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Medicare Advantage Policy Manual

Policy ID: M-UM13

## Air Ambulance Transport

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## DESCRIPTION

There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. Coverage is generally determined not only by the condition of the beneficiary, but also accessibility by ground vehicle and other obstacles involved in getting the patient to the nearest hospital with appropriate facilities, such as large distances to travel.

## MEDICARE ADVANTAGE POLICY CRITERIA

**CMS Coverage Manuals\*** Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services, [§10.4 - Air Ambulance Services](#)<sup>[1]</sup>

**For general coverage determinations:**

<b>Coverage Requirements</b>	§10.4.1
<b>Medical Reasonableness</b>	§10.4.2
<b>Hospital to Hospital Transport</b>	§10.4.4
<b>Transport to a non-acute care facility</b> (i.e., nursing facility, physician's office, or a beneficiary's home):	§10.4.5 – Special Coverage Rule
<b>Special Payment Limitations</b>	§10.4.6

*For transport scenarios not addressed above, see additional subsections of §10.4*

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether 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; and,
- Locations of both transport pick-up and transport drop-off; and,
- All additional documentation supporting the need for air ambulance services (i.e., accessibility, distances, obstacles, etc.).

## CROSS REFERENCES

None

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1. Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services, [§10](#)

## CODING

**NOTE:** HCPCS codes A0140 and S9960 are Medicare Status “I” codes, and therefore, are not valid for Medicare or Medicare Advantage use. In addition, air ambulance codes requiring prior authorization are listed on the “Medicare Pre-authorization List” web page. Air ambulance codes not listed on the pre-authorization website do not require prior approval, and there may be related codes not included in this medical policy. However, providers are always expected to follow Medicare’s medical necessity requirements when rendering treatment to beneficiaries, regardless of whether or not there is an applicable published policy.

Codes	Number	Description
<b>CPT</b>	None	
<b>HCPCS</b>	A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate <i>(Not valid for Medicare purposes)</i>
	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
	A0435	Fixed wing air mileage, per statute mile
	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) <i>(Not valid for Medicare purposes)</i>

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.