I. Description
Critically ill patients in Hawaii may require treatment on the continental United States and commercial flights are not an option for patients requiring life supporting equipment and/or a medical support team. Air ambulance services involve the assessment and administration of care to the ill or injured patient by specially trained personnel and the transportation of the patient in specially designed and equipped aircraft within an appropriate, safe and monitored environment. Air ambulance services from Hawaii to the continental United States are provided by fixed (plane) wing aircraft. This policy only addresses those ambulance services rendered by an air ambulance in transporting patients receiving care in Hawaii to a higher level of care on the U.S. mainland.

II. Policy Criteria
Air ambulance services are covered for patients receiving care in Hawaii to the continental United States when a patient meets all of the following criteria (A-G).

A. The patient has a high risk of imminent death despite optimal treatment available in the state of Hawaii.
B. The patient has a diagnosis of a potentially reversible disease or is a potential candidate for a heart, lung, or combined heart and lung transplant, destination ventricular assist device, or total artificial heart.
C. The out-of-state treatment is medically necessary as defined in chapter 432E of the Hawaii Revised Statues.
D. The proposed treatment is not available in the state of Hawaii.
E. The patient does not have any known contraindications to the out-of-state treatment being sought.
F. The patient does not have end-stage dementia, severe brain injury, terminal cancer, or a premorbid condition with a short-term expected survival.
G. The patient is currently receiving extracorporeal membrane oxygenation (ECMO) or mechanical circulatory support (such as percutaneous ventricular assist devices and intra-aortic balloon pump therapies).

Patients under 21 years of age meeting criteria A-F but not G will be considered on an individual case by case basis.

III. Limitations
Air Ambulance Services

A) Return transport to the state of Hawaii is not covered with the exception of QUEST Integration members, for whom return commercial air transport is covered when the member’s condition allows.

B) Air ambulance services within the continental United States are not covered.

C) Air ambulance services are not covered for patients whose condition allows for transport via commercial air transport.

D) Air ambulance services are not covered for patients not meeting all criteria in section II.

IV. Administrative Guidelines

Precertification is required. To precertify, complete the HMSA Precertification Form and mail or fax the form, or use iExchange as indicated along with the required documentation.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A0430</td>
<td>Ambulance service, conventional air services, transport, one way (fixed wing)</td>
</tr>
<tr>
<td>A0435</td>
<td>Fixed wing air mileage, per statute mile</td>
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</tbody>
</table>

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

1) Twenty-Ninth Hawaii State Legislature House of Representatives HB687 H.D. 2. 2017
2) Twenty-Ninth Hawaii State Legislature House of Representative HCR 52 H.D.1 S.D. 1. 2018