

FEP UM Guideline 004: Non-emergency Air Ambulance Transport

Effective Date: October 1, 2021

Related FEP Medical Policies: None

Non-emergency Air Ambulance Transport

DESCRIPTION

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

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

OBJECTIVE

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

COVERED PROVIDERS

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

CLINICAL REVIEW

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

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Medical Necessity:

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

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

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

Not Medically Necessary

1. The required care does not meet the medical necessity* criteria for non-emergency air ambulance.
2. The air ambulance transportation is requested by, or for the convenience of, the patient, family or healthcare provider.^(1,2)
3. There is no evidence in the medical record that the patient's condition is such that he/she cannot be safely transported by other modes of transportation.⁽³⁾

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4. The requested non-emergency air ambulance transport does not meet the definition of medical necessity* as listed in the Blue Cross and Blue Shield Service Benefit Plan Brochure and the Blue Cross and Blue Shield Service Benefit Plan FEP® Blue Focus Brochure.

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

- In accordance with generally accepted standards of medical practice in the United States; and
- Clinically appropriate, in terms of type, frequency, extent, site, and duration; and considered effective for the patient's illness, injury, disease, or its symptoms; and
- Not primarily for the convenience of the patient, physician, or other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of that patient's illness, injury, or disease, or its symptoms; and
- Not part of or associated with scholastic education or vocational training of the patient; and
- In the case of inpatient care, able to be provided safely only in the inpatient setting." (1,2)

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

(See Section 5(c) of the Blue Cross and Blue Shield Service Benefit Plan Brochure and the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus Brochure.)

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

POLICY GUIDELINES

- Ambulance transport that is requested, beyond the nearest facility adequately equipped to treat the patient's condition, by patient or physician for continuity of care or other reason, the documentation should include:
 - The nearest facility equipped to treat the patient (Name, address and credentials of facility)
 - Bed availability
 - Facility verified ability to treat the specific patient's condition
 - Date and time the air transport request was received
 - Location of the patient when the request was received
 - Referral to Case Management
 - Host and Home Plan as applicable
 - Requirement for prior approval for non-emergent air transport advised (facility, provider, member)
 - Inpatient precertification of receiving hospital

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REFERENCES

1. 2021 Blue Cross® and Blue Shield® Service Benefit Plan Brochure (RI 71-005)
2. 2021 Blue Cross® and Blue Shield® Service Benefit Plan FEP® Blue Focus Brochure (RI 71-017)
3. Centers for Medicare & Medicaid Services. (2020, November 20). Overview of the Repetitive, Scheduled Non-emergent Ambulance Prior Authorization Model. Accessed January 2021. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1514.pdf>
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5. Code of Federal Regulations (CFR). (2021, January 26). 42 CFR § 410.41: Public Health. Requirements for Ambulance Suppliers. Retrieved from Electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/text-idix?SID=3e84ac918f0f1e9e34095d68e2e803dc&mc=true&node=se42.2.410_141&rgn=div8
6. Commission on Accreditation of Medical Transport Systems. (2018 July). Eleventh Edition of Accreditation Standards of the Commission on Accreditation of Medical Transport Systems. Retrieved from CAMTS.com: <https://www.camts.org/wp-content/uploads/2017/05/CAMTS-11th-Standards-DIGITAL-FREE.pdf>
7. National Association of EMS Officials. (2020, November 23). National Model of EMS Clinical Guidelines Version 2.2. Retrieved from nasemso.org: <https://nasemso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines-2017-PDF-Version-2.2.pdf>
8. National Association of EMS Officials. (2020 March). Recognition of EMS Personnel Licensure Interstate Compact (“EMS CompACT”). Retrieved from nasemso.org: <https://nasemso.org/projects/replica/>
9. Rural Health Information Hub. (2002 – 2021). Community Paramedicine. Retrieved from www.ruralhealthinfo.org: <https://www.ruralhealthinfo.org/topics/community-paramedicine#licensure>

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

Date	Action	Description
March 2019	New UM Guideline	UM Guideline for Non-emergency Air Ambulance Transportation
March 2020	Update	Reference list was updated. Guidelines remain unchanged.
January 2021	Update	Not medically necessary criteria #3 edited for clarification, added “the patient’s condition is such that he/she”. Not covered ambulance services corrected to Section 5(c) of the brochures. References updated.
September 2021	Update	Policy Guideline section added with documentation requirements for request beyond nearest facility to treat condition

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