

## Medical Necessity Guidelines: Non-Emergency Ambulance Transportation – Air

Effective: November 18, 2020

<b>Prior Authorization Required</b>	<b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b>  <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409  <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409            • CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></p> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b>  <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404  <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304            *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b>            • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a>            • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></p>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Tufts Health Plan utilizes this medical necessity guideline for the review of all non-emergency ambulance transportation – air.

For Tufts Health Freedom plans, medically necessary interfacility transportation is covered without prior authorization for services that are related to the treatment and diagnosis of mental health or substance use disorder diagnoses.

### DEFINITIONS

- Ground ambulance: ambulance services provided by a motor vehicle over roadways.
- Water ambulance: ambulance services provided by a sea going vehicle over waterways.
- Air ambulance: ambulance services provided by helicopter or airplane (fixed-wing vehicle).

### CLINICAL COVERAGE CRITERIA

**Tufts Health Plan may cover non-emergency air ambulance transportation when ALL of the following are met:**

- The medical condition of the member prevents safe transportation by any other means.
  - The transportation is for medically necessary care.
  - The member’s condition prohibits other forms of transportation.
    - The member is bed confined. (This is defined as unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair.)
- OR**
- Other means of transportation is contraindicated for medical reasons. Examples include, but are not limited to the following:
    - a. The member cannot safely sit upright while seated in a wheelchair.
    - b. The member can tolerate a wheelchair, but is medically unstable.

- c. The member requires oxygen and oxygen saturation level monitoring, in the absence of a portable oxygen system, to treat hypoxemia, syncope, airway obstruction and/or chest pain.
- d. The member requires skilled/trained monitoring during transport for the following:
- e. The member is comatose.
- f. The member requires airway monitoring.
- g. The member requires cardiac monitoring.
- h. The member is dependent on a ventilator.

**And the member meets one of the following criteria specifically for air ambulance:**

- The medical condition of the member requires the timely initiation of treatment that would necessitate a faster mode of transportation than would be safely provided by a ground or water ambulance.
- The member’s medical condition requires a critical level of care during transport that could not be provided in a timely and safe manner by a ground or water ambulance.
- The member has undergone out of area emergent or urgent care, is now stable for transport back into the services area and neither ground nor water ambulance are reasonable transport options.

**LIMITATIONS**

- Tufts Health Plan will not cover air ambulance transportation for the convenience or preference of the member or member’s family.
- Tufts Health Plan will not cover an ambulance when an alternative means of transportation other than an ambulance could be utilized without endangering the member’s health, whether or not such other transportation is available or is a covered benefit.
- Tufts Health Plan will not cover transportation for the purpose of receiving an excluded or non-covered service.

**CODES**

The following HCPCS codes require prior authorization for non-emergent services:

Code	Description
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

**REFERENCES**

1. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual Chapter 10 - Ambulance Services, 2018. [cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf). Accessed September 8, 2020.

**APPROVAL HISTORY**

July 14, 2006: Reviewed by the Clinical Coverage Criteria Committee.

Subsequent endorsement date(s) and changes made:

- October 1, 2007: Reviewed and renewed without changes
- October 1, 2008: The Medical Necessity Guideline for Non-emergency Ambulance Transport has been separated into two Medical Necessity Guidelines; the Medical Necessity Guideline for Non-emergency Ambulance Transport: Ground and the Medical Necessity Guideline for Non-emergency Ambulance Transport: Air.
- July 6, 2009: Coding edited. HCPCS code A0431 removed from guideline
- September 2010: Reviewed by Medical Affairs-Medical Policy, no changes
- December 14, 2011: Reviewed and renewed, without changes
- February 8, 2012: Reviewed and renewed by Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), HCPCS code A0431 added to guideline.
- December 12, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC, no changes)

- December 11, 2013: Reviewed by IMPAC, coding updated. HCPCS codes S9960 and S9961 added to guideline effective January 1, 2014.
- September 17, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans
- November 19, 2014: Reviewed by IMPAC, renewed without changes
- August 12, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- September 14, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- August 9, 2017: Reviewed by IMPAC, renewed without changes
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- November 18, 2020: Reviewed by IMPAC, added exception for Tufts Health Freedom Members for interfacility transportation effective July 29, 2020
- December 1, 2020: Fax number for Unify updated

### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.