

## **MVP/Preferred Care BENEFIT INTERPRETATION**

### Air Medical Transport (AMT)

#### **Type of Policy**

Medical

#### **Codes**

**HCPCS Codes:** 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 is a service performed by either a helicopter or fixed wing aircraft to rapidly transfer those who are critically ill to a facility capable of caring for them. Transfer can be between two facilities or from an emergency scene.

Emergent services are defined as services for a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in placing the health of the person in serious jeopardy, serious impairment of bodily function or serious dysfunction of any bodily organ or part. In the case of a behavioral condition placing the health of the person or others in serious jeopardy.

#### **Indications/Criteria**

Air Medical Transport will be covered on a case-by-case basis for the following indications:

- 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; 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
- transport from one acute facility to the nearest acute facility capable of providing the necessary care related to the member's condition (e.g. burn unit, cardiac care unit, trauma units, neonatal units); or
- the point-of-pickup is inaccessible by a ground/land vehicle;

## **Exclusions/Limitations**

- Air Medical Transport will not be covered for any situation when trauma or critical condition cannot be substantiated.
- Transport to a facility other than the closest facility capable of caring for the member.

## **Variations**

### **Medicare**

Non-emergent air transport will not be reimbursed if prior authorization is not obtained. When prior authorization is not required, the air transport will be reimbursed at the ground ambulance rate if the air transport does not meet policy criteria for coverage.

### **Healthy New York**

No ambulance benefit for Healthy New York contract.

## **References**

Federal Register. Department of Health and Human Services. Centers for Medicare and Medicaid Services. Medicare Program; Coverage and Payment of Ambulance Services; Recalibration of Conversion factor; Inflation Update for CY 2005; Notice.

## **Approval(s) & Revision(s)**

Medical:

Review:

Medical Advisory Team: 3/25/08

Approval:

Quality Improvement Committee: 6/9/08

Prior Approval Date: 7/17/06

Last Revision Date: 3/14/08

Origination Date: 3/06

Effective Date: 8/1/08

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