

Air Ambulance Transport

Published: 03/01/2019

Next Review: 02/2020

Last Review: 02/2019

Medicare Link(s) Revised: 03/01/2019

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.

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 the Centers of Medicare and Medicaid Services (CMS) policies, when available. 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 CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and 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.

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 ^[1]
------------------------------	--

For general coverage determinations:

See Sections 10.4.1 and 10.4.2 in the following links:

[§10.4.1](#) – Coverage Requirements

[§10.4.2](#) – Medical Reasonableness

For hospital to hospital transports:

See Section 10.4.4 in the following link:

[§10.4.4](#) – Hospital to Hospital Transport

For transport to a non-acute care facility (i.e., nursing facility, physician's office, or a beneficiary's home):

See Section 10.4.5 in the following link:

[§10.4.5](#) – Special Coverage Rule

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

REFERENCES

1. Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services, [§10.4.6 - Special Payment Limitations](#)

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
CPT	None	
HCPCS	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.