

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Ambulance: Air and Water Transport

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	12/4/2007	Policy Last Updated:	6/4/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Air ambulance service means transportation by a helicopter or fixed wing plane. The aircraft must be a certified ambulance. The crew, maintenance support crew and aircraft must meet the certification requirements and hold a certificate for air ambulance operators under Part 135 of the Federal Aviation Administration (FAA) regulations.

Water ambulance means transportation by a boat. The boat must be specially designed and equipped for transporting the sick or injured. It must also have such other safety and lifesaving equipment per state or local regulation.

Medical Criteria:

Air or water ambulance is considered **medically necessary** when:

- The time needed to transport a patient by land or the instability of transportation by land, poses a threat to the patient's condition or survival; **or**
- The proper equipment required to treat the patient is not available on a land ambulance; **and**
- The patient must be transported for treatment to the **nearest appropriate hospital** that is capable of providing a level of care for the patient's illness and that has available the type of physician or physician specialist needed to treat the patient's condition; **and**
- The patient needs to be transferred from one hospital to the **nearest appropriate hospital**, if the transferring hospital does not have the appropriate facilities to provide the medical services the patient needs (such as a trauma unit, burn unit, or cardiac care unit).

Policy:

Prepayment authorization is required for all BCBSRI products as air and water ambulance service is normally of an urgent or emergent nature, therefore a retrospective review of documentation will be performed.

Air or water ambulance services are considered medically necessary when the criteria above are met for all BCBSRI products.

Commercial products:

Air or water ambulance services are covered only for services originating and terminating in the *United States and its territories.

*United States and its territories means the 50 states of the United States, including the District of Columbia, Puerto Rico, The United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

BlueCHiP for Medicare:

Air or water ambulance services are covered world-wide.

The allowance for the air/water ambulance includes the services rendered by an emergency medical technician or paramedic, drugs, supplies and cardiac monitoring.

Services are covered up to the maximum benefit limit and level of coverage according to the member's contract.

Non-covered services for all BCBSRI Products:

Coverage is not provided for any of the following:

- Transport from cruise ships when not in United States waters.
- A facility that is not an acute care hospital.
- The purpose of continuity of care only. In other words, when the member wishes to be seen by their own physician specialist, who may not be at the nearest appropriate hospital, and not a specialist located at the nearest appropriate hospital).
- Return air, water or ground transportation home.
- Transport on commercial or charter flights that are not certified air ambulances.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable "Ambulance services" benefits/coverage.

Coding and reimbursement:

Air ambulance transportation will be retrospectively reviewed by IC Claims for all BCBSRI products:

- 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 (if mileage is over one mile)
- A0436** Rotary wing air mileage, per statute mile (if mileage is over one mile)

Water ambulance transportation services are covered for all BCBSRI products and will be processed according to the unlisted review process:

A0999 Unlisted ambulance service

The following code will follow the unlisted code review process when used for fixed or rotary winged emergency travel for all BCBSRI products:

A0424 Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)

Published:

Provider Update, August 2013

Provider Update, June 2012

Provider Update, March 2012

Provider Update, January 2011

Provider Update, January 2010

Provider Update, March 2009

Policy Update, February 2008

References:

Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services-10.4-Air Ambulance Services.

Centers for Medicare and Medicaid Services. Your Medicare Benefits: This official government guide has important information about the following: The services and supplies original Medicare covers. p. 47. CMS Product No. 10116.

Centers for Medicare and Medicaid Services. Fact Sheet: Medicare Coverage outside the United States (Coverage under Original Medicare) p.2 Revised September 2010.

Review History:

6/4/2013: Annual review with text added in the non-covered section related to air transport that is non ambulance certified (charter flights).

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.