

## **Corporate Medical Policy**

### Ambulance Transport

#### **Description of Procedure or Service**

An ambulance is a vehicle which can transport medical patients who require active treatment and/or monitoring to a treatment facility or next level of care. An ambulance is designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions.

Ambulances are used to respond to medical emergencies by the emergency medical services. For this purpose, they are generally equipped with flashing warning lights and sirens. They can rapidly transport first responders to the scene, carry equipment for administering emergency care and transport patients to hospital or other definitive care.

Ambulance services should only be utilized when the patient's clinical condition is such that the use of any other method of transportation would be contraindicated.

#### **Background**

Any vehicle used as an ambulance (ground and/or air) must be designed and equipped to respond to medical emergencies and, in nonemergency situations, be capable of transporting beneficiaries with acute medical conditions. The vehicle must comply with State or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by State or local law. This should include, at a minimum, one 2-way voice radio or wireless telephone.

Basic Life Support ambulances must be staffed by at least two people, at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. Advanced Life Support (ALS) vehicles must be staffed by at least two people, at least one of whom must be certified by the State or local authority as an EMT-Intermediate or an EMT-Paramedic.

#### **Regulatory Status**

Differing Statewide Emergency Medical Services (EMS) systems determine the amount and level of basic and advanced life support ground transportation available. However, there are very limited emergency cases where ground transportation is available but the time required to transport the patient by ground as opposed to air endangers the beneficiary's life or health. As a general guideline, when it would take a

ground ambulance 30-60 minutes or more to transport a beneficiary whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the beneficiary's illness/injury, contractors should consider air transportation to be appropriate.

### **Policy Statement**

GEHA will provide coverage for Ambulance Transport when it is determined to be medically necessary because the medical criteria and guidelines as documented below have been demonstrated.

### **Benefit Application**

Local ambulance service (within 100 miles) to the first hospital where treated, from that hospital to the next nearest one if necessary treatment is unavailable or unsuitable at the first hospital, then to either the home (if ambulance transport is medically necessary) or other medical facility (if required for the patient to receive necessary treatment and if ambulance transport is medically necessary)

- Member is responsible for all charges for 100 miles or greater when medically necessary treatment is available within 100 miles.

Air ambulance to nearest facility where necessary treatment is available is covered if no emergency ground transportation is available or suitable and the patient's condition warrants immediate evacuation. Air ambulance will not be covered if transport is beyond the nearest available suitable facility, but is requested by patient or physician for continuity of care or other reasons

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits.

### **When treatment for ambulance transfer is covered:**

#### Ground ambulance

Medically appropriate ground ambulance transportation is a covered service regardless of the State or region in which it is rendered. GEHA will cover ground ambulance services to or from an appropriate facility or the home only when other transportation could endanger the patient's health.

#### Air Ambulance

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 beneficiary'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).

#### A. Fixed Wing Air Ambulance (FW)

Fixed wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the beneficiary'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 beneficiary is inaccessible by a ground or water ambulance vehicle.

#### B. Rotary Wing Air Ambulance (RW)

Rotary wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the beneficiary'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 beneficiary is inaccessible by a ground or water ambulance vehicle. Ambulance or medical transport services are considered eligible for coverage if the patient is legally pronounced dead after the ambulance was called, but before pickup, or enroute to the hospital.

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

- The patient's medical condition must require immediate and rapid ambulance transport to the nearest appropriate medical facility that could not have been provided by land ambulance; AND
- The beneficiary's medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance; AND either
  - 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
  - Great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities.

Medical necessity is only established when the beneficiary's condition is such that the time needed to transport a beneficiary by ground, or the instability of transportation by ground, poses a threat to the beneficiary's survival or seriously endangers the beneficiary'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;
- Cardiogenic shock;
- Burns requiring treatment in a burn center;
- Conditions requiring treatment in a Hyperbaric Oxygen Unit;

- Multiple severe injuries; or
- Life-threatening trauma.

**When treatment for Ambulance Transport is not covered:**

- Ambulance transportation when the patient does not require the assistance of medically trained personnel and can be safely transferred (or transported) by other means
- Ground ambulance transportation for any distance equal to or beyond 100 miles when there is availability of medically necessary services within 100 miles.

**Policy Guidelines**

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 beneficiary'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.

**Physician documentation**

For adequate review of any requests for the above noted procedures written medical necessity is required. This includes, but is not limited to:

- A. Pick up and drop off location
- B. Medical reason for being transported
- C. Documentation of patient status (vital signs, alert/oriented, glasgow coma scale, etc.)
- D. Documentation of any interventions like oxygen, medications, IV, or monitoring like EKG during the trip.

In addition, GEHA may request medical records and doctors notes.

Ground transportation requires written medical necessity when it is necessary to clarify the diagnosis. Review is not required unless it cannot be determined if the diagnosis requires transport.

Relevant codes addressed by this policy content include, but are not limited to:

A0140 Non-emergency transportation and air travel (private or commercial) intra or inter-state;

A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way;

A0380 BBIs mileage (per mile);

- A0382 Bls routine disposable supplies;
- A0384 Bls specialized service disposable supplies; defibrillation (used by als ambulances and bls ambulances in jurisdictions where defibrillation is permitted in bls ambulances);
- A0390 Als mileage (per mile);
- A0392 Als specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in bls ambulances);
- A0394 Als specialized service disposable supplies; iv drug therapy;
- A0396 Als specialized service disposable supplies; esophageal intubation;
- A0398 Als routine disposable supplies;
- A0420 Ambulance waiting time (als or bls), one half (1/2) hour increments;
- A0422 Ambulance (als or bls) oxygen and oxygen supplies, life sustaining situation;
- A0424 Extra ambulance attendant, ground (als or bls) or air (fixed or rotary winged); (requires medical review);
- A0425 Ground mileage, per statute mile;
- A0426 Ambulance service, advanced life support, non-emergency transport, level 1 (als 1);
- A0427 Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency);
- A0428 Ambulance service, basic life support, non-emergency transport, (bls);
- A0429 Ambulance service, basic life support, emergency transport (bls-emergency);
- A0430 Ambulance service, conventional air services, transport, one way (fixed wing);
- A0431 Ambulance service, conventional air services, transport, one way (rotary wing);
- A0432 Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers;
- A0433 Advanced life support, level 2 (als 2);
- A0434 Specialty care transport (sct);
- A0435 Fixed wing air mileage, per statute mile;
- A0436 Rotary wing air mileage, per statute mile;
- A0888 Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility);
- A0998 Ambulance response and treatment, no transport;
- A0999 Unlisted ambulance service;
- S0207 Paramedic intercept, non-hospital-based als service (non-voluntary), non-transport;

S0208 Paramedic intercept, hospital-based als service (non-voluntary), non-transport;  
S0209 Wheelchair van, mileage, per mile;  
S0215 Non-emergency transportation; mileage, per mile;  
S9960 Ambulance service, conventional air service, nonemergency transport, one way (fixed wing);  
S9961 Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

### **Scientific references**

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### **Policy implementation and updates**

2/2019 Clarification, review, and reformatting of content.