MEDICAL POLICY

Excellus
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Medical Policy Title	**Ambulance: Air**
Policy Number	**11.01.06**
Current Effective Date	February 20, 2025
Next Review Date	February 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Air ambulance transportation services may be determined to be **medically appropriate** only to the nearest facility that can provide the appropriate care when **ANY** of the following occur:

   A. The individual's medical condition, as determined upon review by a Medical Director of the Health Plan, required immediate and rapid ambulance transportation that was necessary to minimize risk of death or deterioration of the individual's condition and that could not have been provided by land ambulance (refer to Policy Statement II);

   B. The point of pick-up is inaccessible by land vehicle;

   C. Great distances or other obstacles (e.g., traffic, weather conditions) would impact getting the individual to the nearest hospital with appropriate facilities, if the individual were to be transported via land/ground ambulance.

II. Air ambulance transportation services will be considered **medically appropriate** only if the individual's medical condition is such that transportation by either basic or advanced life support land/ground ambulance is not appropriate.

   Medical necessity is established when the individual's condition requires emergent or urgent care and is such that the time needed to transport a patient by land poses a threat to the individual's survival or endangers the patient's health. Situations in which air ambulance transportation is medically appropriate include, but are not limited to, the following:

   A. Extensive burns requiring specialized treatment;

   B. Pediatric individuals where airway control is unobtainable;

   C. Significant mechanism of injury with catastrophic, life-threatening illness or trauma with signs and/or symptoms suggesting any of the following:

      1. Multiple orthopedic injuries, including multiple pelvic fracture;
      2. Vascular compromise;
      3. Neurologic presentation suggestive of spinal cord injury;
      4. Laryngotracheal trauma or injuries of the face or neck, which may result in an airway compromise;
      5. Penetrating head injury;

6. Open injury with cerebrospinal fluid leak;
7. Major chest wall damage including flail chest or open sucking chest wounds;
8. Pneumothorax/hemothorax;
9. Partial or total amputation of a limb;
10. Airway obstruction or compromise;
11. Penetrating abdominal injury;
12. Blunt injury with shock; **or**
13. Scalping or degloving injury;

D. In obstetric individuals, air transport's advantage of minimized out-of-hospital time must be balanced against the risks inherent to land transport delivery. If transport is necessary for a patient whose delivery is thought to be imminent, then a ground vehicle is most often the preferred mode of transport. Air transport may be considered in the rare circumstances when ground transport is logistically not feasible and/or there are circumstances, including but not limited to, the following:

1. Active premature labor with contractions resulting in progressive effacement and dilation of the cervix when estimated gestational age is less than 34 weeks or estimated fetal weight is less than 2,000 grams;
2. Severe pre-eclampsia or eclampsia;
3. Third-trimester hemorrhage;
4. Fetal hydrops; **or**
5. Acute abdominal emergencies (e.g., likely to require surgery) when estimated gestational age is less than 34 weeks or estimated fetal weight is less than 2,000 grams;

E. Transplant candidates with end-stage organ disease when **ALL** of the following are met:

1. The candidate is on the waiting list for organ transplantation;
2. The organ to be transplanted has been procured;
3. The transplant is imminent; **and**
4. Organ preservation times are critical (e.g., heart or lung).

III. Hospital-to-Hospital Air Transport:

A. Hospital-to-hospital air ambulance transportation is considered **medically appropriate** when **ALL** of the following are met:

1. The transferring hospital does not have adequate facilities to provide medical services needed by the individual;
2. Ground ambulance would endanger the individual's health; **and**

3. The medical criteria, as stated in Policy Statement II above, are met.

Examples of individuals for whom hospital-to-hospital air transport (e.g., emergency room to tertiary care facility) may be considered medically appropriate include, but are not limited to:

a. Individuals with dissecting aortic aneurysms, who are receiving intravenous pressor drug titration or invasive monitoring;

b. Individuals with unstable vital signs, who require enroute pharmacologic interventions that would not be available or medically advisable by ground transport; or

c. Transplantation individuals who are unable to tolerate prolonged out-of-hospital times or who have acute organ rejection.

B. Hospital-to-hospital air ambulance transportation services are considered **not medically necessary** for:

1. Transportation of an individual to a facility that is not an acute care facility (e.g., a nursing facility, physician's office) or to the individual's home; **or**

2. Non-emergent (e.g., inpatient to inpatient) transportation of a stabilized individual.

RELATED POLICIES

Corporate Medical Policy

10.01.12 Emergency Care Services

10.01.07 Land/Ground Ambulance Services

11.01.18 Interfacility Transfer of a Registered Inpatient

Administrative Policy

39 Air Ambulance Reimbursement Determination of Deceased Patient

POLICY GUIDELINE(S)

I. Air ambulance transportation services are contract-specific. Please refer to the member's subscriber contract for limitations and/or exclusions. Some contracts may:

A. Exclude air ambulance transportation services or limit transportation distances; or

B. Require air ambulance claims to be accompanied by a Pre-Hospital Care Report.

II. Benefits are not available for elective or convenience air ambulance transportation.

III. Air ambulance services may be **eligible for coverage** based on the time of death pronouncement of the individual in the following scenarios:

A. After takeoff to the point-of-pickup (POP) and before the individual is loaded on board the air ambulance; or

B. After the individual is loaded on board the air ambulance and before or upon arrival at the receiving facility.

IV. Air ambulance service is **ineligible for coverage** if the individual is pronounced dead before the ambulance is dispatched.

V. Prior authorization for interfacility transfer is contract-dependent, and, where a member's subscriber contract so requires, authorization must be obtained prior to transfer of the individual. Some members' subscriber contracts exclude coverage for the transfer of members between health care facilities.

Accepting the transfer of a registered inpatient from another facility through the emergency department, when the patient is not in need of emergent services, does not negate the requirement for prior authorization of the transfer if the member contract requires prior authorization for inpatient admissions.

DESCRIPTION

Ambulance services involve the assessment and administration of care to the ill or injured individual by specially trained personnel and the transportation of the individual in specially designed and equipped vehicles within an appropriate, safe, and monitored environment. Ambulance services are frequently the initial step in the chain of the delivery of medical care. This policy only addresses those ambulance services rendered by an air ambulance.

Air ambulance transportation services are provided by fixed (plane) or rotary (helicopter) wing equipment.

Air ambulance transport may involve:

- The emergency transportation of an individual to the nearest hospital with the appropriate facilities for the treatment of the individual's illness or injury; or
- The non-emergent medical transport of a registered hospital inpatient to another location to obtain medically necessary, specialized diagnostic or therapeutic services.

Ambulance Services are rendered for Emergent, Urgent or Non-Emergent Reasons

I. Emergent services are defined as services for a medical or behavioral condition with acute symptoms of sufficient severity that the absence of immediate medical attention would result in placing the health of the individual in serious jeopardy, serious impairment of bodily function or serious dysfunction of any body organ or part. In the case of a behavioral condition, lack of immediate medical attention may also place the health of others in serious jeopardy.

II. Urgent services are defined as services for a medical or behavioral condition that require immediate attention, although the condition may not be an emergency situation. An urgent care condition has the potential to become emergent in the absence of treatment.

III. Non-emergent services are defined as services for a medical or behavioral condition that are not considered to be of an emergent or urgent nature (e.g., elective surgery).

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE

According to the National Association of Emergency Medical Service Physicians (NAEMSP) Guidelines for Air Medical Dispatch (Thomson et al., 2003), the following are the indicated clinical situations for triage to air transport at the scene of an emergency. NAEMSP stated that, in some cases (e.g., flail chest), the diagnosis can be clearly established in the prehospital setting; in other cases (e.g., cardiac injury suggested by mechanism of injury and/or cardiac monitoring findings), prehospital care providers must use judgment and act on suspicion. As a general rule, air transport scene response should be considered more likely to be indicated when use of this modality, as compared with ground transport, results in more rapid arrival of the patient to an appropriate receiving center or when a helicopter crew provides rapid access to advanced level of care (e.g., when a ground basic life support team encounters a multiple trauma patient requiring airway intervention). This position statement has been endorsed by the Air Medical Physician Association (AMPA).

I. Trauma: Scene response to injured patients probably represents the mode of helicopter utilization with the best supporting evidence.
   A. General and mechanism considerations:
      1. Trauma score less than 12 (Glasgow Coma Scale, Systolic Blood Pressure, Respiratory);
      2. Unstable vital signs (e.g., hypotension or tachypnea);
      3. Significant trauma in patients less than 12 years old, greater than 55 years old, or pregnant;
      4. Multisystem injuries (e.g., long-bone fractures in different extremities; injury to more than two body regions);
      5. Ejection from vehicle;
      6. Pedestrian or cyclist struck by motor vehicle;
      7. Death in same passenger compartment as patient;
      8. Ground provider perception of significant damage to patient's passenger compartment;
      9. Penetrating trauma to the abdomen, pelvis, chest, neck, or head;
      10. Crush injury to the abdomen, chest, or head; or
      11. Fall from significant height.
   B. Neurologic considerations:
      1. Glasgow Coma Scale score less than 10*;
      2. Deteriorating mental status;
      3. Skull fracture; or

4. Neurologic presentation suggestive of spinal cord injury.

C. Thoracic considerations:
   1. Major chest wall injury (e.g., flail chest);
   2. Pneumothorax/hemothorax; or
   3. Suspected cardiac injury.

D. Abdominal/pelvic considerations:
   1. Significant abdominal pain after blunt trauma;
   2. Presence of a "seatbelt" sign or other abdominal wall contusion;
   3. Obvious rib fracture below the nipple line; or
   4. Major pelvic fracture (e.g., unstable pelvic ring disruption, open pelvic fracture, or pelvic fracture with hypotension).

E. Orthopedic/extremity considerations:
   1. Partial or total amputation of a limb (exclusive of digits);
   2. Finger/thumb amputation when emergent surgical evaluation (i.e., for replantation consideration) is indicated, and rapid surface transport is not available;
   3. Fracture or dislocation with vascular compromise;
   4. Extremity ischemia;
   5. Open long-bone fractures; or
   6. Two or more long-bone fractures.

F. Major burns:
   1. Greater than 20% body surface area;
   2. Involvement of face, head, hands, feet, or genitalia;
   3. Inhalational injury;
   4. Electrical or chemical burns; or
   5. Burns with associated injuries.

G. Patients with near drowning injuries.

II. Non-trauma: The literature support for primary air ambulance transport of non-injured patients is limited to logistical considerations. It is conceivable that clinical indications for scene air response may be identified in the future. However, at this time prehospital providers should incorporate logistical considerations, clinical judgment, and medical oversight in determining whether primary air transport is appropriate for patients with non-trauma diagnoses.

* The Glasgow Coma Scale (GCS) [Internet] [original 2004; accessed 2024 Dec 23] Available from: https://www.glasgowcomascale.org/

REGULATORY STATUS

Please refer to the Reference Section for the New York State Department of Health Regulations regarding Emergency Medical Services.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
No Applicable	

HCPCS Codes

Code	Description
A0140	Non-emergency transportation and air travel (private or commercial); intra- or inter-state
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)
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

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American College of Surgeons (ACS). [Internet] National guidelines for field triage of injured patients: recommendations of the national expert panel on field triage, 2021. [Revised 2021; accessed 2025 Jan 3]. Available from: https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/

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SEARCH TERMS

Air ambulance, air medical transport, fixed wing transport, helicopter transport, medevac, medical flight, rotary wing transport

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Based on our review, Ambulance Services are not addressed in National or Regional Medicare coverage determinations or policies.

Please refer to the Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services. [Last updated 2018 April 13; accessed 2025 Jan 8] Available from: Medicare Benefit Policy Manual Chapter 10-Ambulance Services

Please refer to the Medicare Claims Processing Manual, Chapter 15 – Ambulance. [Last updated 2024 Oct 17; accessed 2025 Jan 8] Available from: Medicare Claims Processing Manual Chapter 15-Ambulance

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
09/19/01, 01/24/02, 02/27/03, 04/22/04, 06/23/05, 06/22/06, 08/23/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 06/27/19, 04/23/20, 04/22/21, 06/24/21, 04/21/22, 03/23/23, 03/21/24, 02/20/25	
Date	**Summary of Changes**
02/20/25	• Annual review, policy intent unchanged
01/01/25	• Summary of changes tracking implemented.
12/16/99	• Original effective date