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INFORMATIONAL LETTER

TRANSMITTAL: 91 INF-11

TO: Commissioners of  
 Social Services

DIVISION: Medical  
 Assistance

DATE: February 11, 1991

SUBJECT: Air Ambulance Transportation  
 for Medical Care

SUGGESTED

DISTRIBUTION: Medical Assistance Staff  
 Transportation Unit Staff  
 Staff Development Coordinators

CONTACT PERSON: For additional information contact Timothy Perry-  
 Coon at 1-800-342-3715, extension 35958.

ATTACHMENTS: None.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
81 INF-27		505.10	20.3(d)		89 LCM-193
82 ADM-40		360-7.7	34.3(f)		89 LCM-42
82 INF-28			365-a.2(j)		89 LCM-43
86 INF-16			365-b, 368-a		90 LCM-51
87 ADM-39			14 NYCRR		90 LCM-88
87 INF-50			579.5(a)(1);		
87 INF-67			585.10, .13		
90 ADM-1					

I. Purpose

The purpose of this letter is to inform local district staff of:

- A. Guidelines for the authorization of air ambulance transportation of persons covered under Medical Assistance (MA);
- B. Recently established MA reimbursement amounts for New York Hospital-Cornell Medical Center Aeromed, an air ambulance helicopter service operating primarily in the downstate/Long Island/New York City region;
- C. Helicopter transportation provided by the New York State Division of State Police Medevac System; and,
- D. Free air transportation provided by Corporate Angel Network.

A. Guidelines for Authorization of Air Ambulance Transportation of Persons Covered Under Medical Assistance

In determining whether air ambulance transportation reimbursement will be authorized the following critical guidelines can be used:

- 1. The patient has a catastrophic, life-threatening illness;
- 2. The patient is at a hospital that is unable to properly manage the medical condition;
- 3. The patient needs to be transported to a uniquely qualified regional hospital facility;
- 4. Ground transport to local or regional hospital facilities is not appropriate for the patient;
- 5. Rapid transport is necessary to minimize risk of death or deterioration of the patient's condition; and,
- 6. Life-support equipment and advanced medical care is necessary during transport.

A case-by-case prepayment review by your Department's Medical Director of the ambulance provider's Prehospital Care Report will enable you to determine if these guidelines were met.

A copy of the Health Care Financing Administration's policy for coverage of air ambulance services provided to Medicare beneficiaries is available to you upon request from the above-listed contact person.

Additional information has been provided to you via Informational Letter 87 INF-67 (December 18, 1987), and Local Commissioners Memorandum 89 LCM-193, (October 23, 1989).

You are reminded of the following reimbursement guidelines:

1. If a determination is made that transport by ambulance was necessary, but land ambulance would have sufficed, payment for the air ambulance service is based on the amount payable for land transport, if less costly.
2. For reimbursement of MA claims involving Medicare Part B:
  - a. District staff shall disregard the MA ambulance rate and shall reimburse the full Medicare Part B coinsurance and deductible amounts for Medicare approved ambulance transports up to the Medicare approved amount, even if the payment amount for transport of a Medicaid-only recipient is higher.
  - b. In instances when Medicare denies payment on the Medicare Part B claim based on the finding that the air ambulance transport was medically unnecessary, MA payment on the claim shall also be denied.

B. Medical Assistance Reimbursement Amounts for New York Hospital-Cornell Medical Center Aeromed

The following amounts were established for MA reimbursement purposes for New York Hospital-Cornell Medical Center Aeromed (Aeromed), a New York City-based air ambulance helicopter service:

Liftoff from                    \$200  
New York City Base

Patient Occupied            \$75 per five (5) minutes  
Flight Time

These rates cover the provision of advanced life support services and are inclusive of all services provided.

C. Helicopter Transportation Provided by the New York State Division of State Police Medevac System

Various hospitals throughout New York State (NYS) have arrangements with the NYS Division of State Police for the urgent helicopter transfer of a person to another hospital. The State

Police Medevac System (Medevac) differs from Aeromed in that it is not an ambulance service; rather, Medevac provides the helicopter transportation while the hospital facility provides the necessary medical staff and equipment. This helicopter service is provided free of charge to the community.

Some of the NYS hospitals served by Medevac are:

1. St. Francis Hospital (Poughkeepsie)
2. Westchester Medical Center (Valhalla)
3. Albany Medical Center (Albany)
4. Upstate Medical Center (Syracuse)
5. Crouse-Irving Memorial Hospital (Syracuse)
6. Strong Memorial Hospital (Rochester)
7. Erie Medical Center (Buffalo)

Local district staff can investigate the use of Medevac in your district by calling the NYS Division of State Police at 518-869-9812.

D. Free Air Transportation Provided by Corporate Angel Network

Corporate Angel Network (CAN) is a nationwide service offered to cancer patients traveling to and from recognized cancer treatment. CAN provides free plane transportation by using the empty seats on corporate aircraft. Financial need is not a requirement. CAN has the following guidelines:

1. Flights are only for persons with cancer;
2. Flights are national, both pickup and discharge;
3. Flights are only to and from medical treatment of cancer;
4. Flights are at no charge to the person;
5. Persons with cancer must:
  - a. be ambulatory;
  - b. not on any life support system; and,
  - c. not require any medical care enroute;
6. One family member or relative may accompany the person with cancer free of charge;
7. There is no required advance time to arrange transport, but arrangements are not to be made more than three weeks in advance of the medical appointment; and,
8. Physician's name and telephone number will be required in order to verify the person's ability to fly.

A fact sheet can be obtained and arrangements can be made by contacting the Corporate Angel Network at 914-328-1313.

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Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance