

How to Use This Document

This document explains the clinical criteria Blue Cross Blue Shield of Massachusetts uses to determine coverage for air ambulance transport from an acute care facility to another acute care facility. Please be sure to check member benefits and eligibility before rendering services. Ambulance services are covered to the extent that these types of services are generally covered by each Blue Cross member's benefit design.

Description

Air transport is more expensive and involves more potential risk than other methods of transport. The benefits of transport should outweigh risks. Medical necessity is established when the member's condition is such that the time needed to transport a member by land, or the instability of transportation by land, poses a threat to the member's survival or seriously endangers the member's health.

Coverage Guidelines

Blue Cross may authorize air ambulance transport from an acute care facility to another acute care facility when the following time and clinical criteria are met:

1. The time needed to transport a patient by land or the instability of transportation by land, poses a threat to the patient's medical condition or survival; **and**
2. The member's diagnosis and current clinical condition requires immediate and rapid transport that cannot be provided by either basic or advanced life support land ambulance; **and**
3. The proper equipment required to treat the patient is not available on a land ambulance; **and**
4. The member requires skilled/trained monitoring during transport; **and**
5. The member is being transferred from an acute care hospital that is not able to treat the member's medical condition, to the nearest acute care hospital with appropriate facilities and physician specialists capable of treating the member's medical condition (such as trauma unit, burn unit, or cardiac care unit).

Examples of emergency situations for which air ambulances may be justified include, but are not limited to, the following:

- Intracranial bleeding requiring neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Condition requiring treatment in a hyperbaric oxygen unit
- Significant multi-system trauma, or trauma requiring immediate surgical intervention at an appropriately equipped center
- Amputation
- Drowning, near drowning
- Flail chest injury
- Neonatal respiratory disease
- Uncontrolled bleeding
- A hospital patient experiencing shock, sepsis, organ failure with immediate, life-threatening implications requiring tertiary care

Air ambulance services are not covered when:

- They are for the sake of patient and/or family preferences, rather than medical necessity, such as transport to a facility closer to home or family.
- They provide transport to a facility that is not an acute care hospital, such as an acute rehabilitation hospital, a long-term acute care hospital, a skilled nursing facility, a doctor's office, or a member's home.
- Transportation for the purpose of continuity care only; For example, when the member wishes to be seen by his or her own physician specialist who may not be at the nearest appropriate hospital, and not a specialist located at the nearest appropriate hospital.
- Transport on commercial airlines or charter flights that are not certified air ambulances.
- Transport by an ambulance was medically necessary, but land ambulance service would have been enough.
- Air transport was medically appropriate, but the member could have been treated at a hospital closer than the one to which they were transported.

How to Submit an Authorization Request

Providers may send relevant clinical information to:

For services already billed

Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

Before services are rendered

Blue Cross Blue Shield of Massachusetts
Case Creation/Medical Policy
One Enterprise Drive
Quincy, MA 02171
Tel: **1-800-327-6716**
Fax: **1-888-282-0780**

Managed Care

Authorizations **are** required for air ambulances.

Note: As air ambulance service is normally of an urgent or emergent nature, a retrospective review of documentation will be performed prior to payment authorization.

Indemnity and PPO Guidelines

Authorizations are not required for air ambulances; however, all air ambulance claims must be submitted with supporting documentation and reviewed for medical necessity.

Note: As air ambulance service is normally of an urgent or emergent nature, a retrospective review of documentation will be performed prior to payment authorization.

We recommend submitting authorization requests electronically. For more information, please refer to the Utilization Management section of our **Blue Books**.

Claims payment is based on eligibility at the time of service, availability of benefits when we receive your claim, and medical necessity. All covered services, even those that do not require authorization, are subject to the plan's medical necessity requirements and may be subject to audit or review, even after that service has been performed or the claim has been paid.

References

1. Benson N, Hankins D, Wilcox, D. Air medical dispatch: guidelines for scene response [position paper]. Prehosp Disaster Med. 1992; 7:75-8.
2. Carruba C, Hunt R, Benson N. Criteria for prehospital air medical transport: non-trauma and pediatric considerations [position paper]. Prehosp Disaster Med. 1994;9:140-1
3. Jablonowski A. Position paper on the appropriate use of emergency air medical services. J Air Med Transport. 1990; Sept.29-33.
4. MacDonald M. Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, 2nd ed. Elk Grove, IL: American Academy of Pediatrics, 1999.
5. Thomas SH, Cheema F, Wedel SK, Thomas D. Trauma helicopter emergency services transport: annotated review of selected outcomes-related literature. Prehosp Emerg Care. 2002; 6:359-71.
6. Thomas SH, Cheema F, Cumming M, Wedel SK, Thomson D. Nontrauma helicopter emergency medical services transport: annotated review of selected outcomes-related literature. Prehosp Emerg Care. 2002;6:242-55.
7. Mann NC, Pinkney KA, Price DD, et al. Injury mortality following the loss of air medical support for rural interhospital transport. Acad Emerg Med. 2002; 9:694-8.
8. CMS regulations regarding air medical transport for coverage. Reference <http://www.cms.hhs.gov/center/ambulance.asp>
9. Thomson DP, Thomas SH, Guidelines for air medical dispatch [position paper]. Prehosp Emergency Care. 2003; 7:265-271.

Document History

Original Effective Date: August 25, 2010

Review Dates: August 17, 2011, August 22, 2012, August 29, 2013, August 28, 2014, August 28, 2015, August 23, 2016, August 11, 2017, August 21, 2018

Last Review Date: August 21, 2019

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



MASSACHUSETTS

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