Medical Policy
Air Ambulance Transport

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Policy Number: 142
BCBSA Reference Number: N/A

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Air ambulance transport services are covered only to the extent that they’re medically necessary and are subject to these types of services being generally covered by each Blue Cross member’s plan. Members should sign in to MyBlue at bluecrossma.org and check their plan benefits for eligibility details.

Air ambulance transport from an acute care facility to another acute care facility is considered MEDICALLY NECESSARY when the following time and clinical criteria are met:

1. The time needed to transport a patient by land or the instability of transportation by land, poses a material threat to the patient’s medical condition or survival; and
2. The member’s diagnosis and current clinical condition requires immediate and rapid transport that cannot be provided by either basic or advanced life support/critical care transport ground ambulance; and
3. The necessary equipment required to treat the patient is not available on a ground ambulance; and
4. The member requires skilled/trained monitoring during transport; and
5. The member is being transferred from an acute care hospital that is not able to treat the member’s medical condition, to the nearest acute care hospital with appropriate facilities and physician specialists capable of treating the member’s medical condition (such as trauma, burn, neurosurgical, or cardiac care unit).

Examples of emergency situations for which air ambulance transfer may be MEDICALLY NECESSARY include, but are not limited to:

• Intracranial bleeding requiring immediate neurosurgical intervention
• Cardiogenic shock
• Burns requiring treatment in a burn center
• Condition requiring treatment in a hyperbaric oxygen unit
• Significant multi-system trauma, or conditions requiring immediate surgical intervention at an appropriately equipped center
• Amputation
• Drowning or near drowning
• Flail chest injury
• Neonatal respiratory disease
• Uncontrolled bleeding
• A hospitalized patient experiencing shock, sepsis, and/or organ failure with immediate, life-threatening implications requiring a higher level of care.

Air ambulance services are considered **NOT MEDICALLY NECESSARY** when:

• It’s for the sake of patient and/or family preferences rather than medical necessity, such as transport to a facility closer to home/family or to a chosen provider.
• It provides transport to a facility that is not an acute care hospital, such as an acute rehabilitation hospital, a long-term acute care hospital, a skilled nursing facility, a doctor’s office, or a member’s home.
• It’s for the purpose of continuity care only; for example, when the member wishes to be evaluated and treated by his or her own established provider, who may not be a specialist located at the nearest appropriate hospital.
• It’s on a commercial airline or on a charter flight not certified as an air ambulance.
• Transport by an ambulance was medically necessary, but ground ambulance transport would have sufficed without posing a material threat to the member’s survival, nor seriously endangering the member’s health.
• It was medically appropriate, but the member could have been treated at a hospital closer than the one to which they were transported.

**Prior Authorization Information**

**Inpatient**
• For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
• For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| Commercial Managed Care (HMO and POS) | Prior authorization is **required** for air ambulance transport.  
| Note: As air ambulance transport is normally of an urgent or emergency nature, a retrospective review of documentation will be performed prior to payment authorization. |
| **Commercial PPO and Indemnity** | Prior authorization is **not required**.  
| However, all air ambulance transport claims must be submitted with supporting documentation and reviewed for medical necessity.  
| Note: As air ambulance transport is normally of an urgent or emergency nature, a retrospective review of documentation will be performed prior to payment authorization.  
| We recommend submitting authorization requests electronically. For more information, please refer to the Utilization Management section of our Blue Cross Blue Book. |
Claims payment is based on eligibility at the time of service, availability of benefits at the time of claim receipt, and medical necessity. All covered services, even those that don’t require authorization, are subject to the plan’s medical necessity requirements and may be subject to audit or review, including after the service was rendered or after the claim has been paid.

How to Submit an Authorization Request? Providers may send relevant clinical information to:

<table>
<thead>
<tr>
<th>Before services are rendered</th>
<th>For services already billed</th>
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<tbody>
<tr>
<td>Blue Cross Blue Shield of Massachusetts Case Creation/Medical Policy One Enterprise Drive Quincy, MA 02171 Tel: 1-800-327-6716 Fax: 1-888-282-0780</td>
<td>Blue Cross Blue Shield of Massachusetts Provider Appeals P.O. Box 986065 Boston, MA 02298</td>
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**CPT Codes / HCPCS Codes / ICD Codes**

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>A0430</td>
<td>Ambulance service, conventional air services, transport, one way (fixed wing)</td>
</tr>
<tr>
<td>A0431</td>
<td>Ambulance service, conventional air services, transport, one way (rotary wing)</td>
</tr>
<tr>
<td>S9960</td>
<td>Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)</td>
</tr>
<tr>
<td>S9961</td>
<td>Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)</td>
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</tbody>
</table>

**Description**

Air ambulance transport is more expensive and involves more potential risk than other methods of transport. The benefits of air ambulance transport should outweigh risks. Medical necessity is established when the member’s condition is such that the time needed to transport a member by land, or the instability of transportation by land, poses a threat to the member’s survival or seriously endangers the member’s health.

**Policy History**

<table>
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<th>Date</th>
<th>Action</th>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


Peer Reviewed Publications:


Government Agency, Medical Society, and Other Authoritative Publications: