

BIENVIVIR ALL INCLUSIVE SENIOR HEALTH

MEDICAL RECORDS

MED:	2.05-1	EFFECTIVE	10/8/2024	REVISED	8/12/2025	CORRELATE:
		DATE:		DATE:		YES

SUBJECT: Ambulance Transportation: Emergent and Non-Emergent

POLICY:

Non-Emergent Ground Ambulance Transportation: Bienvivir will be the orchestrating agent for all planned (non-emergent) medical transportation for all participants in the program. It is the preference of Bienvivir to provide all non-emergency medical transportation through its own transportation fleet. Only under emergencies or when it is not feasible to do so will Bienvivir coordinate transportation through external resources such as non-emergent ground ambulances. The use of ground ambulances for non-emergent transportation will require prior authorization. Failure to obtain prior authorization when the transportation need is non-emergent may result in a payment denial.

Emergency Air Transportation (Fixed or Rotary)

1. Prior Authorization of Air Ambulance:

Bienvivir will be consulted for all air ambulance transports prior to the service being provided unless a circumstance exists where the notification to Bienvivir prior to transport would reasonably be believed to cause immediate, life-threatening harm to the participant due to medical acuity / critical illness and time needed for ground transport as described below. Bienvivir will approve air ambulance transport only if the participant's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate.

In rare circumstances where the need to transport via air ambulance is critical, and Bienvivir cannot be notified prior, the transferring hospital is required to notify Bienvivir as soon as is reasonable. Any notification occurring more than 24 hours after transport pick-up will be considered untimely, and such notifications may be denied.

2. Hospital to Hospital Transport:

Air ambulance transport is covered for transferring a participant from one hospital to another if the medical appropriateness criteria are met; that is, transportation by ground ambulance would endanger the participant's health, and the transferring hospital does not have adequate facilities to provide the medical services needed by the participant.

Examples of such specialized medical services that are generally not available at all types of facilities may include but are not limited to burn care, cardiac care, trauma care, and critical care. A participant transported from one hospital to another is covered only if the hospital to which the participant is transferred is the nearest one with appropriate facilities. Coverage is not available for transport from a hospital capable of treating the participant because the participant and/or the participant's family prefer a specific hospital or physician.

3. Medical Reasonableness:

Medical reasonableness is only established when the participant's condition is such that the time needed to transport a participant by ground, or the instability of transportation by ground, poses a threat to the participant's survival or seriously endangers the participant's health. Following is an advisory list of examples of cases for which air ambulance could be justified. The list is not inclusive of all situations that justify air transportation, nor is it intended to justify air transportation in all locales in the circumstances listed.

- Intracranial bleeding - requiring neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Conditions requiring treatment in a Hyperbaric Oxygen Unit
- Multiple severe injuries
- Life-threatening trauma

4. Time Needed for Ground Transport

- Bienvivir acknowledges that there are very limited emergency cases where, even though ground transportation is available, the time required to transport the participant by ground as opposed to air endangers the participant's life or health.
- As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a participant whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the participant's illness/injury, Bienvivir would consider air transportation to be appropriate.

Definitions:

- **Fixed Wing Air Ambulance (FW):** Fixed-wing air ambulance is furnished when the participant's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed-wing air ambulance may be necessary because the participant's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the

nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the Participant is inaccessible by a ground or water ambulance vehicle.

- **Rotary Wing Air Ambulance (RW):** Rotary wing air ambulance is furnished when the Participant's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the participant's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the participant is inaccessible by a ground or water ambulance vehicle.

PROCEDURE:

Prior Authorization:

When the need for emergency air transport is present, as defined above, the hospital's designated contact will immediately notify the Bienvivir as follows:

- During Business Hours: Utilization Management (UM) Nurse at (915) 772-2006
- After Hours / Holidays: On-Call Nurse at 915-562-3444.
- At the time of call, the requesting hospital must provide the clinical rationale for the need for transport and provide a direct phone number for the requesting physician to facilitate an immediate peer-to-peer discussion if needed and at the discretion of Bienvivir Primary Care Provider (PCP).

Bienvivir PCP will determine if medical necessity is met.

- Air Ambulance Approval: The hospital may proceed with the transport, and authorization will be entered by either the UM Nurse or the On-Call Nurse.
- Air Ambulance Denial: If, following the denial, the current hospital may opt for ground ambulance transportation based on discussion/review by the Bienvivir PCP. If the discussion resulted in a decision to treat in place, no ambulance transport would be allowed.
- If the air ambulance is approved, the Bienvivir UM Nurse will be notified. This notification must occur as soon as possible but no later than 24 hours after the incident.

Procedure – Claim Received without Prior Authorization

- For those instances where a claim is received for air ambulance transportation and no prior authorization was obtained, Bienvivir will pend the claim until medical appropriateness can be determined. Bienvivir will require the submission of clinical documentation to support the

decision that (1) Air Ambulance was medically necessary and (2) there was insufficient time to obtain prior authorization due to critical illness.

- Submitted clinical information must be received within seven (7) days of request to allow for timely payment of claims by Bienvivir. If clinical documentation is not received, the claim will be denied for lack of medical necessity.
- When clinical information is received by Bienvivir, the UM Nurse will conduct a review to determine medical necessity. If, following this review, it is determined that air ambulance guidelines were not met and the participant could have been safely transported via ground ambulance, payment for the air ambulance transport will be made based on the amount payable for ground ambulance transport. If the air transport was medically appropriate (that is, ground transportation was contraindicated, and the participant required air transport to a hospital), but the participant could have been treated at a hospital nearer than the one to which they were transported, the air transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital.

STANDARDS:

- 42 CFR Part §460

ADDITIONAL GUIDELINES

- Medicare Benefit Policy Manual Chapter 10 - Ambulance Services
(<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>)

Procedure Reviewed: _____ Date: 8/12/2025
Medical Director

Procedure Reviewed: _____ Date: 8/12/2025
Chief Executive Officer

Review/Revision History

Designated Committee Approval	Procedures Revised	Statement Amended	Attachment Titles	Correlates
CCI - 9/5/2024				MED 2.01
P&P - 8/12/2025				
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