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## 29 C.F.R. § 2590.717-2

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### Independent dispute resolution process for air ambulance services.

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(a) *Definitions.* Unless otherwise stated, the definitions in § 2590.716-3 apply.

(b) *Determination of out-of-network rates to be paid by health plans and health insurance issuers; independent dispute resolution process—(1) In general.* Except as provided in paragraphs (b)(2) and (3) of this section, in determining the out-of-network rate to be paid by group health plans and health insurance issuers offering group health insurance coverage for out-of-network air ambulance services, plans and issuers must comply with the requirements of § 2590.716-8, except that references in § 2590.716-8 to the additional circumstances in § 2590.716-8(c)(4)(iii)(B) shall be understood to refer to paragraph (b)(2) of this section.

(2) *Considerations for air ambulance services.* In determining which offer to select, in addition to considering the applicable qualifying payment amount(s), the certified IDR entity must consider information submitted by a party that relates to the following circumstances:

- (i) The quality and outcomes measurements of the provider that furnished the services.
- (ii) The acuity of the condition of the participant or beneficiary receiving the service, or the complexity of furnishing the service to the participant or beneficiary.
- (iii) The training, experience, and quality of the medical personnel that furnished the air ambulance services.

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