

MVP/Preferred Care BENEFIT INTERPRETATION MANUAL

Air Medical Transport (AMT)

Type of Policy

Medical

Codes

HCPCS code: A0430, 0431, 0435, 0436

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

Air Medical Transport/ambulance service performed by either a helicopter or fixed wing aircraft to ensure the rapid, safe transfer of those critically injured directly to a trauma center capable of managing them. This includes inter-hospital emergency department transfers and trauma scene transports.

Indications/Criteria

Air Medical Transport will be covered on a case-by-case basis, and is subject to the criteria listed below.

Pre-authorization is required if it is a **non-emergency** transport between acute care facilities. If pre-authorization is not obtained, reimbursement will be denied.

Emergency air medical transport will be considered for the following situations, reviewed retrospectively and not require pre-authorization:

- transport from the scene of an accident to an acute care facility when the condition of member is such that the time needed to transport by land or the instability of transportation by land (e.g. heavy traffic, road work delays) endangers the health or survival of the member;
- transport from one acute facility to the nearest acute facility better equipped to provide necessary care related to the member's condition (e.g. burn unit, cardiac care unit, trauma units, neonatal units);
- the point-of-pickup may be inaccessible by a ground/land vehicle;
- the ground transport time must be 60 minutes or longer from the time the call is dispatched to the arrival time at the appropriate facility; or

- transportation by other means would endanger the member's health (e.g. intracranial bleeding, cardiogenic shock, burns, severe multiple trauma).

Exclusions/Limitations

Air Medical Transport will not be covered for any situation when trauma or severe critical condition cannot be substantiated.

No ambulance benefit for Healthy New York contract.

Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative Policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the *easyLink* for Providers at www.preferredcare.org.

References

CMS Medicare/Medicaid 2004. Avail at cms.gov.
new.cms.hhs.gov/manuals/Downloads/bp102c10.pdf.

Approval(s) & Revision(s)

Medical:

Review:

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Approval:

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