

Air Ambulance*



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NOTICE: This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations, or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

This Medical Policy document describes the status of medical technology at the time the document was developed. Since that time, new technology may have emerged, or new medical literature may have been published. This Medical Policy will be reviewed regularly and be updated as scientific and medical literature becomes available; therefore, policies are subject to change without notice.

DESCRIPTION

Aeromedical transport services utilizing specially designed and equipped airplanes or helicopters are important in providing rapid emergency medical care and transport of ill or injured patients. These air medical services may be involved in a primary response (transporting a patient from the scene to a nearby receiving facility) or a secondary response (interfacility transport due to the patient's need for a higher level of care).

Time Needed for Ground Transport

Differing Statewide Emergency Medical Services (EMS) systems determine the amount and level of basic and advanced life support ground transportation available. However, there are very limited emergency cases where ground transportation is available, but the time required to transport the patient by ground as opposed to air endangers the person's life or health. As a general guideline, when it would take a ground ambulance 30-60+ minutes or more to transport a person whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the person's illness/injury would be a likely candidate for air ambulance. Your condition must be such that the time needed to transport you by land poses a threat to your health.

Fixed Wing Air Ambulance: This aircraft is an airplane, jet, or turbo prop plane that is able to travel longer distances than its counterpart, the rotary wing air ambulance (i.e. the helicopter).

Rotary Wing Air Ambulance: This aircraft is a helicopter that is able to provide the advantage of rapid, direct access to the scene. These are reserved for short-range transports and those instances where ground ambulance transport would result in unacceptable delays.

Ground Ambulance: Transportation via road by a basic life support or advanced life support ambulance.

PRIOR APPROVAL

Prior approval is recommended for non-emergent* air transportation.

*Emergent medical care would be considered medically necessary services for an illness or injury that would result in further disability or death if professional attention is not delivered immediately.

If the air transportation does not meet this definition of emergent care, then the air transportation services would be considered as non-emergent.

POLICY

Professional emergency air ambulance transportation services may be considered a covered benefit when **ALL** of the following are met:

- Transport service is to the nearest hospital with adequate facilities to treat the medical condition; **and**
- The services required to treat the illness or injury are not available in the facility where currently receiving care; **and**
- The patient's medical condition requires immediate and rapid air ambulance transport that cannot be provided by a ground ambulance **and** meets **ALL** of the following:

- The air ambulance has the necessary patient care equipment and supplies to meet the patient's needs;

The patient's medical condition requires immediate and rapid ambulance transport that could not have been provided by ground ambulance or the point of pick up is inaccessible by land vehicle;

- Great distances, excessive time frames (generally more than 30–60 minutes); or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities for treatment;

- The patient's condition is such that the time needed to transport a patient by land poses a threat to the patient's health.

Non-Covered Benefit

Professional non-emergency air ambulance transportation services for an inter-facility transport from a facility capable of treating an individual, performed primarily for the convenience of the patient or patient's family, physician or other health care provider **would be considered a non-covered benefit.**

PROCEDURE CODES AND BILLING GUIDELINES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnosis codes.

- 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)
- S9961 Ambulance service, conventional air services, nonemergency transport, one way (rotary wing)
- Revenue Code 0545

SELECTED REFERENCES

- Medicare Benefit Policy Manual. Chapter 10-Ambulance Services External Site (Rev. 133, 10-22-10). (*Accessed on 3/2022*). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- 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. 2007 (2):265-271.
- American College of Emergency Physicians/National Association of EMS Physicians. Alternate Ambulance Transportation and Destination External Site (2001; reaffirmed June, 2008).)
- Medicare Coverage of Ambulance Services
- American College of Emergency Physicians. Policy Statements. Available at: <https://www.acep.org/globalassets/new-pdfs/policy-statements/policy-compendium.pdf>. (*Accessed March 2022*)

- American College of Emergency Physicians. Appropriate Interfacility Transfer. Revised January 2022. [<https://www.acep.org/globalassets/new-pdfs/policy-statements/appropriate-interfacility-patient-transfer.pdf>]. (Accessed March 2022)
- Lyng J, Adelgais K, Alter R, et al. Recommended essential equipment for basic life support and advanced life support ground ambulances 2020: A Joint Position Statement. Prehosp Emerg Care. 2021; 25(3):451-459

POLICY HISTORY		
Date	Reason	Action
March 2022	Annual Review	Policy Renewed
March 2021	Annual Review	Policy Renewed
March 2020	Annual Review	Policy Renewed
March 2019	Annual Review	Policy Renewed
March 2018	Annual Review	Policy Renewed
December 2017	Interim Review	Policy Revised
March 2017	Annual Review	Policy Renewed
March 2016	Annual Review	Policy Renewed
March 2015	Annual Review	Policy Renewed
May 2014	Annual Review	Policy Revised
May 2013	Annual Review	Policy Renewed
April 2012		New Policy

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

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