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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-6

TO: Commissioners of
 Social Services

DIVISION: Health and
 Long Term Care

DATE: January 31, 1994

SUBJECT: Air Ambulance Transportation for Medical Care

SUGGESTED

DISTRIBUTION: Medical Assistance Staff
 Transportation Unit Staff
 Staff Development Coordinators

CONTACT PERSON: For additional information contact Mary Kelley
 Cherubin (ID 89A630) at 1-800-342-3009, ext. 34055

ATTACHMENTS: None.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
87 INF-67		505.10	20.3(d)		90 LCM-88
90 ADM-1		360-7.7	34.3(f)		
91 INF-11			365-a.2(j) 365-b,368-a		

I. Purpose

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

A. Recently established Medical Assistance (MA) reimbursement amounts for fixed-wing air ambulance transportation.

B. Previously established MA reimbursement amounts for air ambulance transportation via helicopter.

C. Guidelines for the authorization of air ambulance transportation of persons covered under MA.

II. Medical Assistance Reimbursement Amounts for Air Ambulance Transports

The following amounts are established for MA reimbursement purposes:

A. Fixed-Wing Air Ambulance

Base Rate (Lift-off/call-out amount) \$1615

Patient Loaded Mileage \$5.00 per mile

Physician (when ordered by hospital) \$500

Respiratory Therapist \$200

(When ordered by the hospital, and only when the hospital is unable to supply)

Destination Ground Ambulance Charge \$275

(To be charged only when the destination is out of state)

Please note that this rate was established with Air Response due to their unique status as a New York State-based provider owning their own aircraft. Any other qualified air ambulance provider able to provide fixed-wing air transportation at this rate may participate.

These amounts assume the following provisions:

1. These rates cover the provision of advanced life support services and are inclusive of all services and necessary equipment, except as noted above.

2. The provider will be responsible for paying the charges of ground ambulance at the destination end of the trip only when the destination is out of state. In that instance, a charge of \$275 can be made to the Medicaid program by the provider. Ground ambulance charges for trips within New York State will be submitted at the established basic life support rate on a fee for service basis by the ground ambulance company providing transportation between the airport and the hospital.

3. These amounts will be applied regardless of time or date of transport, i.e., day, night, weekend and holiday.

4. The provider will not seek or accept additional reimbursement from the Medicaid recipient, other individuals, or a facility, except when a third party insurance is billed, in which case they will charge as follows:

- a) For Medicare, the coinsurance and deductible amount.
- b) For other third parties, Medicaid will pay the coinsurance and deductible amount up to the Medicaid rate.
- c) When an air ambulance bill is rejected by a third party insurance with the determination that the trip was medically unnecessary, they will not bill the Medicaid program. If the third party insurance pays at the ground ambulance rate, Medicaid will reimburse as described in a) or b) above.

5. The mileage rate will be applied only to patient loaded miles, i.e., those miles during which the patient/recipient is on the aircraft. Unloaded mileage, i.e., those miles covered while the aircraft is in transit to receive the patient or while the aircraft is returning to base, will not be charged.

B. Helicopter Air Ambulance

In the previously issued Informational Letter 91 INF-11, the following helicopter air ambulance reimbursement amounts were established:

Lift-off from base (for all providers except LaSalle)	\$200
LaSalle Lift-off from base	\$100
Patient Occupied Flight Time	\$15 per minute

Aeromed, LaSalle Air Ambulance Service, Empress Ambulance Service, and Guthrie Enterprises Air Ambulance are all certified, participating providers for advanced life support services via helicopter.

III. 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 hospital facility;

4. Ground transport to the uniquely qualified hospital facility 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 Pre-hospital 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 listed contact person.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care