

EFFECTIVE DATE: 12|04|2007
POLICY LAST UPDATED: 07|19|2016

OVERVIEW

This policy documents medical criteria requirements for coverage of ambulance air and water transportation.

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).

PRIOR AUTHORIZATION

Prior authorization review is required for BlueCHiP for Medicare and recommended for Commercial products.

Note: As air and water ambulance service is normally of an urgent or emergent nature, a retrospective review of documentation will be performed prior to payment authorization.

POLICY STATEMENT

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

BlueCHiP for Medicare

Air or water ambulance services are covered world-wide.

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 and Commercial Products

The allowance for the air or 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 Conditions:

BlueCHiP for Medicare:

- Transport to a facility that is not an acute care hospital.
- Transportation for the purpose of continuity of care only; Example, when the member wishes to be seen by his or her 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 a commercial airlines or charter flights that are not certified air ambulances.

Commercial Products:

- Transport from cruise ships when not in United States waters.
- Transport to a facility that is not an acute care hospital.
- Transportation for the purpose of continuity of care only (for example, when the member wishes to be seen by his or her 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 Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for the applicable “Ambulance services” benefits/coverage.

BACKGROUND

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.

CODING

BlueCHiP for Medicare and Commercial Products

These HCPCS codes for Air ambulance transportation will be retrospectively reviewed for all BCBSRI products:

A0430 A0431 A0435 A0436

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

RELATED POLICIES

| None

PUBLISHED

Provider Update, September 2016

Provider Update, December 2015
Provider Update, February 2015
Provider Update, August 2013
Provider Update, June 2012
Provider Update, March 2012
Provider Update, January 2011
Provider Update, January 2010
Provider Update, March 2009

REFERENCES

1. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services-10.4-Air Ambulance Services.
2. 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.
3. Centers for Medicare and Medicaid Services. Fact Sheet: Medicare Coverage outside the United States (Coverage under Original Medicare) p.2 Revised September 2010

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