How to Use this Document

This document explains the clinical criteria Blue Cross Blue Shield of Massachusetts (BCBSMA*) uses to determine coverage for elective 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 BCBSMA 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

BCBSMA may authorize elective air ambulance transport from an acute care facility to another acute care facility when both of the following time and clinical criteria are met:

Time Criteria

1. It would take a land ambulance greater than 30-60 minutes more than an air ambulance to transport an emergency patient, and
2. The member’s medical condition requires immediate and rapid transport that cannot be provided by either basic or advanced life support land ambulance, and
3. The medical condition of the member requires treatment started faster than could be safely provided by a ground or water ambulance, and
4. The member is being transferred to the nearest acute care hospital with appropriate facilities for treatment.

Clinical Criteria

1. The member must have a condition which requires immediate treatment to maintain life, limb, or function, and this treatment cannot be performed at the institution where the member is presently confined, and
2. Air transportation is medically necessary for the complete health and safety of the member, and
3. The member is critically ill or injured with condition(s) that may be aggravated or endangered by ground transport (e.g., limited access via ground ambulance or unsafe roadway), and
4. Diagnosis and present clinical condition justifies air ambulance transport, and
5. The member requires skilled/trained monitoring during transport
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 distress
- Bleeding (uncontrolled or internal)
- 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.
- They provide transport to a facility that is not an acute care hospital, such as a nursing facility, physician’s office, or a member’s home.
- Transport by an ambulance was medically necessary, but land ambulance service would have sufficed.
- 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 elective air ambulances. Emergency transports do not require 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.

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


Document History

Original Effective Date: August 25, 2010

Last Review Date: August 28, 2015