



Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

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

Policy Number: HS-206

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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 Support¹

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, 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.

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

Emergency (Non-Traumatic and Traumatic) Medical Conditions List²

As defined by CMS, the following conditions are considered emergency (or non-traumatic) in nature:

Complaint or Symptom	Condition Requirement	Examples of Symptoms and Findings Necessary (and Documented) for Coverage
Abdominal pain	Accompanied by other signs or symptoms	Associated symptoms include nausea, vomiting, fainting. Associated signs include tender or pulsatile mass, distention, rigidity, rebound tenderness on exam, guarding.
Abnormal cardiac rhythm/cardiac dysrhythmia	Symptomatic or potentially life-threatening arrhythmia	Necessary symptoms include syncope or near syncope, chest pain and dyspnea. Signs required include severe bradycardia or tachycardia (rate < 60 or > 120), signs of congestive heart failure. Examples include junctional and ventricular rhythms, non-sinus tachycardias, PVCs > 6/min, bi- and trigeminy, ventricular tachyarrhythmias, PEA, asystole. Patients are expected to have conditions that require monitoring during and after transportation.
Abnormal skin signs		Includes diaphoresis, cyanosis, delayed capillary refill, diminished skin turgor, mottled skin. Presence of other emergency conditions
Alcohol or drug intoxication	Severe intoxication	Unable to care for self. Unable to ambulate. Altered level of consciousness. Airway may or may not be at risk.
Allergic reaction	Potentially life-threatening manifestations	Includes rapidly progressive symptoms, prior history of anaphylaxis, wheezing, oral/facial/laryngeal edema
Altered level of consciousness (non-traumatic)	Neurologic dysfunction in addition to any baseline abnormality	Acute condition with Glasgow Coma Scale <15 or transient symptoms of dizziness associated with neurologic or cardiovascular symptoms and/or signs or abnormal vital signs
Blood glucose	Abnormal <80 or >250 with symptoms	Signs include altered mental status (altered beyond baseline function), vomiting, significant volume contraction, significant cardiac dysfunction.
Cardiac symptoms other than chest pain.	Palpitations, skipped beats. Atypical pain or other symptoms.	Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, other emergency conditions.
Cardiac arrest with resuscitation in progress		
Chest pain (non-traumatic)	Cardiac origin suspected. Obvious non-emergent cause not identified	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.
Choking episode	Respiratory or neurologic impairment	
Cold exposure	Potentially life- or limb- threatening	Findings include temperature < 95° F, signs of deep frost bite or presence of other emergency conditions.
Convulsions/seizures	Active seizing or immediate post-seizure at risk of repeated seizure and requires medical monitoring / observation	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.
Fever	Significantly high fever unresponsive to pharmacologic intervention or fever with associated symptoms	Temperature after pharmacologic intervention >102° (adult) Temperature after pharmacologic intervention >104° (child) Associated neurologic or cardiovascular symptoms/signs, other abnormal vital signs
Hazardous substance exposure	The nature of the exposure should be such that potential injury is likely.	Toxic fume or liquid exposure via inhalation, absorption, oral, radiation, smoke inhalation
Heat exposure	Potentially life-threatening	Findings include hot and dry skin, core temperature >105°, neurologic dysfunction, muscle cramps, profuse sweating, severe fatigue.

Hemorrhage	Potentially life-threatening hemorrhage	Includes uncontrolled bleeding with signs of shock and active severe bleeding (quantity identified), ongoing or recent, with potential for immediate rebleeding
Infectious diseases requiring isolation procedures/public health risk	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.	Infections in this category are limited to those infections for which isolation is provided both before and after transportation.
Medical device failure	Life- or limb-threatening malfunction, failure or complication	Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery device, O ₂ 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 is severity of 7–10 on 10-point severity scale despite pharmacologic intervention. Patient needs specialized handling to be moved. Other emergency conditions are present or reasonably suspected. Signs of other life- or limb-threatening conditions are present. Associated cardiopulmonary, neurologic, or peripheral vascular signs and symptoms are present.
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, sign/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:

On-Scene Condition (General)	On-Scene Condition (Specific)	Comments and Examples (Not All-Inclusive)
Animal bites/sting/envenomation	Potentially life- or limb- threatening	Symptoms of specific envenomation, significant face, neck, trunk and extremity involvement. Special handling and/or monitoring required. Presence of other emergency conditions.
Burns	Major: per American Burn Association (ABA)	Partial thickness burns > 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
Electrocution		
Eye injuries	Acute vision loss or blurring, severe pain or chemical exposure, penetrating, severe lid lacerations	
Lightning		
Major trauma	As defined by ACS Field Triage Decision Scheme	Trauma with one of the following: Glasgow < 14; systolic BP < 90; RR < 10 or > 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 > 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 > 20 miles per hour and rider separated from vehicle
Near-drowning		
Other Trauma	Need to monitor or maintain airway or immobilize head/neck	Decreased level of consciousness, bleeding into airway, significant trauma to head, face or neck
Other Trauma: Penetrating extremity injuries	Life-or limb-threatening injury	Uncontrolled hemorrhage, compromised neurovascular supply, uncontrollable pain requiring pharmacologic intervention
Other Trauma: Suspected fractures/dislocations	Suspected fracture or dislocation requires splinting/immobilization and renders patient unable to be transported by another vehicle	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 suspicions.
Other Trauma: Suspected internal, head, chest or abdominal injuries		Signs of closed head injury, open head injury, pneumothorax, hemothorax, abdominal bruising, positive abdominal signs on exam, internal bleeding criteria, evisceration
Other Trauma: Traumatic amputations	Life-threatening injury or reattachment opportunity exists	
Sexual assault	With significant external and/or internal injuries	

POSITION STATEMENT

Applicable To:

- Medicaid – All Markets
- Medicare – All Markets

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 if¹:

- 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 Reasonableness¹

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.¹ 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.

Florida³

An air ambulance is a fixed-wing or rotary-wing aircraft used for, or intended to be used for, air transportation of sick or injured persons who may require, or are likely to require, medical attention during transport. Air ambulances must be licensed by the Department of Health, Office of Emergency Medical Services, in accordance with section 401.251, F.S. and Chapter 64J-1.005, F.A.C. Ambulance companies are required to meet the insurance standards in section 401.25, F.S. and Chapter 64J-1, F.A.C.

Emergency Transportation. Medicaid reimburses for emergency transportation (ALS or BLS) by ambulance, whether ground or air. Emergency transportation is necessary when the recipient has an emergency medical condition as defined in the Florida Medicaid Provider General Handbook. Emergency transportation does not require prior authorization. However, the provider must document the medical necessity of the emergency and keep the documentation on file for five years for every Medicaid recipient transported by emergency vehicle. Scheduled ambulance service (ALS or BLS) is not emergency transportation. All scheduled ambulance services must be authorized before providing the service.

Medical Conditions List. The Medical Conditions List (see above) contains ambulance codes for both emergency and non-emergency conditions. The condition code is based on the recipient's condition at the time of transport as observed and documented by the ambulance crew. Use of the condition codes will not guarantee payment of the claim or payment for a certain level of service. Ambulance providers and suppliers must retain adequate documentation of the patient's condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient's condition, and miles traveled), all of which may be subject to medical review by Medicaid or Medicaid's authorized representative. Medicaid will rely on medical record documentation to justify coverage, not simply the condition codes by themselves. If the recipient's medical condition is not included on the Medical Conditions List, but appears to the ambulance provider to meet Medicaid's definition of medical necessity, the ambulance provider must obtain authorization from the Medicaid area office to be reimbursed for the trip.

In-State Air Ambulance. Medicaid will reimburse an all-inclusive fee for air ambulance when the recipient's condition falls within one or more of the condition codes listed on the Medical Condition List on the date of service and the transport is:

- A critical emergency situation in which life, limb, or essential body or organ function is jeopardized;
- A medical situation in which time constraints make the use of ground ambulance impractical.

Exceptions to the Limits (Special Services) Process. As required by federal law, Florida Medicaid provides services to eligible children under the age of 21, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in Section 1905(a) of the Social Security Act, codified in 42 USC 1396d(a). Services requested in excess of limitations described within this handbook or the associated fee schedule for children under the age of 21, may be approved if medically necessary through the prior authorization process described in Chapter 2 of the Ambulance Transportation Services Coverage and Limitations Handbook (see references for source).

Georgia ⁴

Effective July 1, 2014 the Department began providing emergency air ambulance services to adults 21 years of age and older by rotary wing (helicopter) air ambulance at the ground ambulance rate. Coverage is limited to one emergent event (1 leg) with major trauma of any sort to a level 1, 2, or 3 trauma center by a fully medically equipped and licensed ALS helicopter.

Fixed Wing Air ambulance (FW) – airplane 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 fixed wing 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), precludes 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 ambulance vehicle.

Rotary Wing Air ambulance (RW) – helicopter 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 rotary wing 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 be necessary because the member is inaccessible by ground ambulance vehicle.

Hawaii ⁵

Ambulance services may be covered when the client's medical condition contraindicates the use of other forms of medical transportation. Emergency ambulance is covered without prior authorization to the nearest medical facility capable of meeting the medical needs of the client.

Air ambulance is covered when life support services are needed during transport or in emergencies when no scheduled carrier is available to accommodate the client. The transportation request must specify the need for an air ambulance and must be prior approved.

Ambulance services in emergency situations include the following, in which delay of ≥ 24 hours could result in:

- Very severe pain; **OR**
- Loss of life, limb, eyesight, or hearing; **OR**
- Injury to self or bodily harm to others.

Emergency transportation does not require prior authorization or approval; however, payment will be denied for any emergency travel, which is not clearly documented showing medical necessity. Claims for emergency ground and air medical transportation must be billed with ambulance destination modifiers.

Illinois ⁶

Exclusions

Certain medical services are non-covered in the scope of the department's Medical Programs and payment cannot be made for transportation to and from such services. Refer to Chapter 100, Topic 104 for a general list of non-covered services. The department does not reimburse for transportation provided in connection with any services not reimbursed by the department's Medical Programs, such as early intervention services, sheltered workshops, day care programs, social rehabilitation programs or day training services. In these instances, transportation providers must verify reimbursement sources prior to delivery of services with the entity requesting the service. The following includes non-covered services:

- Non-emergency transportation where department prior approval is required but has not been obtained.
- Services medically inappropriate for the patient's condition (e.g., a taxicab when public transportation is available and medically appropriate or a medicar when a service car is warranted).
- Transportation of a person having no medical need, other than an approved attendant. Refer to Topic 210.6 for the policy regarding the use of an attendant.
- Transportation of a person who has been pronounced dead by a physician or where death is obvious.
- Charges for waiting time, meals, lodging, parking, tolls.
- Transportation provided in vehicles other than those owned or leased and operated by the provider.
- Transportation services provided for a hospital inpatient that is transported to another medical facility for outpatient services not available at the hospital of origin and the return trip to the in-patient hospital setting. In this instance, the transportation provider must seek payment from the in-patient hospital.
- Transportation to receive services when a patient currently belongs to a Managed Care Organization (MCO).
- Medical transportation provided for patients who reside in State Operated Facilities. In this instance, the transportation provider must seek payment from the State Operated Facility.

Coverage

Emergency helicopter transport service is covered when the patient's medical condition is such that immediate and rapid transportation cannot be provided by ground ambulance. An emergency includes, but is not limited to:

- Life threatening medical conditions; **OR**
- Severe burns requiring treatment in a burn center; **OR**
- Multiple trauma; **OR**
- Cardiogenic shock; **OR**
- High-risk neonates.

Kentucky ^{7,8}

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.

Missouri⁹

Documentation. Air ambulance claims are reviewed on a case-by-case basis to determine whether or not the circumstance warranted emergency air ambulance. The documentation of the emergency air ambulance flight record (trip ticket) must contain a description of the patient's medical condition with sufficient detail to demonstrate the need for emergency air ambulance. If the review indicates ground ambulance was medically appropriate, reimbursement is based on the amount allowed for one way ground ambulance service.

Hospital to Hospital Transport (Air). Air ambulance transport is covered for transfer of a patient from one hospital to another if the medical appropriateness criteria is met, that is, transportation by ground ambulance would endanger the patient's health and the transferring hospital does not have adequate facilities to provide the medical services needed by the patient. Examples of such services include burn units, cardiac care units and trauma units. 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.

Transportation To/From Air Ambulance. Ground transportation from the point of pickup to an air ambulance is covered. Likewise, ground transportation from an air ambulance to a hospital is covered, provided the landing zone is not located on or immediately adjacent to a hospital.

Exclusions

The following services are non-covered for air ambulance:

- Air ambulance trip for patient's personal preference; **OR**
- Patient not transported to the nearest hospital with appropriate facilities; **OR**
- Ambulance trips ordered by the Veteran's Administration Hospital; **OR**
- Transport of medical team (or other medical professionals) to meet a patient;* **OR**
- Ground mileage (not allowed for air ambulance);** **OR**
- Transport to a facility that is not an acute care hospital, such as a nursing facility, physician's office or a patient's home; **OR**
- If a participant is pronounced dead before the ambulance is called; **OR**
- Ancillary services and supplies when the patient is not transported; **OR**
- Transport from one medical facility to another for specialized testing and treatment is non-covered for emergency air ambulance services.

* If transport of the medical team results in ambulance transport of the patient, the services are included in the base rate of the patient's transport.

** Reference covered air ambulance services for more information on mileage charges.

Coverage

The following is a list, not all inclusive, of covered services for air ambulance:

- Emergency air ambulance transports provided by a MO HealthNet participating provider;
- “Loaded” air miles from point of pickup to nearest appropriate facility. Unloaded mileage is included in the payment of the base rate;
- If it is determined to be an emergency and medically necessary. The patient's medical condition is such that immediate and rapid transportation cannot be provided by ground ambulance. If the flight was canceled before pickup, the base rate is reimbursable when the medical necessity for the original call is documented with the claim submission (e.g., a woman in active labor who requires an air ambulance but delivers before the flight arrives);
- Base rate—including the lift off, professional intensive care, ventilator setup, respiratory setup, waiting time, first 50 “loaded” air miles, the use of reusable supplies, equipment and protective gear used by the ambulance crew;
- Medicare deductible and co-insurance amounts for dual-eligible participants;
- If the patient is pronounced dead while enroute to or upon arrival at the destination. If the participant was pronounced dead after the air ambulance was called but before pickup, payment may only be made for air mileage from the base to the point of pickup. The base rate is not reimbursable;
- Oxygen charges and supplies. Oxygen usage is a covered service when medically necessary and administered during air transport.

New Jersey ¹⁰

"Aircraft" means a device that is utilized, or intended to be utilized, for flight in the air, and shall include both airplanes and helicopters.

"Air medical service" means an entity that is validly licensed by the Department to provide pre-hospital advanced life support care to accident or trauma victims or ALS inter-facility transfers of acutely ill or injured patients requiring specialty medical care by way of a specially equipped and specially staffed air medical unit.

"Air medical unit" or "AMU" means a specially equipped helicopter or airplane that is validly licensed by the Department and operated in accordance with the standards set forth in this chapter.

According to § 8:41-11.2, when "in-service," an AMU may be utilized to provide pre-hospital advanced life support emergency medical care and transportation or ALS inter-facility transfers of patients requiring specialized medical intervention or medical monitoring that is beyond the capabilities of BLS ambulances and their crewmembers. This shall include, but is not limited to, those persons who require:

- Transportation in a prone or supine position; **OR**
- Constant attendance due to a medical and/or mental condition; **OR**
- Aspiration; **OR**
- Treatment in the emergency department of an acute care hospital (for other than a set appointment or routine non-emergency follow-up care of a previously diagnosed condition); **OR**
- Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the intensive and/or coronary care unit of an acute care hospital; **OR**
- Management or observation of intravenous fluids and/or intravenous medications; **OR**
- An automatic ventilator or whose breathing is ventilator assisted; **OR**
- Cardiac monitoring.

An air medical service shall not refuse, or fail to respond to, an emergency call or refuse or fail to provide emergency treatment to any person because of that person's race, sex, creed, national origin, sexual preference, age, disability, medical condition or ability to pay.

New York ¹¹

Emergency ambulance transportation is transportation to a hospital emergency room generated by a “911” emergency system call or some other request for an immediate response to a medical emergency. Due to the urgency of the transportation request, insurance coverage or other billing provisions are not addressed until after the trip is completed.

Non-emergency ambulance transportation is the pre-planned provision of ambulance transportation for the purpose of obtaining necessary medical care or services by a Medicaid enrollee whose medical condition requires transportation in a recumbent position and/or the administration of life support equipment such as oxygen, by medically-trained personnel en route to a medical appointment.

Air Ambulance Guidelines and Reimbursement

To determine whether air ambulance transportation reimbursement will be authorized, these guidelines can be used:

- Member has a catastrophic, life-threatening illness or condition;
- Member is at a hospital that is unable to properly manage the medical condition;
- Member needs to be transported to a uniquely qualified hospital facility and ground transport is not appropriate for the member;
- Rapid transport is necessary to minimize risk of death or deterioration of the member’s condition; and
- Life-support equipment and advanced medical care is necessary during transport.

A case-by-case prepayment review of the ambulance provider’s Pre-Hospital Care Report will determine if these guidelines were met.

South Carolina ¹²

Air Ambulance Emergency Transport. An Emergency Air Ambulance Transport is a transport that may be billed fee-for-service if 911 is called and the member is transported under emergency conditions only (e.g., collision, drowning, fall, etc.).

Note: All fee-for-service air transport claims are subject to review by SCDHHS transportation staff for emergency necessity criteria. All non-emergency air transports should be coordinated with the Broker.

Basic Life Support (BLS) Emergency Transport Service. A Basic Life Support Emergency Transport provides staff and equipment necessary for beneficiaries that require basic emergency care and treatment during transport. Transport is to or from the site of transfer (i.e., airport or helicopter pad) between modes of emergency air ambulance transports.

Air Ambulance Emergency. An Emergency Air Ambulance Transport is a transport that may be billed fee-for-service if 911 is called and the beneficiary is transported under emergency conditions only (e.g., collision, drowning, fall, etc.). The reimbursement rate for rotary air ambulance transportation is inclusive of the cost for air mileage and supplies for the rotary air transport.

Waiting Time. Ambulance waiting time may be billed when an ambulance transports a member to receive services. It is billed in one half hour increments (the first half-hour is not reimbursable). Waiting time charges cannot exceed the return trip charges. The DHEC Run Report must support any waiting time billed.

Multiple Beneficiaries in One Trip. Ambulance providers may transport more than one member at the same time. A multiple member transport may be either an emergency or a non-emergency service. Separate documentation for each member that is transported is required. The claim should include the appropriate base rate. The mileage charge should be billed to only one of the beneficiaries transported.

Advanced Life Support (ALS) Services. An Advanced Life Support (ALS) Emergency provides the staff and equipment necessary to beneficiaries that require an advanced level of care during the transport.

Neonatal Transport. A Neonatal transport is an advanced life support (ALS) transport that provides the staff and equipment necessary to treat and transport a fragile neonate. This transport is used when transporting a fragile neonate that is less than one month old. All supplies and mileage are included in the basic transport rate.

Intensive Care Unit (ICU) or Special Neonatal Transport. An ICU transport is used when transporting beneficiaries that require a high degree of care. The transport requires a vehicle licensed by DHEC and highly specialized equipment. A nurse, a doctor, or a specially trained paramedic is necessary for treatment and transport.

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-E8B22114060F/0/TransportationFeeSchedule01012011.pdf>

Market Specific Coding

MISSOURI

13.3.H(1) Rotary Wing Transport. Rotary wing transport is covered by the MO HealthNet Ambulance program. The flight circumstances must meet all guidelines as defined in section 13.3.A(1). The following procedure codes are used for rotary wing transport:

- A0431** Ambulance service, conventional air services, transport, one way (rotary wing)
- A0431EP** Ambulance service, conventional air services, transport, one way (rotary wing)
- A0436** Rotary wing air mileage, per statute mile
- A0436EP** Rotary wing air mileage, per statute mile

13.3.H(2) Fixed Wing Transport. Fixed wing transport is covered by the MO HealthNet Ambulance program. The flight circumstances must meet all of the current emergency services guidelines as defined in Section 13.3.A(2). The following procedure codes are used when the weather situation prohibits the use of rotary wing transport:

- A0430** Ambulance service, conventional air services, transport, one way (fixed wing)
- A0430EP** Ambulance service, conventional air services, transport, one way (fixed wing)
- A0435** Fixed wing air mileage, per statute mile
- A0435EP** Fixed wing air mileage, per statute mile

The following fixed wing procedure codes are to be used when the flight is medically necessary as described in section 13.3.A (2) and not related to weather:

- A0430SC** Ambulance service, conventional air services, transport, one way (fixed wing) – MN service or supply
- A0435SC** Fixed wing air mileage, per statute mile – MN service or supply

13.3.I(2) Air Mileage. “Loaded” air mileage (i.e., miles traveled in flight in excess of 50 miles while the patient is present in the air ambulance) is covered. “Unloaded” mileage is included in the reimbursement of the base rate. A mileage allowance is paid by MO HealthNet for transporting a patient beyond the first 50 miles. When billing for air mileage, use one of the following codes:

- A0435** Fixed wing air mileage, per statute mile
- A0435EP** Fixed wing air mileage, per statute mile, HCYA0425

- A0435SC** Fixed wing air mileage, per statute mile, medically necessary
- A0436** Rotary wing air mileage, per statute mile
- A0436EP** Rotary wing air mileage, per statute mile, HCY

When billing for “loaded” air mileage that exceeds 50 miles, use the appropriate procedure code listed above and bill the total air mileage one way from point of pickup to destination. The MO HealthNet fiscal agent (Wipro Infocrossing) deducts 50 miles from the total mileage and calculates the appropriate air mileage reimbursement. Fifty miles or less should not be billed separately on the claim form as it is included in the base rate. Air ambulance providers must bill “loaded” air mileage, not ground mileage. The participant has freedom of choice to determine which hospital is the destination. If the chosen hospital is not the nearest appropriate hospital, the participant must agree to pay mileage charges over 50 air miles. In this instance, MO HealthNet reimburses the base rate and other covered services.

13.3.J(2) Supplies Separately Billable-Air. Air ambulance providers may bill supplies as a separate service when appropriate. When billing A0430 (Conventional air service, one way [fixed wing]), A0430SC (Conventional air service, one way [fixed wing]-medically necessary service or A0431 (Conventional air service, one way [rotary wing]), the following supply codes may be billed in addition to the base rate, if appropriate:

- A0398** ALS routine disposable supplies
- A0422** Oxygen and oxygen supplies
- A0394** IV drug therapy
- A0999** Unlisted ambulance service—only IV set up and fluids
- 93040** Rhythm ECG with report

When billing the A0430EP (Conventional air service, one way [fixed wing] – HCY) or A0431EP (Conventional air service, one way [rotary wing]— HCY), the following supply codes may be billed in addition to the base rate, if appropriate:

- A0398EP** ALS routine disposable supplies—HCY
- A0422EP** Oxygen and oxygen supplies—HCY
- A0394EP** IV drug therapy—HCY
- A0999** Unlisted ambulance service-only IV set up and fluids

Transportation To/From Air Ambulance. A place of service code “21,” inpatient hospital, should be used in billing for this service.

SOUTH CAROLINA

The reimbursement rate for rotary air ambulance transportation (A0431) is inclusive of the cost for air mileage and supplies for the rotary air transport. When code A0431 is used, mileage should not be billed separately.

Code A0430 is used for Ambulance Service, Conventional Air Services Transport, One Way Fixed Wing (FW).

Code A0435 is used for Fixed Wing air mileage, per statute mile. This code is used only to bill air mileage when A0430 is billed.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Medicare Benefits Policy Manual, Chapter 10 - Ambulance Services. Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>. Published July 11, 2014. Accessed February 26, 2018.
2. Medicare claims processing manual: chapter 15 – ambulance. Centers for Medicare and Medicaid Services. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>. Published October 2014. Accessed February 26, 2018.
3. Ambulance transportation services coverage and limitations handbook. Agency for Health Care Administration Web site. http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_ProviderHandbooks/tabId/53/Default.aspx. Published August 2013. Accessed February 26, 2018.
4. Part II: policies and procedures for emergency ambulance services. Georgia Department of Community Health Web site. <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>. Published July 2015.

- Accessed February 26, 2018.
5. Transportation, meals, lodging and foreign language translation/sign language translation (chapter 16). Quest Hawai'i Web site. <http://www.med-quest.us/providers/ProviderManual.html>. Published January 2011. Accessed February 26, 2018.
 6. Handbook for providers of transportation services: chapter T-200. Illinois Department of Healthcare and Family Services Web site. <http://www2.illinois.gov/hfs/MedicalProvider/Handbooks/Pages/default.aspx>. Published April 2008. Accessed February 26, 2018.
 7. Medical transportation. Kentucky Cabinet for Health and Family Services Web site. <http://chfs.ky.gov/dms/trans.htm>. Published September 23, Accessed February 26, 2018.
 8. 907 KAR 1:060: ambulance transportation. Kentucky Legislature Web site. <http://www.lrc.state.ky.us/kar/907/001/060.htm>. Published 2004. Accessed February 26, 2018.
 9. State of Missouri MONet manuals: ambulance. State of Missouri / MOHealthNet Web site. <http://manuals.momed.com/manuals/>. Published October 2013. Accessed January 4, 2017. And http://manuals.momed.com/collections/collection_amb/print.pdf
 10. Advanced life support services; mobile intensive care programs, specialty care transport services and air medical services (chapter 41, subchapter 11). New Jersey Legislature Web site. <http://www.state.nj.us/humanservices/dmahs/info/resources/manuals/>. Published 2015. Accessed January 4, 2017. http://nj.gov/humanservices/dmahs/info/resources/manuals/10-50_Manual.pdf
 11. Provider manual: transportation. New York State Department of Health Web site. <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>. Published 2014. Accessed February 26, 2018.
 12. Ambulance services manual. South Carolina Health Connections Medicaid Web site. <https://www.scdhhs.gov/provider-type/ambulance-services-manual-010109-edition-posted-010109> and <https://www.scdhhs.gov/internet/pdf/manuals/Ambulance/Manual.pdf>
 13. Published January 1, 2009 (updated July 1, 2015). Accessed February 26, 2018.
 14. Medicare coverage of ambulance services. Centers for Medicare and Medicaid Services Web site. <https://www.medicare.gov/Pubs/pdf/11021.pdf>. Published January 2015. Accessed February 26, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/1/2018	<ul style="list-style-type: none"> • Approved by MPC. No changes.
1/12/2017	<ul style="list-style-type: none"> • Approved by MPC. Inclusion of market information.
9/17/2015	<ul style="list-style-type: none"> • Approved by MPC. Expanded criteria for emergency and non-emergency air transportation.
11/6/2014	<ul style="list-style-type: none"> • Approved by MPC. Addition of HCPCS, ICD9 and ICD 10 codes.
11/7/2013	<ul style="list-style-type: none"> • Approved by MPC. No changes.
11/1/2012	<ul style="list-style-type: none"> • Approved by MPC. Originally approved by MPC on 10/4/2012 for Kentucky market only; this version includes criteria for all LOBs.
10/4/2012	<ul style="list-style-type: none"> • Approved by MPC.