vehicle must contain a stretcher, linens, emergency medical supplies, and oxygen equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state and local law.

### IV. RATIONALE

[TOP](#)

N/A

### V. DEFINITIONS

[TOP](#)

**ADVANCED LIFE SUPPORT (ALS)** is the delivery of pre-hospital or inter-hospital emergency medical care for serious illness or injury. ALS includes the administration of intravenous therapy, cardiac (EKG) monitoring, and defibrillation of the heart.

**BASIC LIFE SUPPORT AMBULANCE (BLS)** is the delivery of pre-hospital or inter-hospital emergency medical care and the management of illness and injury, such as administration of oxygen and first aid (e.g., splinting of fractures, pressure bandages, and cardio-pulmonary resuscitation).

**EMERGENCY SERVICES** - Any healthcare services provided after the onset of a medical condition, including a mental health condition or substance use disorder, that manifests itself by acute symptoms of sufficient severity or severe pain, such 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 any of the following:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Other serious medical consequences.
- Transportation, treatment, and related emergency services provided by a licensed emergency medical services agency if the condition is as described in this definition.

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>AIR AND WATER AMBULANCE SERVICES</b>
<b>POLICY NUMBER</b>	<b>MP 3.017</b>

**EMERGENCY MEDICAL SERVICES AGENCY (EMS agency)** - An entity that engages in the business or service of providing emergency medical services to individuals within the Commonwealth of Pennsylvania by operating any of the following:

- An ambulance.
- An advanced life support squad vehicle.
- A basic life support squad vehicle.
- A quick response service.
- A special operations EMS service including, but not limited to the following:
  - A tactical EMS service
  - A wilderness EMS service
  - An urban search and rescue EMS service
- A vehicle or service that provides emergency medical services outside of a healthcare facility

**EMERGENCY MEDICAL SERVICES PROVIDER (EMS provider)** is defined as- A certified or licensed team member of a EMS agency. This includes but is not limited to:

- An emergency medical responder.
- An emergency medical technician.
- An advanced emergency medical technician.
- A paramedic.
- A prehospital registered nurse.
- A prehospital physician extender.
- A prehospital emergency medical services physician.
- An individual prescribed by regulation of the Pennsylvania Department of Health to provide specialized emergency medical services.

**VI. BENEFIT VARIATIONS**

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

**VII. DISCLAIMER**

[TOP](#)

*Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any*

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>AIR AND WATER AMBULANCE SERVICES</b>
<b>POLICY NUMBER</b>	<b>MP 3.017</b>

medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member’s plan of benefits, please contact Capital BlueCross’ Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

**VIII. CODING INFORMATION**

[TOP](#)

**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Air Ambulance Services:**

Procedure Codes								
A0394	A0396	A0398	A0422	A0424	A0430	A0431	A0433	A0435
A0436	A0999							

**IX. REFERENCES**

[TOP](#)

1. American College of Emergency Physicians. Policy Statements
2. *Appropriate Utilization of Air Medical Transport in the Out of Hospital Setting.* American College of Emergency Physicians (ACEP). March/1999; Revised April 2008
3. *Appropriate and Safe Utilization of Helicopter Emergency Medical Services.* American College of Emergency Physicians (ACEP). April/2011; Revised September 2018
4. Duke M, Tatum D, Sexton K, et al. *When Minutes Fly by: What Is the True “Golden Hour” for Air Care?* Amer Surg. 2018; 84(6):862-867
5. Galvagno SM Jr, Haut ER, Zafar SN, et al. *Association between helicopter vs ground emergency medical services and survival for adults with major trauma.* JAMA. 2012 Apr 18;307(15):1602-1610
6. Hannay S, Wyrzykowski, Ball C, et al. *Retrospective review of injury severity, interventions and outcomes among helicopter and nonhelicopter transport patients at a Level 1 urban trauma centre.* J Can Chir. 2014;(57)
7. Widmeier K. *Understanding When to Request a Helicopter for Your Patient.* J Emerg Med Serv. October 3, 2014; 39(10)
8. Hafner JW, Downs M, Cox K, et al. *Inappropriate helicopter emergency medical services transports: results of a national cohort utilization review.* Prehosp Emerg Care. 2012 Oct-Dec;16(4):434-442. PMID 22720900
9. Elkbuli A, Dowd B, Sanchez C, et al. *Emergency medical service transport time and trauma outcomes at an urban level 1 trauma center: evaluation of prehospital emergency medical service response.* The American Surgeon. 2022; 88(6);1090-1096

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>AIR AND WATER AMBULANCE SERVICES</b>
<b>POLICY NUMBER</b>	<b>MP 3.017</b>

10. Joseph AM, Horvat CM, Evans IV, et al. Helicopter versus ground ambulance transport for interfacility transfer of critically ill children. *The American journal of emergency medicine.* 2022; 61:44-51
11. Nolan B, Haas B, Tien H, et al. Causes of delay during interfacility transports of injured patients transported by air ambulance. *Prehosp Emerg Care.* 2020; 24(5):625-633

**X. POLICY HISTORY**

[TOP](#)

<b>MP 3.017</b>	<b>7/23/2019 New Policy.</b> Air and Water ambulance criteria addressed. Air ambulance criteria removed from MP 3.009 and add to this policy. Effective 2/1/2020.
	<b>8/6/2020 Consensus review.</b> Policy statement unchanged. Product variation, benefit variation, disclaimer, and references updated. Coding reviewed.
	<b>4/16/2021 Consensus review.</b> No change to policy statement. References updated.
	<b>12/22/2022 Consensus review.</b> No change to policy statement. Updated Cross Referenced Policies, Product Variation statement, FEP language, Definitions, Coding and References.
	<b>08/29/2023 Consensus review.</b> No change to policy statement. Definitions updated. References added.
	<b>1/18/2024 Administrative review.</b> Added clinical benefit.

[TOP](#)

*Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*