



Medical Coverage Policy

Effective Date 9/26/2024

Next Review Date 9/2025

Policy Number: 26C.004

Air Ambulance Services

Overview

This Coverage Policy addresses air ambulance services for Provider Partners Health Plans' members.

Instructions for Use

Medical Coverage Policies are reviewed by the Provider Partners Utilization Management Committee (UMC) and provide assistance in interpreting Provider Partners benefit plans. Our medical policies are intended to be used in connection with the independent professional medical judgement of a qualified health care provider. Provider Partners may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits.

Description

This Coverage Policy addresses Air ambulance transportation is provided by helicopters (rotary wing) or fixed wing aircraft that are specially designed, equipped, and staffed for transporting sick and injured patients. This policy does not address ground/land or water ambulance transport.

Application

This Medical Policy applies to all Provider Partners Health Plans.

Criteria/Coverage Policy

Air ambulance transportation is provided by helicopters (rotary wing) or fixed wing aircraft that are specially designed, equipped, and staffed for transporting sick and injured patients. Air ambulance transport may be considered **medically necessary** when all the following criteria (A – C) are met:

- A. The individual's condition must be such that any form of transportation other than by air ambulance would be medically contraindicated; **and**
- B. The individual's condition is such that the time needed to transport by land poses a threat to the individual's survival or seriously endangers the individual's health, or the individual's location is such that accessibility is only feasible by air; **and**
- C. There is a medical condition that is life threatening, or first responders deem to be life threatening, including, but not limited to the following:
 - 1. Intracranial bleeding

Medical Coverage Policy

Effective Date 9/26/2024

Next Review Date 9/2025

Policy Number: 26C.004

2. Cardiogenic shock
3. Major burns requiring immediate treatment in a burn center.
4. Conditions requiring immediate treatment in a Hyperbaric Oxygen unit.
5. Multiple severe injuries
6. Transplants
7. Limb-threatening trauma
8. Acute myocardial infarction: if this would enable the individual to receive a more timely medically necessary intervention (such as percutaneous transluminal coronary angioplasty [PTCA] or fibrinolytic therapy).

Air transportation may be appropriate if the time between identification of the need for transportation until arrival at the intended destination for ground ambulance would be at least 30 minutes longer than air transport.

Mileage associated with an air ambulance service is **medically necessary** up to the distance required for transport to the nearest appropriate facility.

The use of an air ambulance service to transport an individual from one hospital to another requires that:

- A. The above criteria be met, *and*
- B. The first hospital does not have the required services and facilities to treat the individual.

Air ambulance transport is considered **not medically necessary**, including, but not limited to the following:

- A. Transfers from one hospital to another if above criteria are not met: *or*
- B. Transfers from a hospital capable of treating an individual to another hospital primarily for the convenience of the individual or the individual's family or physician: *or*
- C. Transport from a facility providing a higher level of care to a facility providing an equivalent or lower level of care, including to an inpatient rehabilitation facility, long term care acute facility, or skilled nursing facility: *or*
- D. When land transportation is available, and the time required to transport the individual by land does not endanger the individual's life or health: *or*
- E. The services are for a transfer of a deceased individual to a funeral home, morgue, or hospital, when the individual was pronounced dead at the scene.

Mileage more than the distance from the trip origin to the nearest appropriate facility is considered **not medically necessary**.

Commented [AG1]: Additionally, Medicare allows payment for an air ambulance service when the air ambulance takes off to pick up a Medicare beneficiary, but the beneficiary is pronounced dead before being loaded onto the ambulance for transport (either before or after the ambulance arrives on the scene). This is provided the air ambulance service would otherwise have been medically necessary. In such a circumstance, the allowed amount is the appropriate air base rate, i.e., fixed wing or rotary wing. However, no amount shall be allowed for mileage or for a rural adjustment that would have been allowed had the transport of a living beneficiary or of a beneficiary not yet pronounced dead been completed

Medical Coverage Policy

Effective Date 9/26/2024

Next Review Date 9/2025

Policy Number: 26C.004

LIST OF INFORMATION NEEDED FOR REVIEW

It is critical that the list of information below is submitted for review to determine if the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- Documentation that the member's medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance.
- Location/Zip code of transport pick-up.
- Location/Zip Code of transport drop-off.
- Level of care of facility which the member is being transferred to.
- Level of care of facility which the member is being transferred from.
- All additional documentation supporting the need for air ambulance services (i.e., accessibility of the point of pick-up, distances, obstacles, etc.)
- Location/Zip code of transport pick-up
- Physician's Order

Clinical Evidence/Background

Air ambulances are used to expeditiously transport critically ill patients during life-threatening emergencies when either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by air ambulance may also be necessary when accessibility by a ground ambulance is not possible. Air ambulance transportation is widely regarded as having a beneficial impact on improving the chances of survival and recovery for trauma victims and other critical patients, particularly in rural areas that lack readily accessible advanced-care facilities such as trauma or burn centers.

Rotary wing transport is ideal for transporting critical trauma patients from the scene as they have the ability to land close to the scene of the incident. They can also be utilized for emergent facility-to-facility transport; however, fuel capacity gives them a relatively short range. The fixed wing aircraft is generally used for emergent facility-to-facility transports when a patient must be transported a long distance. They have the ability to travel at much faster speeds than helicopters, with ranges over 500 miles at speeds between 200 to 300 mph. Runway requirements for takeoff and landing restrict airplanes, and the patient will usually need one or more transfers involving a ground unit to move them to/from the runway/airport. Fixed wing aircraft provides a transparent hospital-like environment with cardiac monitoring, invasive hemodynamic monitoring, infusion therapy, pulse oximetry, emergency medication, defibrillation with pacing capabilities, and



Medical Coverage Policy

Effective Date 9/26/2024

Next Review Date 9/2025

Policy Number: 26C.004

advanced airway management capabilities and is staffed with a flight crew specially trained to provide emergency and critical care medical support.

Definitions

- **Air Ambulance** – Medical transport by rotary wing. Air Ambulance as defined in the Code of Federal Regulations (CFR) 42 CFR 414.605
 - Rotary wing air ambulance (RW) means transportation by a helicopter that is certified as an ambulance and such services and supplies may be Medically Necessary.
 - Fixed wing air ambulance (FW) means transportation by a fixed wing aircraft that is certified as a fixed wing Air Ambulance and such services and supplies are medically necessary.
- **Fixed Wing Air Ambulance** - Fixed wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.
- **Rotary Wing Air Ambulance (RW)** - Rotary wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.
- **Rural Air Ambulance Services** – Rural air ambulance service means fixed wing and rotary wing air ambulance service in which the point of pickup of the member occurs in a rural area (as defined in Section 1886(d)(2)(D)) or in a rural census tract of a metropolitan statistical area (as determined under the most recent modification of the Goldsmith Modification, originally published in the Federal Register on February 27, 1992) (57 Fed. Reg. 6725).

Medicare Coverage Determinations

Coverage Type	Jurisdiction Medicare Administrative Contractors (MACs)	Determination Name/Number	Revision Effective Date	Applicable States/Territories
NCD	N/A	Not Developed	N/A	N/A

Medical Coverage Policy

Effective Date 9/26/2024

Next Review Date 9/2025

Policy Number: 26C.004

Coverage Type	Jurisdiction Medicare Administrative Contractors (MACs)	Determination Name/Number	Revision Effective Date	Applicable States/Territories
LCD	N/A	Ambulance Services (L34549) (A56468)-Retired	N/A	N/A
LCA	N/A	Ambulance Services (A56468) Retired	N/A	N/A
Medicare Benefit Policy Manual	CMS	Chapter 10	04/13/2018	All

Note: Please review the current Medicare Policy for the most up-to-date information.

(NCD= National Coverage Determinations; LCD = Local Coverage Determination

LCA= Local Coverage Article

Coding

Codes	Number	Description
CPT	N/A	
HCPCS	A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state
	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
	A0435	Fixed wing air mileage, per statute mile
	A0436	Rotary wing air mileage, per statute mile
	S9960	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)
	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

References

1. Medicare Benefits Policy Manual, Chapter 10 - Ambulance Services. Centers for Medicare and Medicaid Services. Published July 11, 2014.
2. Blackwell T. Prehospital care of the adult trauma patient. UpToDate website. www.uptodate.com. Published May 6, 2020.
3. Thomas SH, Brown KM, Oliver ZJ, et al. An Evidence-based Guideline for the air medical transportation of prehospital trauma patients. Prehosp Emerg Care. 2014;18 Suppl 1:35-44. doi: 10.3109/10903127.2013.844872. Epub 2013 Nov 26.



Medical Coverage Policy

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Next Review Date 9/2025

Policy Number: 26C.004

4. Thomson DP, Thomas SH; 2002-2003 Air Medical Services Committee of the National Association of EMS Physicians. Guidelines for air medical dispatch. Prehosp Emerg Care. 2003 Apr-Jun;7(2):265-71
5. Sasser SM1, Hunt RC, Faul M, et al. Guidelines for field triage of injured patients: recommendations of the National Expert Panel on Field Triage, 2011. MMWR Recomm Rep. 2012 Jan 13;61(RR-1):1-20.
6. Report of the Council on Medical Service. Subject: Air Ambulance Regulations and Payments. CMS Report 2-I-18

Policy History/Revision Information

Date	Summary of Changes