



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Transportation Transmittal No. 33
September 21, 2022

To: Air Ambulance Providers

From: Marlana R. Hutchinson, Director *mrlu*
 Office of Long Term Services and Supports

Subject: Summary of Air Ambulance Use, Provider Enrollment, Reimbursement, and Policy

Date: September 21, 2022

Note: Please ensure the appropriate staff members in your organization are informed of the contents of this transmittal.

The contents of this transmittal supersede Provider Transmittal (PT) 18-12, General Transportation Transmittal No. 31.

The Maryland Medicaid Program has updated the payment processes for Rotary Wing (RW) air transport services for interfacility transportation. This update occurs as a result of transitioning the responsibility of authorization and claims processing of RW air transport services to a third-party administrator.

The criteria for RW air transport to a Maryland Medicaid participant continue to be based on:

1. Transportation for a Medicaid covered service, not available at the sending facility, to a Maryland Medicaid provider.
2. Medical Necessity - Transportation by ground is contraindicated due to time, distance, and clinical interventions beyond the scope of an available ground ambulance licensed at the clinically appropriate level.
3. Closest Appropriate Facility - A closer appropriate facility was documented by the sending facility as unavailable or not willing to accept the participant.
4. Transportation cannot be for the convenience or preference of the participant or provider.

Rate of Reimbursement

1. A0431 - Ambulance service, conventional air services, transport, one way (rotary wing) - \$1,500.
2. A0436 - Rotary wing air mileage, per statute mile - \$20 per mile to the closest appropriate facility.

3. Maryland Medicaid does not reimburse for a ground ambulance used to transport to or from the RW air ambulance.

Provider Eligibility

1. Providers shall, to the extent required by law, be licensed and legally authorized to provide this service in the state of Maryland, or the state in which the transport originates; and
2. RW transports provided by a subsidiary of an enrolled parent organizations must be individually enrolled on the date of service; and
3. Transports from an emergency scene, or resulting from the activation of a 911 system, are not reimbursed under Maryland Medicaid.

Provider Enrollment

1. RW air ambulance providers may enroll for participation in Maryland Medicaid by following the [Provider Enrollment Information](#) on the Maryland Department of Health Maryland Medicaid Administration Home Page.
2. As stated in PT 33-17, General Provider Transmittal No. 84, in order to be reimbursed for a date of service, the provider must be enrolled on the date of service. There will be no backdating of provider enrollment to encompass the date of service. This applies to additional bases for enrolled providers, as well as new providers.

Claim Submission

1. Completed claims are to be submitted electronically within 365 days from the date of service.
2. Claims will be processed by the designee of the Maryland Department of Health as indicated on the Maryland Department of Health, [Division of Community Support Services](#) web page.

Conditions for Reimbursement

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

1. The individual being transported is a Maryland Medicaid participant;
2. The receiving hospital is a Maryland Medicaid provider;
3. The service to be rendered at the receiving hospital is covered by Maryland Medicaid;
4. The air transport has not occurred as a result of a request from a "911 system", and is not otherwise covered by another payer;
5. The treating physician from the sending hospital has completed a Physician Certification Form for Medical Assistance Air Transportation attesting that:
 - a. The receiving hospital has agreed to accept the participant; and
 - b. Air transportation is medically necessary and appropriate.
6. Air transport is considered medically necessary and appropriate when all the following conditions are met:
 - a. The participant requires services that the sending hospital is not able to provide;
 - b. The receiving hospital has the services required by the participant;

- c. The receiving hospital is the one closest to the sending hospital that has the services required by the participant;
- d. The receiving hospital agrees to accept the participant; and
- e. The participant's medical condition is such that using ground transportation can reasonably be expected to result in placing the participant's health in further jeopardy.

Consideration for Authorization for Payment

Additional factors to be considered in determining medical necessity and appropriateness include, but are not limited to:

- a. Participant's diagnosis and medical history;
- b. Level of care required during transport;
 - i. Basic Life Support (BLS)
 - ii. Advanced Life Support (ALS)
 - iii. Critical Care Ground Transport (SCT) via Commercial Ambulance Provider
 - iv. Adjunct equipment required during transport to provide for the participant's care;
- c. Reasons the discharging facility cannot medically manage the participant;
- d. Reasons the receiving facility was chosen;
- e. Reasons why air transport is necessary as opposed to the default mode of ground transport.

Required Documentation

A claim will be considered complete when the following documentation accompanies the request for authorization.

1. Physician Certification Form for Maryland Medicaid Air Transportation completed and signed by the treating physician at the sending hospital on the date of service;
2. CMS 1500 Claim Form;
3. Sending facility Patient Demographics/Face Sheet;
4. Patient medical records from the sending facility. This should include:
 - a. Discharge/Transfer Summary
 - b. Disposition necessitating transfer
 - c. Reason for selected destination facility
 - d. Reason transportation by ground is absolutely contraindicated
5. Patient Care Report and in-flight medical record from RW Provider.

If you have questions regarding the contents of this transmittal, please contact Sara Daneshpour, Chief, Division of Community Support Services, at (410) 767-1726 or sara.daneshpour@maryland.gov.