Effective: *10/21/2022*
Last Approved: *9/14/2022*
Next Review: *10/31/2023*
Lines Of Business: *All Lines of Business*

Air Ambulance Transportation

Applicable Lines of Business:

✓ Commercial - Health Maintenance Organization (HMO), Preferred Provider Option (PPO) and Point of Service (POS)
✓ Medicare Advantage - SecureCare HMO (includes the Dual Eligible Special Needs Plan [DSNP]) and SecureChoice PPO
✓ Mountain Health Trust (MHT) including WV Medicaid (Temporary Assistance for Needy Families [TANF], Expansion [WV Health Bridge] and Supplemental Security Income [SSI] populations) and West Virginia Children's Health Insurance Program (WVCHIP)
✓ Self-Funded/Administrative Services Only (ASO)
✓ West Virginia Public Insurance Agency (WV PEIA)

Applicable Claim Type:

Dental
✓ Facility
Pharmacy
✓ Professional

Definitions:

Term	Definition
Air ambulance	An aircraft used for ambulance operations.
Air ambulance transportation	Transport of a member whose medical condition requires transportation by air ambulance as certified by a physician.
Bureau for Medical Services (BMS)	BMS is the designated single state agency responsible for the administration of the State of West Virginia's Medicaid program.
Fixed wing aircraft	Fixed wing (airplane) air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate.
Ground Ambulance	A land vehicle designed, equipped, and appropriately staffed to transport members to the nearest medical facility that can provide the needed medical care.

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Rotary wing aircraft	Rotary wing (helicopter) air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate.
Run sheet (trip sheet)	A form used as a medical record for ambulance services.
Statute mile	A unit of length equal to 1,760 yards or 5,280 feet; exactly 1609.344 meters.

Policy Purpose:

The purpose of this policy is to address general payment guidelines related to authorization and billing for air ambulance transportation for members of The Health Plan (THP).

Policy Description:

Medically appropriate air ambulance transportation, either by means of a fixed wing or rotary wing aircraft, is a covered service for all THP lines of business (LOB) regardless of the state or region in which it is rendered.

In emergency situations, no prior authorization is required to provide necessary medical care.

All non-authorized emergency air ambulance services will be reviewed for medical necessity.

Prior authorization is required for non-emergent air ambulance transportation.

The covered services and the member's financial responsibility may vary according to the benefit package chosen by the member and/or employer group.

The member's financial responsibility cannot exceed their IN-NETWORK benefits, regardless of the provider's network status (contracted or non-contracted).

NOTE: **If the transportation is for the purpose of receiving a non-covered service, then the transportation is also non-covered, even if the destination is a contracted facility.**

Commercial, Medicare Advantage, Mountain Health Trust (MHT), Self-Funded/ASO and WV PEIA Reimbursement Guidelines:

THP covers fixed wing and rotary wing transportation services for eligible members who need emergency transportation by an air ambulance.

The member's medical condition must require immediate and rapid ambulance transportation that could not have been provided by ground ambulance, or **either**:

A. The point of pick-up 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**
B. Great distances or other obstacles (i.e. heavy traffic) are involved in getting the patient to the nearest hospital with appropriate services as described in this policy.

Below is a list of examples of cases for which air ambulance transportation **could** be justified.

The list below is not an all-inclusive list of situations and it is not intended to justify air transportation:

- Intracranial bleeding, requiring neurosurgical intervention
- Cardiogenic shock

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- Burns requiring care in a burn center
- Conditions requiring treatment in a hyperbaric oxygen unit
- Multiple severe injuries
- Severe trauma
- A baby in respiratory distress
- Severe trauma in the mountain high regions or wilderness not accessible by road

Non-Medical Appropriateness:

The following would **not** be covered unless there was medical appropriateness in connection with the transport (this is not designed to be an all-inclusive list):

- Transport of a patient home from a foreign country or another part of the USA where they have become ill
- Transport for the sole convenience of the patient, their family, or their doctor
- Transport to obtain services of a particular physician, hospital or skilled nursing facility

Hospital to Hospital Transport:

Air ambulance transport is covered for transfer of a patient from one hospital to another if the medical appropriateness criteria is/are met, that is, transportation by ground ambulance would endanger the patient's health and the transferring hospital does not have adequate amenities to provide the medical services needed by the patient.

Examples of such specialized medical services that are generally not available at all type of facilities may include, but are not limited to, the following:

- Burn care
- Cardiac care
- Trauma care
- Critical care

A patient transported from one hospital to another hospital is covered only if the hospital to which the patient is transferred is the nearest one with appropriate facilities.

Coverage is not available for transport from a hospital capable of treating the patient because the patient and/or the patient's family prefer a specific hospital or physician.

Reimbursement when a THP member is pronounced dead:

THP allows payment for an air ambulance service when the air ambulance takes off to pick up a member, but the member is pronounced dead before being loaded onto the ambulance for transport (either before or after the air ambulance arrives on the scene).

This is provided the air ambulance service would otherwise have been medically necessary.

In such a circumstance, the allowed amount is the appropriate air base rate (i.e., fixed wing or rotary wing).

No amount shall be allowed for mileage or for a rural adjustment that would have been allowed had the transport of a living member or of a member not yet pronounced dead been completed.

A pronouncement of death is effective only when made by an individual authorized under State law to make such pronouncements.

No amount shall be allowed if the dispatcher received pronouncement of death and had a reasonable

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opportunity to notify the pilot to abort the flight.

No amount shall be allowed if the aircraft has merely taxied but not taken off or, at a controlled airport, has been cleared to take off but not actually taken off.

Commercial, Medicare Advantage, Self-Funded/ASO and WV PEIA reimbursement for contracted and non-contracted providers:

Reimbursement for THP **contracted** (participating) air ambulance providers for the Commercial, Medicare Advantage, Self-Funded/ASO and WV PEIA lines of business (LOB) is in accordance with the provider's contractual terms.

Reimbursement for **non-contracted** (non-participating) providers with THP for the Commercial, Medicare Advantage, Self-Funded/ASO and WV PEIA LOB will be in accordance with payment guidance issued under the No Surprises Act.

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the reimbursement criteria in this policy conflicts with any NCDs or relevant LCD, the relevant document controls the application of services regardless of the version of the NCD or LCD listed in the reference section.

Additional Mountain Health Trust Reimbursement Guidelines:

Air ambulance providers are not required to be contracted with THP to provide emergency services to MHT members.

Reimbursement for THP **contracted** (participating) air ambulance providers for the MHT population is in accordance with the provider's contractual terms.

Reimbursement for **non-contracted** (non-participating) providers with THP for the MHT LOB will be in accordance with the single case agreement (SCA) terms negotiated between THP’s Contracting Department and the air ambulance provider.

Air ambulances must transport the member to the nearest facility that has the appropriate equipment and personnel necessary to diagnose and treat the member unless documented that transport to the nearest facility was inappropriate due to instruction by medical command, weather, or other circumstances to make transfer to another facility more appropriate for member care.

MHT Limitations and Special Circumstances:

THP covers air ambulance transportation subject to the following limitations, conditions, and special circumstances:

- Non-emergent air ambulance transportation from one hospital to a more distant hospital must be for specialized medical care that is not available at the first hospital.
- Mileage is paid from the sending facility to the receiving facility.
- When comparable treatment may be obtained at a facility closer than the one transported to, mileage

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reimbursed is limited to the distance to the nearest facility.
- Transportation to in-state facilities will be given preference over closer out-of-state facilities.
- Ambulance transportation to or from a helipad, airport, or landing zone is covered when such transportation is provided in conjunction with air ambulance transportation.

Non-covered services include, but are not limited to:

- Transportation to any service not covered by the Bureau for Medical Services (BMS)
- Transportation to any provider not enrolled with BMS
- Transportation using inadequate or an inappropriate level of staff personnel on board the transporting vehicle
- Transportation of members who do not meet the medical necessity requirements for the level of service billed
- Services provided when the request was for post transportation authorization and was not received in a timely manner or did not meet established criteria
- Transportation provided when the member refuses the appropriate mode of transportation
- Transportation for a service that requires prior authorization but has not been prior authorized

In addition, the following services are not covered when provided by air ambulance providers:

- Reimbursement for air ambulance mileage beyond the nearest appropriate facility
- Scheduled air ambulance transportation without prior approval
- Transportation of multiple MHT members in the same air ambulance at the same time, unless an emergency warrants that multiple members be transported, as in the case of mass casualty incidents
- In the event of a mass casualty, mileage must be billed as if only one member was transported

Billing Information:

The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles).

Air mileage must be reported in whole numbers of loaded statute miles flown. The appropriate air transport code must be used with the appropriate mileage code.

Air ambulance services may be paid only for ambulance services to a hospital.

Use the appropriate modifier to identify the destination.

Claims for air transportation may account for all mileage from the point of pickup, including where applicable:

- Ramp to taxiway
- Taxiway to runway
- Takeoff run
- Air miles
- Roll out upon landing
- Taxiing after landing

Additional air mileage may be allowed in situations where additional mileage is incurred due to circumstances beyond the pilot's control.

These circumstances include, but are not limited to, the following:

A. Military base and other restricted zones, air-defense zones, and similar Federal Aviation Administration (FAA) restrictions and prohibitions

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B. Hazardous weather

C. Variances in departure patterns and clearance routes required by an air traffic controller

All claims must be submitted with the run (trip) sheet for consideration for payment of services.

Multiple arrivals:

When multiple units respond to a call for services the entity that provides the transportation for the member should be the only provider billing the service.

Post-payment Review:

The claim and record must include documentation that reflects the criteria of this policy, and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

Acceptable billing codes for air ambulance transportation are as follows:

CPT Code	Description
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
A0436	Rotary wing air mileage, per statute mile

Appropriate modifier when a THP member is pronounced dead:

The provider is advised to submit the claim with the QL modifier (patient pronounced dead after ambulance called).

More billing information may be found in The Health Plan's Provider Manual located at healthplan.org "For Providers," "Resources."

Review/Revision History:

Date	Action
10/14/21	Policy Issue Date
12/6/2021	Added this sentence under "Policy Description:" The member's financial responsibility cannot exceed their IN-NETWORK benefits, regardless of the provider's network status (contracted or non-contracted). Removed "MHT" from the title "Commercial, Medicare Advantage, Self-Funded/ASO and WV PEIA reimbursement for contracted and non-contracted providers" and the sentences below the title. Added these 2 sentences under "Additional Mountain Health Trust Reimbursement Guidelines: • Reimbursement for THP **contracted** (participating) air ambulance providers for the MHT LOB is in accordance with the provider's contractual terms. • Reimbursement for **non-contracted** (non-participating) providers with THP for the MHT LOB will be in accordance with the single case agreement (SCA) terms negotiated between THP’s Contracting Department and the air ambulance provider.

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8/11/2022	Annual Review: Updated formatting. Added CPT codes A0430 and A0431. Added the following note under the reimbursement section: **Note:** The Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the reimbursement criteria in this policy conflicts with any NCDs or relevant LCD, the relevant document controls the application of services regardless of the version of the NCD or LCD listed in the reference section. Added a post-payment review statement under the Billing Information Section. Revised references and updated links.

References:

Palmetto GBA. Local Coverage Determination (LCD): Ambulance Services (L34549). Original effective date October 1, 2015, revision effective July 29, 2021. Accessed August 11, 2022. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34549&ver=45&bc=0

Palmetto GBA. Local Coverage Article (LCA): Billing and Coding Ambulance Services (A56468). Original effective date April 4, 2019, revision effective July 1, 2021. Accessed August 11, 2022. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56468&ver=11

Provider Manual Chapter 524 Transportation. Bureau for Medical Services. Available online at: https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20524%20TransportationFinalApproved.pdf

Centers for Medicare and Medicaid (CMS). Medicare Benefit Policy Manual Chapter 10 – Ambulance Services. Centers for Medicare and Medicaid. Last revised April 13, 2018. Accessed August 11, 2022. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf

Disclaimer:

This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgement. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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All revision dates:	9/14/2022, 9/14/2021

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