

Subject: Ambulance Services: Air and Water

Guideline #: CG-ANC-04 Publish Date: 12/16/2020 Status: Reviewed Last Review Date: 11/05/2020

Description

This document addresses the use of air or water ambulance services. An ambulance is a specially equipped vehicle designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions. Wheel-chair vans or other such vehicles are not so equipped and are not addressed in this document.

Note: Please see the following related documents for additional information:

- CG-ANC-05 Ambulance Services: Ground; Emergent
- CG-ANC-06 Ambulance Services: Ground; Non-Emergent
- CG-ANC-07 Inpatient Interfacility Transfers

Clinical Indications

Medically Necessary:

The use of air and water ambulance services is considered **medically necessary** when **all** the following criteria are met:

- A. The ambulance must have the necessary equipment and supplies to address the needs of the individual; and
- B. The individual's condition must be such that any form of transportation other than by ambulance would be medically contraindicated; **and**
- C. The individual's condition is such that the time needed to transport by land poses a threat to the individual's survival or seriously endangers the individual's health*; or the individual's location is such that accessibility is only feasible by air or water transportation; **and**
- D. There is a medical condition that is life threatening or first responders deem to be life threatening, including, but not limited to, the following:
 - 1. Intracranial bleeding; or
 - 2. Cardiogenic shock; or
 - 3. Major burns requiring immediate treatment in a Burn Center; or
 - 4. Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit; or
 - 5. Multiple severe injuries; or
 - 6. Transplants; or
 - 7. Limb-threatening trauma; or
 - 8. High risk pregnancy; or
 - 9. Acute myocardial infarction; if this would enable the individual to receive a more timely medically necessary intervention (such as percutaneous transluminal coronary angioplasty [PTCA] or fibrinolytic therapy).

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*Air transportation may be appropriate if the time between identification of the need for transportation until arrival at the intended destination for ground ambulance would be 30 minutes or longer than air transport.

Mileage associated with an air or water ambulance service is considered **medically necessary** up to the distance required for transport to the nearest appropriate facility.

The use of air and water ambulance services to transport an individual from one hospital to another requires that:

- A. The above criteria must be met, and
- B. The first hospital does not have the required services and facilities to treat the individual.

The use of air and water ambulance services for *deceased* individuals is considered **medically necessary** when the above criteria are met and when either of the following is present:

- A. The individual was pronounced dead while in route or upon arrival at the hospital or final destination; or
- B. The individual was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, but prior to pick-up. In these circumstances the response to call is considered **medically necessary.**

Not Medically Necessary:

All other uses of air and water ambulance services are considered **not medically necessary**, including, but not limited to, the following:

- A. Transfers from one hospital to another if above criteria not met; or
- B. 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; **or**
- C. When land transportation is available and the time required to transport the individual by land does not endanger the individual's life or health; **or**
- D. Transportation to a facility that is not an acute care hospital, such as a nursing facility, physician's office or the individual's home: **or**
- E. 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.

Mileage in excess of the distance from the trip origin to the nearest appropriate facility is considered **not medically necessary.**

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

HCPCS

A0430

Ambulance service, conventional air services, transport, one way (fixed wing)

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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
A0999	Unlisted ambulance service [when specified as ambulance service, water transport]
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary
	wing)

ICD-10 Diagnosis

All diagnoses

When services are Not Medically Necessary:

For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

When services are also Not Medically Necessary:

For the following procedure code; or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

HCPCS

A0888 Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest

appropriate facility)

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

Ambulance transport services involve the use of specially designed and equipped vehicles to transport ill or injured individuals. Ambulance transport may involve the movement of an individual to the nearest hospital for treatment of the individual's illness or injury, non-emergency medical transport of an individual to another location to obtain medically necessary specialized diagnostic or treatment services, or non-emergency medical transport to a hospital or to an individual's home. An air ambulance may be a specially equipped aircraft such as a helicopter of airplane or boats. Water ambulances are specially equipped boats. 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.

In general, an emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) 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; or

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- Serious impairment to such individual's bodily functions; or
- Serious dysfunction of any bodily organ or part of such individual.

Examples of medical emergencies may include illness or injury such as severe chest pains that might indicate a heart attack, slurred speech or weakness that might indicate a stroke, fracture, hemorrhaging, poisoning, major burns, loss of consciousness or respiratory accidents, convulsions, shock and other acute conditions.

The Medicare Benefit Policy Manual (2018) section addressing time needed for ground transportation (10.4.3) states the following:

Differing Statewide Emergency Medical Services (EMS) systems determine the amount and level of basic and advanced life support ground transportation available. However, there are very limited emergency cases where ground transportation is available but the time required to transport the patient by ground as opposed to air endangers the beneficiary's life or health. As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a beneficiary whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the beneficiary's illness/injury, A/B MACs (A) and (B) should consider air transportation to be appropriate.

A 2020 retrospective study by Stewart and colleagues compared the outcomes of transport between helicopter transport and ground transport for inter-facility transfer of persons with trauma to tertiary trauma centers. Looking at the records of 9880 people who had been initially seen at a non-tertiary trauma center, but were then transferred to a tertiary trauma center, the authors reported on mortality at 72 hours and within the first 2 weeks after arriving at the tertiary trauma center. For those transferred by helicopter, the mean distance between the facilities was 96.7 miles with a mean distance of 69.9 miles for those transferred by ground ambulance. The helicopter transport group showed a decreased 72 hour mortality only for the individuals transferred less than 90 miles. There were no significant differences in mortality for helicopter transport greater than 90 miles, and no significant differences in mortality at 2 weeks for either transport modality.

References

Peer Reviewed Publications:

- 1. Funder KS, Rasmussen LS, Lohse N, et al. The impact of a physician-staffed helicopter on outcome in patients admitted to a stroke unit: a prospective observational study. Scand J Trauma Resusc Emerg Med. 2017; 25(1):18.
- 2. 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; 307(15):1602-1610.
- 3. 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.
- 4. Stewart K, Garwe T, Oluborode B, et al. Association of interfacility helicopter versus ground ambulance transport and in-hospital mortality among trauma patients. Prehosp Emerg Care. 2020 Sep 1:1-11. Online ahead of print.

Government Agency, Medical Society, and Other Authoritative Publications:

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- 1. American College of Emergency Physicians. Policy Statements. Available at: https://www.acep.org/globalassets/new-pdfs/policy-statements/policy-compendium.pdf. Accessed on October 2, 2020.
 - Emergency Medical Services Interfaces with Health Care Systems (February 2018)
- 2. American College of Surgeons. Equipment for Ambulances. April 2009. Available at: https://www.facs.org/~/media/files/quality%20programs/trauma/publications/ambulance.ashx. Accessed on October 2, 2020.
- 3. 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.
- 4. Floccare DJ, Stuhlmiller Df, Braithwaite SA, et al. Appropriate and safe utilization of helicopter emergency medical services: a joint position statement with resource document. Prehosp Emerg Care. 2013; 17(4):521-525.
- 5. Medicare Benefit Policy Manual. Chapter 10 Ambulance Services. April 13, 2018. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf. Accessed on October 2, 2020.
- 6. Palmetto GBA. Local Coverage Determination for Ambulance Services (L34549). Revised 10/10/2019. Available at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. Accessed on October 2, 2020.
- 7. Thomson DP, Thomas SH; 2002-2003 Air Medical Services Committee of the National Association of EMS Physicians. Guidelines for air medical dispatch. Prehosp Emerg Care. 2007 (2):265-271.

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History

Status	Date	Action
Reviewed	11/05/2020	Medical Policy & Technology Assessment Committee (MPTAC) review.
		Updated Discussion/General Information and References sections.
		Reformatted coding section.
Revised	11/07/2019	MPTAC review. Added note to Clinical Indications section regarding
		timeframe difference for ground and air transport. Updated
		Discussion/General Information and References sections.
Reviewed	01/24/2019	MPTAC review. Updated References section.
Revised	01/25/2018	MPTAC review. Clarifications to MN and NMN statements regarding mileage. Updated References section.

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Revised	11/02/2017	MPTAC review. Revisions made to NMN statements. Coding section updated. The document header wording updated from "Current Effective Date" to "Publish Date."			
Reviewed	02/02/2017	MPTAC review. Updated formatting in Clinical Indications section.			
Reviewed	02/04/2016	MPTAC review. Updated Reference section. Removed ICD-9 codes from			
		Coding section.			
Revised	02/05/2015	MPTAC review. Addition of "first responders deem to be life threatening" to			
		Medically Necessary Statement. Updated Discussion/General Information and			
		References.			
Reviewed	02/13/2014	MPTAC review. Updated References.			
	01/01/2014	Updated Coding section with 01/01/2014 HCPCS changes.			
Reviewed	02/14/2013	MPTAC review. Updated References.			
Reviewed	02/16/2012	MPTAC review. No changes to Clinical Indications.			
Reviewed	02/17/2011	MPTAC review. Updated Rationale and Reference sections.			
New	02/25/2010	MPTAC initial document development. Moved position statement regarding			
		air and water ambulance from CG-ANC-01 to CG-ANC-04.			

Pre-Merger Organizations	Last Review	Document	Title
	Date	Number	
Anthem Midwest	02/11/2004	MA-034	Air Ambulance Services
Anthem Virginia	10/15/2004		Ambulance and Medical Transport
Anthem Maine	n/a		Ambulance Benefit Detail



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