

**MEDICAL ASSOCIATES HEALTH PLANS  
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL**

**POLICY TITLE: EMERGENCY TRANSPORTATION**

**POLICY STATEMENT:** Medical Associates Health Plans (MAHP) considers ambulance transportation services medically necessary when care is needed beyond the capabilities of the facility, medical personnel, and when time is of the essence and air transportation outweighs the risk of other means of transportation. Such services do not require prior authorization. Ambulance services are covered to the extent that these types of services are generally covered by each member's benefit design as found in the Explanation of Benefits and subject to state regulations.

**PURPOSE:** To ensure MAHP's resources are utilized to deliver care in the most appropriate and cost-effective setting for MAHP, Live 360 and Health Choice members.

**PROCEDURE:**

Medical Appropriateness

Air transport is an essential modality for achieving emergent care and should be utilized when medical appropriateness is present. Medical appropriateness is only established when the patient's condition is such that the time to transport or the instability the patient's condition, poses a threat to the patient's survival or seriously endangers their health.

I. Recommended criteria for Air Transportation:

1. As a general guideline, it would take ground ambulance greater than 30 - 60 minutes more than an air ambulance to transport an emergency patient.
  - a. The medical condition of the member requires treatment faster than could be safely provided by ground transportation.
  - b. The medical condition at the time of pick-up cannot be provided by either basic or advanced life support land ambulance.
  - c. The member requires skilled/trained monitoring during transport.
2. Examples of emergency situations for which air ambulances may be justified include, but are not limited to, the following:
  - Intracranial bleeding requiring neurosurgical intervention
  - Convulsive Status Epilepticus
  - Receiving treatment for increased intracranial pressure – *intubation*, mannitol, etc.
  - Cardiogenic shock
  - Burns requiring treatment in a Burn Center
  - Condition requiring emergent treatment in a hyperbaric oxygen unit
  - Significant multi-system trauma, or trauma requiring immediate surgical intervention at an appropriately equipped center
  - A hospital patient experiencing shock, sepsis, organ failure with immediate life-threatening implications requiring higher level of care
  - Intubated and ventilated patient
  - Need for high flow oxygen (50L/min)

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### II. Air ambulance services are *not covered* when:

- They are for the sake of the patient and/or family preferences/convenience, rather than medical necessity.
- 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.

### 1. Examples of non-covered conditions:

- CVA patients
  - Received tPA and are stable, and no further intervention is considered or needed
  - Not a candidate for intervention
  - Awake and alert with mild neurological conditions
  - Symptoms > 12 hours and are stable
- DNR patients and further intervention is not advised / desired

These recommendations are meant as guidelines and are not to supersede critical medical decision making. If the decision is different than what is recommended, Physicians and/or medical staff are required to document any exceptions to the recommended guidelines.

### **Limitations:**

- MAHP will not cover chair car or wheelchair van transportation.
- MAHP 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.
- MAHP will not cover transportation for the purpose of receiving an excluded or non-covered service.

NOTE: For Medicare members MAHP follows the Medicare LCD and/or NCD criteria for coverage determinations.

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