

FEP UM Guideline 004 Non-emergency Air Ambulance Transport

Effective Date: April 2019

Related FEP Medical Policy: N/A

Non-emergency Air Ambulance Transport

DESCRIPTION

Effective January 1, 2019, prior approval is required for all non-emergency air ambulance transport services. This document supports evaluation of medical necessity for non-emergency air ambulance transportation.

The Blue Cross and Blue Shield Service Benefit Plan provides benefits for medically necessary ground, air and sea professional ambulance transport services in both the U.S. and overseas. (See benefit requirements, limitations and exclusions in the Blue Cross ® and Blue Shield ® Service Benefit Plan and Blue Cross ® and Blue Shield ® Service Benefit Plan FEP ® Blue Focus brochures, Section 5c.)

OBJECTIVE

The purpose of this utilization management (UM) guideline is to promote patient safety and to facilitate delivery of the required care in non-emergency situations. This guideline is not intended to replace or substitute independent medical judgment of a practitioner or other health care professional for treatment of an individual patient. This document does not override contractual requirements of the benefit provisions, limitations and exclusions as outlined in the Blue Cross ® and Blue Shield ® Service Benefit Plan and Blue Cross ® and Blue Shield ® Service Benefit Plan FEP ® Blue Focus brochures.

COVERED PROVIDERS

Licensure, regulations and certification requirements vary by state, district or territory for ambulance providers and paramedicine programs. ^(8&9) Professional ambulance transport service providers must meet applicable licensing, permits and certification requirements in the state, district or territory where services are performed.

CLINICAL REVIEW

This guideline specifically addresses clinical review for prior approval of non-emergency air ambulance requests. Professional ambulance transport related to immediate care of medical emergency or accidental injury does not require prior approval. ^(1&2)

Medical Necessity:

A comprehensive analysis of **relevant** clinical data is required including, but not limited to the diagnosis, co-morbidities, history of present illness, treatment history, the required care and any other relevant clinical data available that provides rationale for the non-emergency air ambulance transportation.

Non-emergency air ambulance transport requests are considered **medically necessary** when **all** of the following criteria are met:

1. The non-emergency air ambulance service is ordered by a physician, or other practitioners within the scope of licensure by the state, district or territory.
2. The non-emergency air ambulance service is medically required due to the patient's clinical status.

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3. Clinical evaluation verifies documented evidence in the medical record that the patient is not reasonably able to transport by other means due to a medical condition, and the need for immediate or rapid transport is identified.
4. The non-emergency air ambulance transportation is directly related to inpatient hospital acute care.
5. The inpatient acute care facility where the patient is currently admitted is not equipped to adequately treat the condition, and/or the patient requires transport to the nearest inpatient acute care facility to receive a prior approved transplant.
6. There is evidence in the medical record that the nearest inpatient acute care facility that is equipped to adequately treat the condition has accepted the patient for admission prior to transport. *Precertification is required for services or procedures requiring an inpatient hospital admission.* ^(1&2)
7. Accessibility issues prevent patient pick up other than by air ambulance secondary to services in rural or remote areas in the United States. ^{(4)*}
8. The travel time for transport by alternate means (i.e. basic or advanced life support ground or sea ambulance) would result in a clinically-significant delay in the patient receiving the required care, such as significant travel distances, natural disasters, extreme weather conditions or other barriers to transfer, which could potentially “jeopardize the patient’s health, life or ability to regain maximum function.” ^{(1&2)*}
9. The non-emergency air ambulance service is medically necessary for rapid transport of the patient to the nearest inpatient acute care facility that can provide the required care to adequately treat the condition.
10. The non-emergency air ambulance service must be provided by covered health care providers as defined for the benefit provisions of the Service Benefit Plan, and in compliance with appropriate licensure and/or certification requirements per state, district or territory.

Not Medically Necessary

1. The required care does not meet the medical necessity criteria for non-emergency air ambulance.
2. The air ambulance transportation is requested by, or for the convenience of, the patient, family or healthcare provider. ^(1&2)
3. There is no evidence in the medical record that the patient cannot be safely transported by other modes of transportation. ⁽³⁾
4. The requested non-emergency air ambulance transport does not meet the definition of medical necessity* as listed in the Blue Cross ® and Blue Shield ® Service Benefit Plan and Blue Cross ® and Blue Shield ® Service Benefit Plan FEP ® Blue Focus brochures.

“Medical Necessity shall mean healthcare services that a physician, hospital, or other covered professional or facility provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice in the United States; and
- Clinically appropriate, in terms of type, frequency, extent, site, and duration; and considered effective for the patient’s illness, injury, disease, or its symptoms; and
- Not primarily for the convenience of the patient, physician, or other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to

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produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of that patient's illness, injury, or disease, or its symptoms; and

- Not part of or associated with scholastic education or vocational training of the patient; and
- In the case of inpatient care, able to be provided safely only in the inpatient setting.”^(1&2)

The following services are not covered for ambulance services by the Service Benefit Plan:

(See Section 10 of the Blue Cross® and Blue Shield® Service Benefit Plan and Blue Cross® and Blue Shield® Service Benefit Plan FEP® Blue Focus brochures.)

- “Ambulance and any other modes of transportation to or from services including but not limited to physician appointments, dialysis, or diagnostic tests not associated with covered inpatient hospital care
- Non-emergent ambulance transport that is requested, beyond the nearest facility adequately equipped to treat the patient's condition, by patient or physician for continuity of care or other reason
- Commercial air flights
- Repatriation from an international location back to the United States
- Costs associated with overseas air or sea transportation to other than the closest hospital equipped to adequately treat your condition.” ^(1&2)

References

1. 2019 Blue Cross® and Blue Shield® Service Benefit Plan Brochure
2. 2019 Blue Cross® and Blue Shield® Service Benefit Plan FEP® Blue Focus brochure
3. Centers for Medicare & Medicaid Services. (2018, December 20). Scheduled non-emergent Ambulance Prior Authorization Model. Retrieved from CMS.gov: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1514.pdf>
4. Centers for Medicare & Medicaid Services. (2018, April 4). Medicare Benefit Policy Manual. Ambulance Services. Retrieved from CMS.gov: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>
5. Code of Federal Regulations. (2018, December 20). Title 42: Public Health. Requirements for Ambulance Suppliers. Retrieved from Electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/text-idx?SID=3e84ac918f0f1e9e34095d68e2e803dc&mc=true&node=se42.2.410_141&rgn=div8
6. Commission of Accreditation of Medical Transport Systems. (2018 July). Eleventh Edition of Accreditation Standards of the Commission on Accreditation of Medical Transport Systems. Retrieved from CAMTS.com: <https://www.camts.org/wp-content/uploads/2017/05/CAMTS-11th-Standards-DIGITAL-FREE.pdf>
7. National Association of EMS Officials. (2018 June). Model of EMS Clinical Guidelines. Retrieved from nasemso.org: <https://nasemso.org/projects/model-ems-clinical-guidelines/>
8. National Association of EMS Officials. (2018 June). Recognition of EMS Personnel Licensure Interstate Project (REPLICA). Retrieved from nasemso.org: <https://nasemso.org/projects/replica/>
9. Rural Health Information Hub. (2002 – 2019). Community Paramedicine. Retrieved from www.ruralhealthinfo.org: <https://www.ruralhealthinfo.org/topics/community-paramedicine#licensure>

History- This policy was approved by the FEP® Pharmacy and Medical Policy Committee according to the history below:

Date	Action	Description
January 2019	New UM Guideline	UM Guideline for Non-emergency Professional Air Ambulance Transportation

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