

## **Medical Condition List and Appropriate Use of Air Medical Transport**

### **Position Statement of The Air Medical Physician Association**

Approved by the AMPA Board of Trustees  
April 2002

#### **BACKGROUND**

The Balanced Budget Act of 1997 initiated a process to convert all Medicare ambulance transport billing (including air) to a fee structure. Previous to this, ambulance reimbursement was done for the private ambulance industry under a fee structure reimbursement (commonly known as part B) and, for hospital based ambulance service, under cost based reimbursement (commonly known as Part A).

The new fee structure was developed in a process called Negotiated Rule Making (NRM). The NRM process established relative value units for each type of transport, rural modifiers, cost of living adjusters, and a phase-in schedule. As part of the NRM process, the Medical Conditions Work Group developed the Medical Condition List. This condition list was developed to simplify the issue of medical necessity for each level of transport and to reduce the importance of ICD-9 codes to describe prehospital impressions. The Medical Condition List was developed because ICD-9 codes are not designed to describe prehospital medical conditions. The standardization of medical necessity for different types of conditions created by the Medical Condition List will allow medical necessity to be aligned with appropriate utilization and will improve efficiency and simplify the billing and reimbursement process. The Medical Condition List was under consideration for possible inclusion in the final rule but was not included in the final rule published February 27<sup>th</sup>, 2002. A commitment to develop the medical condition codes over the next 12 months was promised by the Center for Medicare and Medicaid Services (CMS) (formerly HCFA).

#### **AMPA POSITION STATEMENT**

AMPA supports the addition and adoption of the of the Medical Condition List, as submitted by the Medical Conditions Work Group, as a rational method of determining medically appropriate utilization of Medical Transport.

Furthermore, it is AMPA's position, as detailed in the Medical Condition List, that the determination of medical appropriateness for interfacility medical transport is determined by the a physician, as documented on a written Certification of Medical Necessity. Medical appropriateness of scene medical transport is determined by the requesting authorized prehospital provider, based on regional policy and their best medical judgment at the time of the request for transport. Further, AMPA supports that the Certificate of Medical Necessity for scene transport can be completed by the EMS control physician, receiving physician, or by the Medical Director of the transport program. AMPA supports that consultation with the transport provider Medical Direction is the optimal method of determining the appropriate mode of safe patient transport

AMPA does not support the use of discharge ICD-9 codes to retrospectively determine medical appropriateness, as this may adversely restrict access to appropriate care and negates the regional, environmental, and situational factors that are also important in determining medical appropriateness.

AMPA does not support a specification of a time needed for land transport as a general Guideline. AMPA feels that when a time specification is made it should be done regionally.

### **Air Medical Transport Guidelines**

#### **Detailed as Appropriate by the Medical Condition List**

AMPA supports the NRM workgroup recommendation to replace the list of conditions in section 2120.4 B (Medical Appropriateness) with:

- Acute neurological emergencies requiring emergent/time sensitive interventions not available at the sending facility.
- Acute vascular emergencies requiring urgent/time sensitive interventions not available at sending facilities.
- Acute surgical emergencies requiring urgent/time sensitive interventions not available at the sending facility.
- Critically ill patients with compromised hemodynamic/respiratory function who require intensive care during transport and whose time of transfer between critical care units must be minimized during transport.
- Critically ill obstetric patients who require intensive care during transport and whose time of transfer

- between facilities must be minimized to prevent patient/fetal morbidity.
- Acute cardiac emergencies requiring emergent/time-sensitive intervention not available at sending facility.
  - Critically ill neonatal/pediatric patients with potentially compromised hemodynamic / respiratory function, a metabolic acidosis greater than 2 hours post delivery, sepsis, or meningitis.
  - Patient with electrolyte disturbances and toxic exposure requiring immediate life-saving intervention.
  - Transplantation patients (fixed wing vs. helicopter).
  - Patients requiring care in a specialty center not available at the sending facility.
  - Conditions requiring treatment in a Hyperbaric Oxygen Unit.
  - Burns requiring treatment in a burn treatment center.
  - Potentially life or limb-threatening trauma requiring treatment at a trauma center, including penetrating eye injuries.
  - EMTALA physician-certified inter-facility transfer (not a patient request).
  - EMS regional or state-approved protocol identifies need for on-scene air transport.

**Medical Condition List**

DRAFT – 12/5/99

**\*\*when using this chart, use all codes that apply\*\***

#	On-Scene Condition (general)	On-scene Condition (specific)	Service Level	Comments and Examples [not all-inclusive]
<b>Emergency Conditions -- Non-traumatic</b>				
1	Abdominal pain	With other signs or symptoms	ALS	Nausea, vomiting, fainting, pulsatile mass, distention, rigid, tenderness on exam, guarding
2	Abdominal pain	Without other signs or symptoms	BLS	
3	Abnormal cardiac rhythm/Cardiac dysrhythmia	Potentially life-threatening	ALS	Bradycardia, junctional and ventricular blocks, non-sinus tachycardias, PVC's >6, bi and trigeminy, vtach, vfib, atrial flutter, PEA, asystole
4	Abnormal skin signs		ALS	Diaphoresis, cyanosis, delayed cap refill, poor turgor, mottled
5	Abnormal vital signs (includes abnormal pulse oximetry)	With symptoms	ALS	Other emergency conditions
6	Abnormal vital signs (includes abnormal pulse oximetry)	Without symptoms	BLS	
7	Allergic reaction	Potentially life-threatening	ALS	Other emergency conditions, rapid progression of symptoms, prior hx .of anaphylaxis, wheezing, difficulty swallowing
8	Allergic reaction	Other	BLS	Hives, itching, rash, slow onset, local swelling, redness, erythema
9	Animal bites/sting/ envenomation	Potentially life or limb-threatening	ALS	Symptoms of specific envenomation, significant face, neck, trunk, and extremity involvement; other emergency conditions
10	Animal bites/sting/envenomation	Other	BLS	Local pain and swelling, special handling considerations and patient monitoring required
11	Sexual assault	With injuries	ALS	
12	Sexual assault	With no injuries	BLS	
13	Blood glucose	Abnormal – <80 or >250, with symptoms	ALS	Altered mental status, vomiting, signs of dehydration, etc.
14	Respiratory arrest		ALS	Apnea, hypoventilation requiring ventilatory assistance and airway management
15	Difficulty breathing		ALS	
16	Cardiac arrest – Resuscitation in progress		ALS	
17	Chest pain (non-traumatic)		ALS	Dull, severe, crushing, substernal, epigastric, left sided chest pain associated with pain of the jaw, left arm, neck, back, and nausea, vomiting, palpitations, pallor, diaphoresis, decreased LOC
18	Choking episode		ALS	

#	On-Scene Condition (general)	On-scene Condition (specific)	Service Level	Comments and Examples [not all-inclusive]
19	Cold exposure	Potentially life or limb threatening	ALS	Temperature< 95F, deep frost bite, other emergency conditions
20	Cold exposure	With symptoms	BLS	Shivering, superficial frost bite, and other emergency conditions
21	Altered level of consciousness (non-traumatic)		ALS	Acute condition with Glasgow Coma Scale<15
22	Convulsions/Seizures	Seizing, immediate post-seizure, post-ictal, or at risk of seizure & requires medical monitoring/observation	ALS	
23	Eye symptoms, non-traumatic	Acute vision loss and/or severe pain	BLS	
24	Non traumatic headache	With neurologic distress conditions	ALS	
25	Non traumatic headache	Without neurologic symptoms	BLS	
26	Cardiac Symptoms other than chest pain	Palpitations, skipped beats	ALS	
27	Cardiac symptoms other than chest pain	Atypical pain or other symptoms	ALS	Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, and other emergency conditions
28	Heat Exposure	Potentially life-threatening	ALS	Hot and dry skin, Temp>105, neurologic distress, signs of heat stroke or heat exhaustion, orthostatic vitals, other emergency conditions,
29	Heat exposure	With symptoms	BLS	Muscle cramps, profuse sweating, fatigue
30	Hemorrhage	Severe (quantity)	ALS	Uncontrolled or significant signs of shock, other emergency conditions
31	Hemorrhage	Potentially life-threatening	ALS	Active vaginal, rectal bleeding, hematemesis, hemoptysis, epistaxis, active post-surgical bleeding
32	Infectious diseases requiring isolation procedures/public health risk		BLS	
33	Hazmat Exposure		ALS	Toxic fume or liquid exposure via inhalation, absorption, oral, radiation, smoke inhalation
34	Medical Device Failure	Life or limb threatening malfunction, failure, or complication	ALS	Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery device
35	Medical Device Failure	Health maintenance device failures	BLS	O2 supply malfunction, orthopedic device failure
36	Neurologic Distress	Facial drooping; loss of vision; aphasia; difficulty swallowing; numbness, tingling extremity; stupor, delirium, confusion, hallucinations; paralysis, paresis (focal weakness); abnormal movements; vertigo; unsteady gait/balance; slurred speech, unable to speak.	ALS	
37	Pain, acute and severe not otherwise specified in this list	Patient needs specialized handling to be moved: pain exacerbated by movement	BLS	

#	On-Scene Condition (general)	On-scene Condition (specific)	Service Level	Comments and Examples [not all-inclusive]
38	Pain, severe not otherwise specified in this list	Acute onset, unable to ambulate or sit	BLS	Pain is the reason for the transport
39	Pain, severe not otherwise specified in this list		ALS	Use severity scale (7-10 for severe pain), pt. receiving pre-hospital pharmacologic intervention
40	Back pain – non-traumatic (T and/or LS)	Suspect cardiac or vascular etiology	ALS	Other emergency conditions, absence of or decreased leg pulses, pulsatile abdominal mass, severe tearing abdominal pain
41	Back pain – non-traumatic (T and/or LS)	New neurologic symptoms	ALS	Neurologic distress list
42	Poisons, ingested, injected, inhaled, absorbed	Adverse drug reaction, poison exposure by inhalation, injection or absorption	ALS	
43	Alcohol intoxication, drug overdose (suspected)	Unable to care for self; unable to ambulate; no risk to airway; no other symptoms	BLS	
44	Alcohol intoxication, drug overdose (suspected)	All others, including airway at risk, pharmacological intervention, cardiac monitoring	ALS	
45	Post –operative procedure complications	Major wound dehiscence, evisceration, or requires special handling for transport	BLS	Orthopedic appliance; prolapse
46	Pregnancy complication/ Childbirth/Labor		ALS	
47	Psychiatric/ Behavioral	Abnormal mental status; drug withdrawal	ALS	Suicidal, homicidal, hallucinations, violent, Disoriented, DT's, withdrawal symptoms, transport required by state law/court order
48	Psychiatric/Behavioral	Threat to self or others, severe anxiety, acute episode or exacerbation of paranoia, or disruptive behavior	BLS	
49	Sick Person	Fever with associated symptoms (headache, stiff neck, etc.)	ALS	
50	Sick Person	Fever without associated symptoms	BLS	>102 in adults >104 in children
51	Sick Person	No other symptoms	BLS	With other emergency conditions
52	Sick Person	Nausea and vomiting, diarrhea, severe and incapacitating	ALS	
53	Unconscious, Fainting , Syncope	Transient unconscious episode or found unconscious	ALS	
54	Near syncope, weakness or dizziness	Acute episode or exacerbation	ALS	
55	Medical/Legal	State or local ordinance requires ambulance transport under certain conditions	BLS	Minor with no guardian; DWI arrest at MVA for evaluation; arrests and medical conditions (psych, drug OD)

#	On-Scene Condition (general)	On-scene Condition (specific)	Service Level	Comments and Examples [not all-inclusive]
<b>Emergency Conditions – Trauma</b>				
56	Major trauma	As defined by ACS Field Triage Decision Scheme	ALS	Trauma with one of the following: Glasgow <14; systolic BP<90; RR<10 or >29; all penetrating injuries to head, neck, torso, extremities proximal to elbow or knee; flail chest; combination of trauma and burns; pelvic fracture; 2 or more long bone fractures; open or depressed skull fracture; paralysis; severe mechanism of injury including: ejection, death of another passenger in same patient compartment, falls >20', 20" deformity in vehicle or 12" deformity of patient compartment, auto pedestrian/bike, pedestrian thrown/run over, motorcycle accident at speeds > 20 mph and rider separated from vehicle.
57	Other trauma	Need to monitor or maintain airway	ALS	Decreased LOC, bleeding into airway ,trauma to head, face or neck
58	Other trauma	Major bleeding	ALS	Uncontrolled or significant bleeding
59	Other trauma	Suspected fracture/dislocation requiring splinting/immobilization for transport	BLS	Spinal, long bones, and joints including shoulder elbow, wrist, hip, knee, and ankle, deformity of bone or joint
60	Other trauma	Penetrating extremity injuries	BLS	Isolated with bleeding stopped and good CSM
61	Other trauma	Amputation – digits	BLS	
62	Other trauma	Amputation - all other	ALS	
63	Other trauma	Suspected internal, head, chest, or abdominal injuries	ALS	Signs of closed head injury, open head injury, pneumothorax, hemothorax, abdominal bruising, positive abdominal signs on exam, internal bleeding criteria, evisceration
64	Other trauma	Severe pain requiring pharmacologic pain control	ALS	See severity scale
65	Other trauma	Trauma NOS: it is up to the provider to provide sufficient documentation to support this claim	BLS	Ambulance required because injury is associated with other emergency conditions or other reasons for transport exist such as special patient handling or patient safety issues
66	Burns	Major – per ABA	ALS	Partial thickness burns> 10% TBSA; involvement of face, hands, feet, genitalia, perineum, or major joints; third degree burns; electrical ; chemical; inhalation; burns with preexisting medical disorders; burns and trauma;
67	Burns	Minor – per ABA	BLS	Other burns than listed above
68	Lightning		ALS	
69	Electrocution		ALS	
70	Near Drowning		ALS	
71	Eye injuries	Acute vision loss or blurring, severe pain or chemical exposure, penetrating, severe lid lacerations	BLS	

#	Reason for Transport (general)	Reason for Transport (specific)	Service Level	Comments
<b>Non-Emergency</b>				
72	Bed confined (at the time of transport)	*unable to get up without assistance; and *unable to ambulate; and *unable to sit in a chair or wheelchair	BLS	Patient is going to a medical procedure, treatment, testing, or evaluation that is medically necessary
73	ALS monitoring, required	Cardiac/hemodynamic monitoring en route	ALS	Expectation monitoring is needed before and after transport
74	ALS monitoring, required	Advanced airway management	ALS	Ventilator dependent, apnea monitor, possible intubation needed, deep suctioning
75	ALS monitoring, required	IV meds required en route	ALS	Does not apply to self-administered IV medications
76	ALS monitoring, required	Chemical restraint	ALS	
77	BLS monitoring required	Suctioning required en route	BLS	Per transfer instructions
78	BLS monitoring required	Airway control/positioning required en route	BLS	Per transfer instructions
79	BLS monitoring required	Third party assistance/ attendant required to apply, administer, or regulate or adjust oxygen en route	BLS	Does not apply to patient capable of self-administration of portable or home O2. Patient must require oxygen therapy and be so frail as to require assistance
80	Specialty care monitoring	A level of service provided to a critically injured or ill patient beyond the scope of the national paramedic curriculum.	SCT	
81	Medical conditions that contraindicate transport by other means	Patient Safety: Danger to self or others. In restraints	BLS	Refer to definition in the CFR – sec. 482.13(e).
82	Medical conditions that contraindicate transport by other means	Patient safety: Danger to self or others. Monitoring.	BLS	Behavioral or cognitive risk such that patient requires monitoring for safety.
83	Medical conditions that contraindicate transport by other means	Patient safety: Danger to self or others. Seclusion (Flight risk)	BLS	Behavioral or cognitive risk such that patient requires attendant to assure patient does not try to exit the ambulance prematurely. CFR sec. 482.13(f)(2) for definition.
84	Medical conditions that contraindicate transport by other means	Patient safety: Risk of falling off wheel chair or stretcher while in motion	BLS	Patient’s physical condition is such that patient risks injury during vehicle movement despite restraints. Indirect indicators include MDS criteria.
85	Medical conditions that contraindicate transport by other means	Special handling en route: Isolation	BLS	Includes patients with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure; surgical drainage complications
86	Medical conditions that contraindicate transport by other means	Special handling en route: Patient Size	BLS	Morbid obesity which requires additional personnel or equipment to transfer
87	Medical conditions that contraindicate transport by other means	Special handling en route: Orthopedic device	BLS	Backboard, halotraction, use of pins and traction, etc.
88	Medical conditions that	Special handling en route:	BLS	



#	Reason for Transport (general)	Reason for Transport (specific)	Service Level	Comments
	contraindicate transport by other means	>1 person for physical assistance in transfers		
89	Medical conditions that contraindicate transport by other means	Special handling en route: Severe pain	BLS	Pain must be aggravated by transfers or moving vehicle such that trained expertise of EMT required (pain scale). Pain is present, but is not sole reason for transport.
90	Medical conditions that contraindicate transport by other means	Special handling en route: Positioning requires specialized handling	BLS	Requires special handling to avoid further injury (such as with >grade 2 decubiti on buttocks). Generally does not apply to shorter transfers < 1 hour Positioning in wheelchair or standard car seat inappropriate due to contractures or recent extremity fractures---post-op hip as an example.
<b>Inter-facility</b>				
91	EMTALA-certified inter-facility transfer to a higher level of care	Physician has made the determination that this transfer is needed – Carrier only needs to know the level of care and mode of transport	BLS, ALS, SCT, Air	Excludes patient-requested EMTALA transfer
92	Service not available at originating facility, <u>and</u> must meet one or more emergency or non-emergency conditions		BLS, ALS, SCT, Air	Specify what service is not available
93	Service not covered	Indicates to Carrier that claim should be automatically denied		