



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Arlene H. Stephenson, Acting Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
General Transportation Grants Transmittal No. 2**

TO: Transportation Grants Coordinators
Air Ambulance Providers
Hospitals

FROM: Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization and appropriate contractors are informed of the contents of this transmittal.

RE: Updated Air Ambulance Transportation Policy under the
Transportation Grants Program

The Maryland Medical Assistance Program has updated its policy governing authorization and reimbursement of transportation via air ambulance (hereafter known as air transportation). This transmittal, which applies to transportation via fixed and rotor-wing aircraft, supersedes the Transportation Grants Transmittal No. 1 issued December 18, 2000.

The following policy describes the requirements for Medical Assistance reimbursement for air transportation. It outlines the procedures for obtaining authorization for transports and requirements for billing. The Program's reimbursement rate is also provided. Finally, it outlines procedures for appealing denials of reimbursement.

General Requirements for Air Transportation Providers

- A. Providers shall, to the extent required by law, be licensed and legally authorized to provide this service in the State of Maryland; and
- B. Providers shall have in effect a provider agreement with the Maryland Medicaid Program through the Baltimore City Health Department.

Conditions for Reimbursement

In order for a provider to receive Medicaid reimbursement for air transportation, the following requirements shall be met:

- A. The individual being transported is a Maryland Medicaid recipient;
- B. The receiving hospital is a Maryland Medicaid provider;
- C. The service to be rendered at the receiving hospital is covered by Maryland Medicaid;
- D. The air transport has not occurred as a result of a request from a "911" system, and is not otherwise coverable by another payor;
- E. The treating physician from the sending hospital has completed a Physician Certification for Medical Assistance Air Transportation;
- F. The receiving hospital has agreed to accept the recipient; and
- G. Air transportation is medically necessary and appropriate.

a. Criteria for medical necessity and appropriateness. Air transport is considered medically necessary and appropriate when all the following conditions are met:

- i. The recipient requires services that the sending hospital is not able to provide;
 - ii. The receiving hospital has the services required by the recipient;
 - iii. The receiving hospital is the one closest to the sending hospital that has the services required by the recipient;
 - iv. The receiving hospital agrees to accept the recipient; and
 - v. The recipient's medical condition is such that using ground transportation can reasonably be expected to result in placing the recipient's health in further jeopardy.
- b. Factors to be considered in determining medical necessity and appropriateness include, but are not limited to:
- i. Recipient's diagnosis and medical history;

- ii. Level of care required;
- iii. Adjunct equipment needed for the recipient's care;
- iv. Reasons the discharging facility cannot medically manage the recipient;
- v. Reasons the receiving facility was chosen;
- vi. Reasons why air transport is necessary as opposed to land transport;
- vii. Weather conditions (air and ground);
- viii. Availability of aircraft; and
- ix. Availability of flight staff.

Authorization Process

A. The following requirements and procedures apply when preauthorization is being requested:

a. Requirements

- i. Preauthorization should be requested in circumstances where the recipient's Medical Assistance status and Medical Assistance number are known to the sending hospital.
- ii. The sending hospital only may request preauthorization, except that the receiving hospital may do so if they will be sending a specialty team to the sending hospital to accompany the recipient during the transport.

b. Procedure

- i. The requesting facility shall call the Baltimore City Health Department, Office of Field Health Services at (410) 396-7433 between 8:30 a.m. and 4:30 p.m., or (410) 396-3100 after hours. To expedite approval, the caller shall have the following information ready:
 - 1. Valid Medical Assistance number;
 - 2. Name of recipient;

3. Date of birth;
4. Home address/county;
5. Diagnosis;
6. Level of care with adjunct equipment;
7. Name of sending physician;
8. Name of receiving physician; and
9. Name of receiving facility.

ii. The Office of Field Health Services shall determine whether the requirements in II.a above have been met, and will either approve or deny the request accordingly.

iii. If the request is approved, the treating physician from the sending hospital shall complete the Physician's Certification of Air Transportation and submit one copy each to the Office of Field Health Services and to the air transport provider.

B. The following requirements and procedures apply when postauthorization is being requested:

a. Requirements

i. Postauthorization shall be utilized in situations where the recipient's Medical Assistance number is not known.

ii. The postauthorization process may be used in situations where preauthorization is appropriate. To help ensure reimbursement for the transport, however, air providers are strongly encouraged to request sending hospitals to employ the preauthorization process when feasible.

b. Process. The postauthorization process is accomplished concurrently with the payment request process detailed in V. below.

Billing Requirements and Instructions

- A. In accordance with COMAR 10.09.36, requests for payment shall be submitted and received by the Program within nine months of the date of service. A request which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original nine-month period, or within 60 days of rejection, whichever is later.
- B. Payment shall be requested using the HCFA 1500, with the following areas completed:
- a. Item 1 - Insurance type;
 - b. Item 1a - Insured's I.D. Number (MA#);
 - c. Item 2 - Patient's Name;
 - d. Item 3 - Patient's Birth Date;
 - e. Item 5 - Patient's Address, City, ZIP Code, and Telephone Number;
 - f. Item 8 - Patient's Status;
 - g. Item 10 - Is patient's condition related to: a.employment? b.auto accident? c.other accident? (must answer all three questions)
 - h. Item 12 - Patient's or Authorized Person's Signature (if "Signature on File" is entered here, a copy of the signature should accompany this document);
 - i. Item 14 - Date of current illness/injury/pregnancy(LMP);
 - j. Item 17 - Name of referring physician (from sending facility);
 - k. Item 17a - MA Provider Number of referring physician;
 - l. Item 19 - Reserved for local use (use this space to record additional comments; if no comments state "none");
 - m. Item 21 - Diagnosis or nature of illness or injury;
 - n. Item 24a-k - related to dates of service, places, type, etc.;
 - o. Item 25 - Federal tax ID number;

- p. Item 30 - Balance due; and
- q. Item 32 - Name and address of facility (identify sending and receiving facilities in this area).

C. The following shall accompany the HCFA 1500:

- a. Physician's Certification for Medical Assistance Air Transportation, completed by the treating physician from the sending hospital and including the sending physician's Medical Assistance Provider Number (and authorization number when appropriate);
- b. Completed copy of the sending hospital's discharge summary; and
- c. Completed copy of the Flight Medical Record.

D. If the HCFA 1500 is incomplete, or one or more of the documents detailed in IV.b are missing, the request cannot be processed and will be returned to the provider.

E. Requests for payment should be mailed to: Irene Lumpkins, Coordinator, Medical Assistance Air Transportation, 211 E. 25th Street, Baltimore, Maryland 21218.

Reimbursement rates

A. For air transportation, the reimbursement rate is:

- a. Flat rate of \$2,300 per one way trip, plus
- b. Mileage rate of \$30.00 per air mile per one way trip.

B. For land transportation related to air transportation (e.g., to airport), the reimbursement shall be commensurate with the ground ambulance rate of the recipient's local jurisdiction of residence, if available. If an appropriate rate is not available, the rate will be determined by the Baltimore City Health Department based on estimates provided by local ambulance providers.

Appeals

A. The air transport provider has the right under COMAR 10.09.36 to request a provider hearing regarding a denial of reimbursement for air transport for a valid Maryland Medicaid recipient in cases where

postauthorization had been requested. Please note that this right of appeal does not extend to denial of preauthorization requests. Preauthorization denials are denials of service, consequently only the recipient has legal standing to appeal.

- B. When reimbursement is denied as described in VII.a above, the Baltimore City Health Department shall notify the air transport provider in writing of this action. The notice shall state the reasons for the denial, and shall state instructions for appealing the decision.
- C. To reserve the right to a provider hearing, the provider must request the hearing within 30 days of receipt of the notice.

If you have any questions regarding this transmittal, please call the Transportation staff specialist at 410-767-1739.