



## Medical Policy

### Air Ambulance Transport

#### Table of Contents

- [Policy: Commercial](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

#### 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](http://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**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	<p>Prior authorization is <b>required</b> for air ambulance transport.</p> <p>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.</p>
<b>Commercial PPO and Indemnity</b>	<p>Prior authorization is <b>not required</b>.</p> <p>However, all air ambulance transport claims must be submitted with supporting documentation and reviewed for medical necessity.</p> <p>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.</p> <p>We recommend submitting authorization requests electronically. For more information, please refer to the Utilization Management section of our Blue Cross Blue Book.</p>

	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.
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### Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the service request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

### Authorization Manager Resources

Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

**For out of network providers:** Requests should still be faxed to 1-888-282-0780.

### 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

HCPCS codes:	Code Description
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

### 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

Date	Action
4/2025	Annual policy review. No changes to policy statements. References reviewed and added. 4/2025.
9/2023	Policy clarified to include prior authorization requests using Authorization Manager.
4/2021	Clinical UM criteria on Air Ambulance moved to medical policy. New medical policy describing medically necessary indications; criteria remains unchanged. Effective 4/1/2021.
2011-2020	Air ambulance clinical UM criteria. Review Dates: August 17, 2011; August 22, 2012; August 29, 2013; August 28, 2014; August 28, 2015; August 23, 2016, August 11, 2017; August 21, 2018; August 21, 2019; August 21, 2019; September 9, 2020.
8/2010	Air ambulance clinical UM criteria. Original effective date: August 25, 2010.

## 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

1. Benson N, Hankins D, Wilcox, D. Air medical dispatch: guidelines for scene response [position paper]. *Prehosp Disaster Med.* 1992; 7:75-8.
2. Carruba C, Hunt R, Benson N. Criteria for prehospital air medical transport: non-trauma and pediatric considerations [position paper]. *Prehosp Disaster Med.* 1994; 9:140-1
3. Jablonowski A. Position paper on the appropriate use of emergency air medical services. *J Air Med Transport.* 1990; Sept.29-33.
4. MacDonald M. Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, 2nd ed. Elk Grove, IL: *American Academy of Pediatrics*, 1999.
5. Thomas SH, Cheema F, Wedel SK, Thomas D. Trauma helicopter emergency services transport: annotated review of selected outcomes-related literature. *Prehosp Emerg Care.* 2002; 6:359-71.
6. Thomas SH, Cheema F, Cumming M, Wedel SK, Thomson D. Nontrauma helicopter emergency medical services transport: annotated review of selected outcomes-related literature. *Prehosp Emerg Care.* 2002; 6:242-55.
7. Mann NC, Pinkney KA, Price DD, et al. Injury mortality following the loss of air medical support for rural interhospital transport. *Acad Emerg Med.* 2002; 9:694-8.
8. Air Ambulance Quality and Patient Safety Committee (AAQPS) Committee Meeting Consensus Statement. CMS. Dec 2024.
9. Thomson DP, Thomas SH, Guidelines for air medical dispatch [position paper]. *Prehosp Emergency Care.* 2003; 7:265-271.

### Peer Reviewed Publications:

10. Funder KS, Rasmussen LS, Lohse N, et al. The impact of a physician-staffed helicopter on outcome in patients admitted to a stroke unit: a prospective observational study. *Scand J Trauma Resusc Emerg Med.* 2017; 25(1):18.
11. Galvagno SM Jr, Haut ER, Zafar SN, et al. Association between helicopter vs ground emergency medical services and survival for adults with major trauma. *JAMA.* 2012; 307(15):1602-1610.

### Government Agency, Medical Society, and Other Authoritative Publications:

12. [American College of Emergency Physicians. Policy Statements.](#) Emergency Medical Services Interfaces with Health Care Systems (February 2018)
13. [American College of Surgeons. Equipment for Ambulances. April 2009.](#)
14. Doucet J, Bulger E, Sanddal N, et al. Appropriate use of helicopter emergency medical services for transport of trauma patients: guidelines from the Emergency Medical System Subcommittee,

Committee on Trauma, American College of Surgeons. *J Trauma Acute Care Surg.* 2013; 75(4):734-741.

15. Floccare DJ, Stuhlmiller Df, Braithwaite SA, et al. Appropriate and safe utilization of helicopter emergency medical services: a joint position statement with resource document. *Prehosp Emerg Care.* 2013; 17(4):521-525.
16. Boyd, David R, American Medical Association. Commission on Emergency Medical Services., and United States. National Highway Traffic Safety Administration. *Air Ambulance Guidelines.* Washington, D.C. U.S. G.P.O., 1981.
17. Bigham MT and Schwartz HP for the Ohio Neonatal/Pediatric Transport Quality Collaborative. "Quality Metrics in Neonatal and Pediatric Critical Care Transport: A Consensus Statement." *Pediatr Crit Care Med.* 2013 Jun;14(5):518-24. PubMed (nih.gov)