Air Ambulance Services
(Emergency and Non-Emergency)
(Kentucky)

Policy Number: HS-206

Original Effective Date: 10/4/2012

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Types of Life Support

Basic Life Support (BLS). BLS is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.

Basic Life Support (BLS) – Emergency. When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Application: The determination to respond emergently with a BLS

Advanced Life Support, Level 1 (ALS1). ALS1 is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.
Advanced Life Support (ALS) Assessment. An ALS assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient’s reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

Advanced Life Support (ALS) Intervention. An ALS intervention is a procedure that is in accordance with State and local laws, required to be done by an EMT-Intermediate or EMT-Paramedic.

Advanced Life Support, Level 1 (ALS1) – Emergency. When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Advanced Life Support, Level 2 (ALS2). Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- Manual defibrillation/cardioversion;
- Endotracheal intubation;
- Central venous line;
- Cardiac pacing;
- Chest decompression;
- Surgical airway; or
- Intraosseous line

Fixed vs. Rotary Wing Ambulances

Medically appropriate air ambulance transportation is a covered service regardless of the State or region in which it is rendered. However, claims are approved only if the member’s medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate. There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. The higher operational costs of the two types of aircraft are recognized with two distinct payment amounts for air ambulance mileage. The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles).¹

1. Fixed Wing Air Ambulance (FW). Fixed wing air ambulance is furnished when the member’s medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Transport by FW air ambulance is necessary when a member’s condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility). Transport by fixed wing air ambulance may also be necessary because the member is inaccessible by a ground or water ambulance vehicle.¹

2. Rotary Wing Air Ambulance (RW). Rotary wing air ambulance is furnished when the member’s medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by RW air ambulance may be necessary because the member’s condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the member is inaccessible by a ground or water ambulance vehicle.¹

For additional definitions used by CMS, please reference section 30.1 ("Definition of Ambulance Services") in the Medicare Benefits Policy Manual.¹
As defined by CMS, the following conditions are considered emergency (or non-traumatic) in nature:

<table>
<thead>
<tr>
<th>Complaint or Symptom</th>
<th>Condition Requirement</th>
<th>Examples of Symptoms and Findings Necessary (and Documented) for Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>Accompanied by other signs or symptoms</td>
<td>Associated symptoms include nausea, vomiting, fainting. Associated signs include tender or pulsatile mass, distention, rigidity, rebound tenderness on exam, guarding.</td>
</tr>
<tr>
<td>Abnormal cardiac rhythm/cardiac dysrhythm</td>
<td>Symptomatic or potentially life-threatening arrhythmia</td>
<td>Necessary symptoms include syncope or near syncope, chest pain and dyspnea. Signs required include severe bradycardia or tachycardia (rate &lt; 60 or &gt; 120), signs of congestive heart failure. Examples include junctional and ventricular rhythms, non-sinus tachycardias, PVCs &gt; 6/min, bi- and trigeminy, ventricular tachyarhythmias, PEA, asystole. Patients are expected to have conditions that require monitoring during and after transportation.</td>
</tr>
<tr>
<td>Abnormal skin signs</td>
<td></td>
<td>Included is diaphoresis, cyanosis, delayed capillary refill, diminished skin turgor, mottled skin. Presence of other emergency conditions.</td>
</tr>
<tr>
<td>Alcohol or drug intoxication</td>
<td>Severe intoxication</td>
<td>Unable to care for self. Unable to ambulate. Altered level of consciousness. Airway may or may not be at risk.</td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>Potentially life-threatening manifestations</td>
<td>Includes rapidly progressive symptoms, prior history of anaphylaxis, wheezing, facial/laryngeal edema.</td>
</tr>
<tr>
<td>Altered level of consciousness (non-traumatic)</td>
<td>Neurologic dysfunction in addition to any baseline abnormality</td>
<td>Acute condition with Glasgow Coma Scale &lt;15 or transient symptoms of dizziness associated with neurologic or cardiovascular symptoms and/or signs or abnormal vital signs.</td>
</tr>
<tr>
<td>Blood glucose</td>
<td>Abnormal &lt;80 or &gt;250 with symptoms</td>
<td>Signs include altered mental status (altered beyond baseline function), vomiting, significant volume contraction, significant cardiac dysfunction.</td>
</tr>
<tr>
<td>Cardiac symptoms other than chest pain</td>
<td>Palpitations, skipped beats. Atypical pain or other symptoms.</td>
<td>Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, other emergency conditions.</td>
</tr>
<tr>
<td>Cardiac arrest with resuscitation in progress</td>
<td>Cardiac origin suspected. Obvious non-emergent cause not identified</td>
<td>Pain characterized as severe, tight, dull or crushing, substernal, epigastric, left-sided chest pain. Especially with associated pain of the jaw, left arm, neck, back, GI symptoms (such as nausea, vomiting), arrhythmias, palpitations, difficulty breathing, pallor, diaphoresis, alteration of consciousness. Atypical pain accompanied by nausea and vomiting, severe weakness, feeling of impending doom or abnormal vital signs.</td>
</tr>
<tr>
<td>Chest pain (non-traumatic)</td>
<td>Respiratory or neurologic impairment</td>
<td>Findings include temperature &lt; 95º F, signs of deep frostbite or presence of other emergency conditions.</td>
</tr>
<tr>
<td>Choking episode</td>
<td>Potentially life-or limb-threatening</td>
<td>Findings include temperature &lt; 95º F, signs of deep frostbite or presence of other emergency conditions.</td>
</tr>
<tr>
<td>Cold exposure</td>
<td>Active seizing or immediate post-seizure at risk of repeated seizure and requires medical monitoring / observation</td>
<td>Conditions include new onset or untreated seizures or history of significant change in baseline control of seizure activity. Findings include ongoing seizure activity, postictal neurologic dysfunction.</td>
</tr>
<tr>
<td>Convulsions/seizures</td>
<td>Significantly high fever unresponsive to pharmacologic intervention or fever with associated symptoms</td>
<td>Temperature after pharmacologic intervention &gt;102º (adult) Temperature after pharmacologic intervention &gt;104º (child) Associated neurologic or cardiovascular symptoms/signs, other abnormal vital signs.</td>
</tr>
<tr>
<td>Fever</td>
<td>Significantly high fever unresponsive to pharmacologic intervention or fever with associated symptoms</td>
<td>Temperature after pharmacologic intervention &gt;102º (adult) Temperature after pharmacologic intervention &gt;104º (child) Associated neurologic or cardiovascular symptoms/signs, other abnormal vital signs.</td>
</tr>
<tr>
<td>Hazardous substance exposure</td>
<td>The nature of the exposure should be such that potential injury is likely.</td>
<td>Toxict from or liquid exposure via inhalation, absorption, oral, radiation, smoke inhalation.</td>
</tr>
<tr>
<td>Heat exposure</td>
<td>Potentially life-threatening</td>
<td>Findings include hot and dry skin, core temperature &gt; 105º, neurologic dysfunction, muscle cramps, profuse sweating, severe fatigue.</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>Potentially life-threatening hemorrhage</td>
<td>Includes uncontrolled bleeding with signs of shock and active severe bleeding (quantity identified), ongoing or recent, with potential for immediate rebleeding.</td>
</tr>
<tr>
<td>Infectious diseases requiring isolation procedures/public health risk</td>
<td>The nature of the infection or the behavior of the patient must be such that failure to isolate poses significant risk of spread of a contagious disease.</td>
<td>Infections in this category are limited to those infections for which isolation is provided both before and after transportation.</td>
</tr>
</tbody>
</table>
### Medical device failure
Life-or-limb-threatening malfunction, failure or complication
Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery device, O₂ supply malfunction, orthopedic device failure

### Neurologic distress or dysfunction
Acute or unexplained neurologic dysfunction in addition to any baseline abnormality
Signs include facial drooping, loss of vision without ophthalmologic explanation, aphasia, dysphasia, difficulty swallowing, numbness, tingling extremity, stupor, delirium, confusion, hallucinations, paralysis, paresis (focal weakness), abnormal movements, vertigo, unsteady gait/balance.

### Non-traumatic headache
Associated neurologic signs and/or symptoms or abnormal vital signs

### Pain: Not otherwise specified in this table
Pain is the reason for the transport. Acute onset or bed-confining.

### Pain: Back (see general pain listing above)
Sudden onset, severe non-traumatic pain suggestive of cardiac or vascular origin or requiring special positioning only available by ambulance
7–10 on 10-point severity scale. Neurologic symptoms and/or signs, absent leg pulses, pulsatile abdominal mass, concurrent chest or abdominal pain

### Poisons ingested, injected, inhaled or absorbed, alcohol or drug intoxication
Potentially life-threatening
Requires cardiopulmonary and/or neurologic monitoring and support and/or urgent pharmacologic intervention. Includes circumstances in which quantity and identity of agent known to be life-threatening; instances in which quantity and identity of agent are not known but there are signs and symptoms of neurologic dysfunction, abnormal vital signs, or abnormal cardiopulmonary function. Also, includes circumstances in which quantity and identity of agent are not known but life-threatening poisoning reasonably suspected.

### Post-operative procedure complications.
Major wound dehiscence, evisceration, or requires special handling for transport.
Includes major wound dehiscence, evisceration, organ prolapse, hemorrhage or orthopedic appliance failure

### Pregnancy / Childbirth Complication
Requires special handling for transport

### Psychiatric/behavioral
Is expressing active signs and/or symptoms of uncontrolled psychiatric condition or acute substance withdrawal. Is a threat to self or others requiring restraint (chemical or physical) or monitoring and/or intervention of trained medical personnel during transport for patient and crew safety. Transport is required by state law/court order.
Includes disorientation, suicidal ideations, attempts and gestures, homicidal behavior, hallucinations, violent or disruptive behavior, sigh/symptoms or DTs, drug withdrawal signs/symptoms, severe anxiety, acute episode or exacerbation of paranoia. Refer to definition of restraints in the CFR, Section 482.13(e). For behavioral or cognitive risk such that patient requires attendant to assure patient does not try to exit the ambulance prematurely, see CFR, Section 482.13(f)(2) for definition.

### Respiratory arrest
Includes apnea or hypoventilation requiring ventilatory assistance and airway management

### Respiratory distress, shortness of breath, need for supplemental oxygen
Objective evidence of abnormal respiratory function
Includes tachypnea, labored respiration, hypoxemia requiring oxygen administration. Includes patients who require advanced airway management such as ventilator management, apnea monitoring for possible intubation and deep airway suctioning. Includes patients who require positioning not possible in other conveyance vehicles. **Note that oxygen administration absent signs or symptoms of respiratory distress is, by itself, an inadequate reason to justify ambulance transportation in a patient capable of self-administration of oxygen.** Patient must require oxygen therapy and be so frail as to require assistance of medically trained personnel.
As defined by CMS, the following conditions are considered emergency (or traumatic) in nature:

<table>
<thead>
<tr>
<th>On-Scene Condition (General)</th>
<th>On-Scene Condition (Specific)</th>
<th>Comments and Examples (Not All-Inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal bites/sting/envenomation</td>
<td>Potentially life- or limb-threatening</td>
<td>Symptoms of specific envenomation, significant face, neck, trunk and extremity involvement. Special handling and/or monitoring required. Presence of other emergency conditions.</td>
</tr>
<tr>
<td>Burns</td>
<td>Major: per American Burn Association (ABA)</td>
<td>Partial thickness burns &gt; 10 percent Total Body Surface Area (TBSA); involvement of face, hands, feet, genitalia, perineum or major joints; third-degree burns; electrical, chemical, inhalation burns with pre-existing medical disorders; burns and trauma</td>
</tr>
<tr>
<td>Electrocution</td>
<td></td>
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<tr>
<td>Eye injuries</td>
<td></td>
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<tr>
<td>Lightning</td>
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<tr>
<td>Major trauma</td>
<td>As defined by ACS Field Triage Decision Scheme</td>
<td>Trauma with one of the following: Glasgow &lt; 14; systolic BP &lt; 90; RR &lt; 10 or &gt; 29; all penetrating injuries to head, neck, torso, extremities proximal to elbow or knee; flail chest; combination of trauma and burns; pelvic fracture; two or more long-bone fractures; open or depressed skull fracture; paralysis; severe mechanism of injury including: ejection, death of another passenger in same patient compartment, falls &gt; 20 feet, 20-inch deformity in vehicle or 12-inch deformity of patient compartment, auto pedestrian/bike, pedestrian thrown/run over, motorcycle accident at speeds &gt; 20 miles per hour and rider separated from vehicle</td>
</tr>
<tr>
<td>Near-drowning</td>
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</tr>
<tr>
<td>Other Trauma</td>
<td>Need to monitor or maintain airway or immobilize head/neck</td>
<td>Decreased level of consciousness, bleeding into airway, significant trauma to head, face or neck</td>
</tr>
<tr>
<td>Other Trauma: Penetrating extremity injuries</td>
<td>Life-or-limb-threatening injury</td>
<td>Uncontrolled hemorrhage, compromised neurovascular supply, uncontrollable pain requiring pharmacologic intervention</td>
</tr>
<tr>
<td>Other Trauma: Suspected fractures/dislocations</td>
<td>Suspected fracture or dislocation requires splinting/immobilization and renders patient unable to be transported by another vehicle</td>
<td>Includes suspected fractures or dislocations of spine and long bones and joints proximal to knee and elbow. The record will demonstrate history of significant trauma and or findings to support such suspiions.</td>
</tr>
<tr>
<td>Other Trauma: Suspected internal, head, chest or abdominal injuries</td>
<td>Signs of closed head injury, open head injury, pneumothorax, hemothorax, abdominal bruising, positive abdominal sign on exam, internal bleeding criteria, evisceration</td>
<td></td>
</tr>
<tr>
<td>Other Trauma: Traumatic amputations</td>
<td>Life-threatening injury or reattachment opportunity exists</td>
<td></td>
</tr>
<tr>
<td>Sexual assault</td>
<td>With significant external and/or internal injuries</td>
<td></td>
</tr>
</tbody>
</table>

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – Kentucky

**Emergency Air Transportation**

NOTE: Non-Emergency Air Transportation criteria is listed below. In addition to the general criteria noted below, state specific criteria may also be required. Please reference the Medicaid Criteria by Market contained below.
Limitations and Exclusions

Air ambulance services are not covered for transport to a facility that is not an acute care hospital, such as a nursing facility, physician’s office, or a member’s home. In addition, services are not covered when:

- Member is legally pronounced dead before the ambulance is called.
- Transportation is provided primarily for the convenience of the member, member’s family or if the physician is not covered.
- Transportation is for the purpose of receiving a service considered NOT medically necessary is also considered NOT medically necessary, even if the destination is an appropriate facility.

Coverage

Air ambulance transportation services, either by means of a helicopter or fixed wing aircraft, may be determined to be covered only if:

- Member has at least one of the conditions listed on p.2 Emergency (Non-Traumatic and Traumatic) Medical Conditions List; AND
- The member’s medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance;

AND EITHER ITEM 1 or ITEM 2 BELOW:

1. The point of pickup 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
2. Great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities as described in §10.4.4 of the CMS Benefits Manual.

** Air ambulance transport is covered for transfer of a patient from one hospital to another if the medical appropriateness criteria are met, that is, transportation by ground ambulance would endanger the member's health and the transferring hospital does not have adequate facilities 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: burn care, cardiac care, trauma care, and 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.

Medical Reasonableness

Medical reasonableness is only established when the member’s condition is such that the time needed to transport a member by ground, or the instability of transportation by ground, poses a threat to the member’s survival or seriously endangers the member’s health. Following is an advisory list of examples of cases for which air ambulance could be justified. The list is not inclusive of all situations that justify air transportation, nor is it intended to justify air transportation in all locales in the circumstances listed.

- Intracranial bleeding - requiring neurosurgical intervention; OR
- Cardiogenic shock; OR
- Burns requiring treatment in a burn center; OR
- Conditions requiring treatment in a Hyperbaric Oxygen Unit; OR
- Multiple severe injuries; OR
- Life-threatening trauma.

Air ambulance transport is covered for transfer of a patient from one hospital to another if the medical appropriateness criteria are met, that is, transportation by ground ambulance would endanger the member’s health and the transferring hospital does not have adequate facilities 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: burn care, cardiac care, trauma care, and 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. In order to determine the medical appropriateness of air ambulance services, WellCare may request documentation indicating the air ambulance services are reasonable and necessary to treat the member’s life-threatening condition. WellCare’s medical staff may consider reviewing all claims for air ambulance services.

Non-Emergency Air Transportation

While a provider may not be responsible for obtaining prior authorization, as a condition of payment the provider must ensure prior authorization has been secured for non-emergency air transportation.

Non-emergency air transportation may be a covered benefit when ALL of the following conditions are met:

- A member’s medical condition prevents safe transportation by any other means; AND
- Transportation is for medically necessary care; AND
- A member’s condition prohibits other forms of transportation; AND
- The point of pick-up is inaccessible by land vehicle; AND
- Great distances, limited time frames, or other obstacles are involved in getting the patient once stabilized to the nearest hospital with appropriate facilities for treatment; AND
- Other means of transportation is contraindicated for medical reasons. *For example, a member:
  - Is unable to: get out of bed without assistance, ambulate, and/or sit in a chair or wheelchair safely.
  - Can tolerate a wheelchair however, is medically unstable.
  - Requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain.
  - Requires skilled/trained monitoring during transport as he/she:
    - Is comatose; AND/OR
    - Requires airway monitoring; AND/OR
    - Requires cardiac monitoring; AND/OR
    - Is dependent on a ventilator.

* List may not be all inclusive.

In addition to the conditions above, the member must meet one of the following criteria:

- A medical condition requires timely initiation of treatment that would necessitate a faster mode of transportation than would be safely provided by a ground or water ambulance; OR
- A medical condition requires a critical level of care during transport that could not be provided in a timely and safe manner by a ground or water ambulance; OR
- A member has undergone out of area emergent or urgent care, is now stable for transport back into the services area and neither ground nor water ambulance are reasonable transport options.

Non-emergency air transportation for the following reasons is not a covered benefit and not medically necessary:

- For the convenience or preference of the member or member’s family.
- When an alternative means of transportation other than an ambulance could be utilized without endangering the member’s health, whether or not other transportation is available or is a covered benefit.
- For the purpose of receiving an excluded or non-covered service.
- From a non-network hospital to a network hospital.
- To a hospital that provides a required higher level of care that was not available at the original hospital.

If an alternate method of ambulance transportation is clinically appropriate and more cost effective, we reserve the right to adjust the amount of Eligible Expenses. As we determine to be appropriate, the coverage determination is based on the enrollee’s medical condition, and geographic location.
State Specific Criteria

Local, State and Federal Laws

Ambulance and medical transport services are regulated by local, state and federal laws. The ambulance and medical transport services should be operated according to all applicable laws and must have all the appropriate, valid licenses and permits. 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 member’s life or health. As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a member whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the member’s illness/injury, WellCare should consider air transportation to be appropriate.

Medicare

Additionally, Medicare allows payment for an air ambulance service when the air ambulance takes off to pick up a Medicare member, but the member is pronounced dead before being loaded onto the ambulance for transport (either before or after the 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. However, 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.¹

For the purpose of this policy, a pronouncement of death is effective only when made by an individual authorized under State law to make such pronouncements.¹

This policy also states no amount shall be allowed if the dispatcher received pronouncement of death and had a reasonable opportunity to notify the pilot to abort the flight. Further, 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.¹

Medicaid

In addition to the criteria noted above, the following state specific criteria must also be met.

Kentucky ⁴,⁵,

Emergency ambulance services (stretcher) are covered when the eligible member is transported in an emergency condition, usually to hospital, resulting from an accident, serious injury or acute illness that makes it impossible to use other types of transportation.⁸ "Ambulance transportation" means ground or air transportation provided at advanced life support level or basic life support level by a carrier licensed by the Kentucky Board of Emergency Medical Services.⁹ In addition to meeting the medical necessity criteria on pp. 7-8, an emergency ambulance service shall be covered to and from a hospital emergency room in the medical service area if the following are met:⁹

- Service is medically necessary as defined by the criteria listed above (see pp.7-8); AND
- Documentation is maintained for post-payment review to indicate immediate emergency medical attention was provided in the emergency room. This includes:
  - Date of ambulance service; AND
  - Patient’s name, Medicaid identification number and address; AND
  - Origin of ambulance service; AND
  - Destination of ambulance service.
A signed and dated statement by the attending physician, or other medical professional carrying out the orders of the attending physician, which verifies the patient's diagnosis and whether or not the patient:

- Received treatment in an outpatient setting following transport; **OR**
- Required admission to the hospital following transport; **OR**
- Transferred from one (1) medical facility to another; **OR**
- Was confined to bed before and after transport; **OR**
- Required movement by stretcher; **OR**
- Had a medical condition which contraindicated transportation by means other than an ambulance.

An emergency ambulance service to an appropriate medical facility or provider other than a hospital emergency room shall require documentation from the attending physician of:

- Medical necessity; **AND**
- Absence of a hospital emergency room in the medical service area; **AND**
- Delivery of emergency care to the patient.

### CODING

**CPT® Codes** – No applicable codes.

**HCPCS Level II® Codes**

- **A0430** Ambulance service, conventional air services, transport, one way (fixed wing)
- **A0431** Ambulance service, conventional air services, transport, one way (rotary wing)
- **S9960** Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
- **S9961** Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

*Per Kentucky Transportation Fee schedule, Effective 1/01/2011, A0430 and A0431 are inclusive of mileage. [http://chfs.ky.gov/NR/rdonlyres/6AA0528C-3B15-4289-A7F4-E8B2114060F/0/TransportationFeeSchedule01012011.pdf](http://chfs.ky.gov/NR/rdonlyres/6AA0528C-3B15-4289-A7F4-E8B2114060F/0/TransportationFeeSchedule01012011.pdf)*

### REFERENCES


## MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/3/2019, 3/1/2018</td>
<td>Approved by MPC. No changes.</td>
</tr>
<tr>
<td>1/12/2017</td>
<td>Approved by MPC. Inclusion of market information.</td>
</tr>
<tr>
<td>9/17/2015</td>
<td>Approved by MPC. Expanded criteria for emergency and non-emergency air transportation.</td>
</tr>
<tr>
<td>11/6/2014</td>
<td>Approved by MPC. Addition of HCPCS, ICD9 and ICD 10 codes.</td>
</tr>
<tr>
<td>11/7/2013</td>
<td>Approved by MPC. No changes.</td>
</tr>
<tr>
<td>11/1/2012</td>
<td>Approved by MPC. Originally approved by MPC on 10/4/2012 for Kentucky market only; this version includes criteria for all LOBs.</td>
</tr>
<tr>
<td>10/4/2012</td>
<td>Approved by MPC.</td>
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</tbody>
</table>