

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, or Service

An air ambulance is an airborne vehicle such as an airplane or helicopter which transports a sick or injured person. A surface ambulance is a designated vehicle which transports a sick or injured person. Both types of ambulances are equipped and staffed to provide medical care during transit.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary **AND**

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Licensed air ambulance transportation services are covered for extremely unusual emergency situations which meet the following requirements:
 1. The recipient must have a condition which requires immediate treatment to maintain life, limb, or function, **AND** this treatment cannot be performed at the institution where the recipient is presently confined.
 2. If the recipient is not confined to a hospital at the time the immediate treatment is necessary, benefits are provided for transportation to the nearest or most medically appropriate facility which is prepared to accept the recipient **AND** where the appropriate treatment can be performed.
 3. Air transportation is medically necessary for the complete health and safety of the recipient.

4. Air transport may be approved on an individual consideration basis from one inpatient hospital to another when it is medically necessary (i.e. the care required is of such a highly technical level that it cannot be provided by the originating facility) or when it is deemed cost-effective to transport the recipient to a contracting facility and the recipient/guardian and treating physicians agree to the transport.
- b. Local licensed ground ambulance transportation of 50 miles or less is covered for the following:
 1. Transportation to or from a hospital for inpatient care or outpatient emergency care.
 2. Transportation from a hospital to the nearest facility which is prepared to accept the recipient AND is able to provide needed service(s) which is (are) not available at the hospital where the recipient is presently confined
 3. Transportation from a hospital to a skilled nursing facility.
 - c. For licensed ground ambulance transportation over 50 miles, the following criteria will be used to determine whether the service is covered:
 1. Ground emergency ambulance service for the transport of a recipient is considered medically necessary when **ALL** the following criteria are met:
 - (a) The ambulance shall be equipped with appropriate emergency and medical supplies and equipment;
 - (b) The recipient's condition must be such that any other form of transportation would be medically contraindicated; **AND**
 - (c) The recipient shall be transported to the nearest hospital with the appropriate facilities for the treatment of the recipient's illness or injury.
 2. Non-emergency transport services for the transport of a hospital inpatient to another facility for specialized services are considered eligible for coverage when **ALL** of the following criteria are met:
 - (a) The recipient is a registered inpatient in an acute care hospital;
 - (b) The specialized services are not available in the hospital in which the recipient is registered; **AND**
 - (c) The provider of the specialized services is the nearest one with the required capabilities.
 3. Non-emergency transport services for the transport of a recipient from a hospital (after receiving inpatient or emergency care) to a skilled nursing facility are covered. Coverage is limited to transport to the closest facility that can provide the necessary continuous skilled nursing or rehabilitative services, unless the recipient resided in a nursing facility prior to hospital emergency or inpatient care and is returning to that same nursing facility.
 4. When licensed ground or air ambulance transportation is eligible for coverage under NCHC, the following supplies and services are also covered:
 - (a) Medically necessary supplies utilized during transport are covered.

- (b) Medically necessary supplemental oxygen provided during transport is covered.
- (c) Lift-off fees (the basic fee for use of the air ambulance) are covered.
- (d) Waiting fees are covered when the fee for waiting is more cost-effective than ordering another ambulance.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; **OR**
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. Air ambulance transportation is not covered for non-emergency situations.
- b. Air or ground ambulance transportation to or from home, skilled nursing facility or alternate care facility to an outpatient setting is not covered (for example: renal dialysis).
- c. Air or ground ambulance transportation is not covered when the primary consideration is convenience.
- d. Commercial airline tickets are not reimbursable
- e. Air strip fees are not covered.
- f. Charges for taxes (local, state, federal, etc.) are not covered.
- g. Separate additional charges for nursing personnel who are employees of a facility or ambulance service are not covered.
- h. Waiting fees are not covered, except as outlined in **Subsection 3.2.c.4.(d)**.
- i. Situations other than those listed in **Subsection 3.2** are not covered.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. Prior approval is required for air ambulance transportation.
- b. Prior approval is required for ground ambulance transportation in excess of 50 miles.
- c. Documentation of medical necessity is required prior to claim submission, or, if possible, prior to rendering the service.
- d. Documentation shall include:
 - 1. Recipient identification number;

2. Recipient's mailing address;
 3. Recipient's diagnosis;
 4. Specific need for immediate treatment (air ambulance);
 5. Name of facility or location from which the recipient is being transported;
AND
 6. Name of facility to which the recipient is being transported.
- e. Prior approval is not required for ground transportation for 50 miles or fewer.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.
4/30/12	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

HCPCS Code(s)
A0021-A0999

Revenue Code
54X

Note: Air ambulance and ground ambulance transportation will deny if prior approval is not obtained.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Ambulance

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services,

H. Reimbursement

Providers must bill their usual and customary charges.