AIR AMBULANCE TRANSPORT: CLINICAL CRITERIA

Here are the clinical criteria Blue Cross Blue Shield of Massachusetts uses to determine coverage for air ambulance transport from an acute care facility to another acute care facility. Air ambulance transport services are covered only to the extent that they’re medically necessary, and are subject to these types of services being generally covered by each Blue Cross member’s plan. Members should sign in to MyBlue at bluecrossma.org and check their plan benefits for eligibility details.

Use of Air Ambulance Transport

Air ambulance transport is more expensive and involves more potential risk than other methods of transport. The benefits of air ambulance 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

Blue Cross may authorize air ambulance transport from an acute care facility to another acute care facility when the following time and clinical criteria are met:

1. The time needed to transport a member by land, or the instability of transportation by land, poses a material threat to the member’s medical condition or survival; and
2. The member’s diagnosis and current clinical condition require immediate and rapid transport that can’t be provided by either basic or advanced life support/critical care transport ground ambulance; and
3. The necessary equipment required to treat the patient isn’t available on a ground ambulance; and
4. The member requires skilled/trained monitoring during transport; and
5. The member is being transferred from an acute care hospital that isn’t able to treat the member’s medical condition, to the nearest acute care hospital with appropriate facilities and physician specialists capable of treating the member’s medical condition (such as trauma, burn, neurosurgical, or cardiac care unit).
Examples of emergency situations for which air ambulance transport may be medically necessary include, but aren’t limited to:

- Intracranial bleeding requiring immediate neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Condition requiring treatment in a hyperbaric oxygen unit
- Significant multi-system trauma, or conditions requiring immediate surgical intervention at an appropriately equipped center
- Amputation
- Drowning or near drowning
- Flail chest injury
- Neonatal respiratory disease
- Uncontrolled bleeding
- A hospitalized patient experiencing shock, sepsis, and/or organ failure with immediate, life-threatening implications requiring a higher level of care

Air ambulance transport isn’t covered when:

- It’s for the sake of patient and/or family preferences rather than medical necessity, such as transport to a facility closer to home/family or a chosen provider.
- It provides transport to a facility that isn’t an acute care hospital, such as an acute rehabilitation hospital, a long-term acute care hospital, a skilled nursing facility, a doctor’s office, or a member’s home.
- It’s for the purpose of continuity care only; for example, when the member wishes to be evaluated and treated by his or her own established provider, who may not be a specialist located at the nearest appropriate hospital.
- It’s on a commercial airline or on a charter flight not certified as an air ambulance.
- Transport by an ambulance was medically necessary, but ground ambulance transport would have sufficed without posing a material threat to the member’s survival, nor seriously endangering the member’s health.
- It was medically appropriate, but the member could have been treated at a hospital closer than the one to which they were transported.

Authorization Guidelines

Managed Care and HMO Plans

Authorization is required for air ambulance transport.

Note: As air ambulance transport is normally of an urgent or emergency nature, a retrospective review of documentation will be performed prior to payment authorization.

Indemnity and PPO Plans

Authorization isn’t required for air ambulance transport. However all air ambulance transport claims must be submitted with supporting documentation and reviewed for medical necessity.

Note: As air ambulance transport is normally of an urgent or emergency nature, a retrospective review of documentation will be performed prior to payment authorization. We recommend submitting authorization requests electronically. For more information, please refer to the Utilization Management section of our Blue Cross Blue Book.

Claims payment is based on eligibility at the time of service, availability of benefits at the time of claim receipt, and medical necessity. All covered services, even those that don’t require authorization, are subject to the plan’s medical necessity requirements and may be subject to audit or review, including after the service was rendered or after the claim has been paid.
HOW TO SUBMIT AN AUTHORIZATION REQUEST

Providers may send relevant clinical information to:

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

For services already billed:
Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

References

Document History
Original Effective Date: August 25, 2010
Last Review Date: September 9, 2020