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## Medical Policy



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

**Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.**

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**\*Current Policy Effective Date: 11/1/24**  
(See policy history boxes for previous effective dates)

### **Title: Air Ambulance Services for Non-Emergent Transports**

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#### **Description/Background**

Air ambulance transport services utilizing specially designed and equipped airplanes or helicopters are important in providing rapid medical care and transport of ill or injured patients. Emergent air ambulance transport includes transportation to a hospital that is necessary to provide medical care needed to treat life-or limb-threatening health conditions or serious impairment of health, and because of the immediate danger to life, limb or health, require use of the most accessible hospital available and equipped to furnish those services. **This policy does not address emergent air ambulance transportation.** Non-emergent air ambulance transport includes transportation from one facility to another due to the individual's need for continuing care (e.g., hospital, rehabilitation center, hospice, etc.).

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#### **Regulatory Status**

Air ambulance providers must comply with all local, state, and federal laws and must have all the appropriate, valid licenses and permits.

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#### **Medical Policy Statement**

The safety and effectiveness of air ambulance services for non-emergent transports have been established. In order for medical necessity to be established, the attending/ordering physician must determine that the patient's condition requires air ambulance transport; and, that any alternative form of transport (ground ambulance, commercial transport) would be clinically inappropriate or detrimental to the health or outcome of the patient.

Transport by fixed wing or rotary wing transport may also be required when the patient requiring transport is physically “inaccessible” by ground ambulance.

Air ambulance services for non-emergent transports for deceased members may be considered appropriate if the patient is pronounced dead *after* the ambulance is called but before lift-off or pick-up has occurred.

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## **Inclusionary and Exclusionary Guidelines**

**This Air Ambulance policy is for non-emergent cases only.**

### Inclusions (must meet all):

- Clinical condition must support medical necessity and need for air transport
- Transport by commercial or ground ambulance is clinically inappropriate—usually due to clinical instability of the patient
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- Transport is directed to the **nearest facility** capable of providing necessary care **or to a capable facility within a 25 mile distance of the nearest facility.\***

\*Transport beyond the 25 mile radius of the nearest capable facility may be reviewed based on the patient’s case/care management needs and other factors as determined by the attending physician in collaboration with BCBSM/BCN.

Please reference Appendix A at back of policy for clarification of inclusion criteria.

### Exclusions

- Patients with contracts or certificates specifically excluding coverage for air ambulance.
- Patients who are pronounced dead *before* the ambulance is called.
- Transport where patient’s clinical condition does not require air ambulance transport
- Transport by an entity that is not licensed to provide air ambulance services (i.e., commercial airlines)
- Transport provided by fire departments, rescue squads, or other emergency transport providers whose fees are in the form of donations.
- Travel and transportation expenses for clinical trials are excluded from coverage.

### **Non-emergent Air Ambulance Pre-approval services Language**

The services for non-emergent air ambulance transport must be approved before they occur. If they are not preapproved, they will be considered a noncovered benefit and you may have to pay their entire cost. It is important to make sure that your provider gets approval before you receive services (effective 1/1/2021).

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**CPT/HCPCS Level II Codes** (*Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.*)

### **Established codes:**

A0430

A0431

A0435

A0436

**Other codes (investigational, not medically necessary, etc.):**

A0420

S9960

S9961

**Note: The above code(s) may not be covered by all contracts or certificates. Specific contracts or certificates may require pre-service review or review prior to claims submission when review prior to service is not possible. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.**

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## **Rationale**

When the patient's benefit coverage includes air ambulance transport and their clinical condition and needs require use of a fixed wing or rotary wing vehicle, the use of an air ambulance may be a life-saving intervention. The strategic use of air ambulance transport may positively impact the clinical outcomes of selected cases.

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## **Government Regulations**

### **National:**

Medicare Benefit Policy Manual, Chapter 10, Section 10.4 – Air Ambulance Services. Rev. 243, 04/13/18.

Medically appropriate air ambulance transportation is a covered service regardless of the State or region in which it is rendered. However, contractors approve claims only if the beneficiary's medical condition is such that transportation by either basic or advanced life-support ground ambulance is not appropriate.

There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. The higher operational costs of the two types of aircraft are recognized with two distinct payment amounts for air ambulance mileage. The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles).

#### **1. Fixed Wing Air Ambulance (FW)**

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.

#### **2. 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.

Further details regarding CMS air ambulance requirements are located at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>

### **Local:**

There is no LCD for this topic.

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

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### **Related Policies**

N/A

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### **References**

1. Blue Cross Blue Shield Association Medical Policy Reference Manual, #10.01.05 Ambulance and Medical Transport Services, original policy date 05/03/1997, last reviewed 12/17/2003, policy archived 02/11/2010.
2. Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual. Chapter 10- Ambulance Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>. (June 2024)
3. American College of Emergency Physicians. Appropriate and Safe Utilization of Helicopter Emergency Medical Services. Available at <https://www.acep.org/Clinical---Practice-Management/Appropriate-and-Safe-Utilization-of-Helicopter-Emergency-Medical-Services/> (June 2024).

*The articles reviewed in this research include those obtained in an internet based literature search for relevant medical references through July 2024, the date the research was completed.*

## **Appendix A**

### **Clarification of Inclusionary Criteria Guidelines for Non-Emergent Air Ambulance**

Clarification of Inclusion Criteria for Non-Emergent Air Ambulance when the transport is not directed to the nearest facility capable of providing necessary care or to a capable facility within a 25 mile radius of the nearest facility.

**Transport for family convenience or comfort is excluded.**

Inclusion criteria and the scope of benefit coverage are included in previous sections of this document. However, individual consideration may be extended in situations where the Inclusion Criteria are not clearly met but where there is the potential to positively impact a patient's clinical outcome. For example:

- A Medical Physician may approve services based on the individual needs of the patient or availability of the local delivery system to manage the overall care of the member. Examples could include the following:
  - 1) **To support continuity of care---where previous treatment involving the current or related condition occurred in a facility that is further away than the closest capable facility; and transport via ground ambulance or commercial means is not an option and will not be an option for at least two weeks.**
  - 2) **When there is documentation or Attending Physician attestation that the transported patient requires a specialized service that cannot be provided by a closer facility + 25 miles.**
  - 3) **The patient will likely require either acute care or rehabilitation for over 3 months and appropriate care is available closer to support system**
  - 4) **Patient is being returned to original hospital after initial transport for specialized care and continued inpatient hospitalization is likely to be required for at least an additional two weeks.**

**Note: Air ambulance transport requests for patients seeking hospice care closer to home and/or for unusual or uncommon circumstances involving frequent or recurrent air transport must be reviewed for appropriateness by a BCBSM/BCN Medical Director.**

## Appendix B

### **Benefit Application and Reimbursement**

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Benefits vary by contract and exclusions, limitations or exceptions may apply. All services must be medically necessary to qualify for coverage. This policy applies to commercial HMO and PPO members. A separate medical policy exists for members of the Federal Employee Program (FEP), Medicare and Medicaid members.

This document describes the medical and payment policies of BCBSM at the time of this communication and providers should refer to updates through The Record and BCBSM.com.

If the service is requested in less than 6 hours, but liftoff is delayed due to bad weather or lack of patient stability for transport, BCBSM/BCN should be notified prior to claims submission. Documentation that the flight was requested within 6 hours and the reasons for delay must be available to BCBSM/BCN reviewers.

Communication with BCBSM/BCN is needed to verify if the service is a covered service under the member's benefit plan, to verify the correct fee, and, in some cases, to assure that the service is medically necessary.

Services with a destination other than the nearest acute care facility are generally not covered services and authorization is required prior to delivery of the service when possible, and prior to submission of the claim in all cases. Air transportation services provided by an airline not licensed as an air ambulance provider, such as a commercial are also not covered unless approved by BCBSM/BCN prior to transport. Transports provided by fire departments, rescue squads or other emergency transport providers whose fees are in the form of donations and not covered services.

BCBSM/BCN should also be notified by phone for all non-emergent air ambulance transportation services, including services originating within or outside the state of Michigan with a destination anywhere in or outside of Michigan, involving in network and out of network providers. Similarly, notification is required when the patient or family request transport to a destination greater than 25 miles beyond the nearest acute care facility equipped to provide the type of medical services appropriate for the medical condition. Prior authorization is required for all fixed wing air ambulance services originating outside the state of Michigan.

### **Billing Process:**

Payment for air ambulance services is limited to the following four HCPS 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**
- A0888 Mileage beyond the closest appropriate facility**

Other medical services provided during flight are bundled into the A0430 or A0431; no additional payments are made for services delivered in-flight. When the patient requests transport beyond the nearest appropriate facility, please bill the mileage to the nearest hospital (A0435 or A0436) and the rest of the mileage as A0888.

BCBSM/BCN payments for A0430 and A0431 cover all services performed during the transport, such as critical care, life support ground ambulance transport to and from the aircraft, so no additional payment for medical services delivered during the transport will be made. Medical services provided before or after the flight may be separately payable.

If the BCBSM/BCN member dies, payment for ambulance services may be made depending on the time at which the patient is pronounced dead by an individual authorized by the State to make such pronouncements. The chart below shows the payment determination for various air ambulance scenarios during which the patient expires. In each case, the assumption is that the ambulance would have otherwise been medically necessary. If the flight is aborted for other reasons, such as bad weather, payment determination is based on whether the patient was on board the air ambulance.

<b>Air Ambulance Scenarios: Patient death</b>	
<b>Time of Death Pronouncement</b>	<b>Payment Determination</b>
Prior to takeoff to point-of-pickup, with notice to dispatcher and time to abort the flight	No payment. <b>Note:</b> This scenario includes situations in which the air ambulance has taxied to the runway and/or has been cleared for takeoff, but has not actually taken off.
After takeoff, to point-of-pickup, but before the patient is loaded	Appropriate air base rate with no mileage or rural adjustment; use the QL modifier when submitting the claim.
After the patient is loaded onboard, but prior to, or upon arrival at the receiving facility.	Payment made as if the patient had not died.

### Joint BCBSM/BCN Medical Policy History

<b>Policy Effective Date</b>	<b>BCBSM Signature Date</b>	<b>BCN Signature Date</b>	<b>Comments</b>
7/1/17	4/18/17	4/18/17	Joint policy established
7/1/17	11/9/17	11/7/17	Clarifications made to the policy criteria
7/1/18	3/28/18	3/28/18	Medical policy statement wording changes and addition of appendix A and B to policy.
9/1/18	8/21/18	8/21/18	Added "Travel and transportation expenses for clinical trials are excluded from coverage" to exclusion section.
11/1/19	8/20/19		Routine policy maintenance. Medicaid section removed. No change in policy status.
11/1/20	8/18/20		Routine policy maintenance. Added "It is important to make sure that your provider gets approval before you receive services (effective 1/1/2021)."
11/1/21	8/17/21		Routine policy maintenance. No change in policy status.
11/1/22	8/16/22		Routine policy maintenance, no change in policy status.
11/1/23	8/15/23		Routine policy maintenance, no change in policy status.
11/1/24	8/20/24		Added Non-emergent to title, MPS and inclusion/exclusion sections. Changes in language in the description section. Vendor managed: Alacura. (ds)

Next Review Date: 3<sup>rd</sup> Qtr. 2025



**BLUE CARE NETWORK BENEFIT COVERAGE**  
**POLICY: AIR AMBULANCE SERVICES FOR NON-EMERGENT TRANSPORT**

**I. Coverage Determination:**

<b>Commercial HMO (includes Self-Funded groups unless otherwise specified)</b>	Covered; criteria apply
<b>BCNA (Medicare Advantage)</b>	See government section
<b>BCN65 (Medicare Complementary)</b>	Coinsurance covered if primary Medicare covers the service.

**II. Administrative Guidelines:**

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.