

Air Ambulance Transport

Effective: May 1, 2021

Next Review: February 2022

Last Review: March 2021

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

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.

MEDICAL POLICY CRITERIA

Note: This policy only applies to member contracts that are subject to preauthorization for air ambulance services, as specified by their group plan. Please check the preauthorization website for the member contract to confirm requirements.

- I. Air ambulance transport may be considered **medically necessary** when all of the following criteria (A. – C.) are met:
 - A. Urgent and rapid ambulance transport is essential to stabilize or preserve the patient's life.
 - B. One of the following criteria is met:
 1. Transport cannot be safely provided by ground ambulance due to great distances, prolonged transport time, or other obstacles that would endanger the patient's health or threaten survival; or
 2. The point of pick up is inaccessible by ground ambulance.

- C. Transport is to the nearest acute care facility equipped to provide the appropriate treatment for the patient's condition.
- II. Air ambulance transport is considered **not medically necessary** for circumstances not meeting the Criteria in I.A. – C. and above, including but not limited to the following:
 - A. Transport from a facility providing a higher level of care to a facility providing an equivalent or lower level of care;
 - B. Transport for personal or convenience purposes, such as return to home;
 - C. Transport beyond the nearest facility equipped to provide the most appropriate care for the patient's condition.

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 of transport pick-up.
- Location 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.).

CROSS REFERENCES

None

CODES

Codes	Number	Description
CPT	None	
HCPSCS	A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
	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 services, nonemergency transport, one way (fixed wing)

Date of Origin: March 2013