



## Air Ambulance

**Policy Number:** 9.01.500  
**Origination:** 3/2014

**Last Review:** 3/2014  
**Next Review:** 3/2015

### **Policy**

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Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for air ambulance when it is determined to be medically necessary because the criteria shown below are met.

### **When Policy Topic is covered**

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Air ambulance transport service to the nearest hospital or nursing facility with adequate facilities to treat the patient's medical condition may be considered **medically necessary** when the following criteria are met:

- 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, limited time frames, 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.

Air ambulance service to transport a patient from one facility to another in order to obtain medical treatment that is not available in the facility where they are currently receiving care may be considered **medically necessary** when the above criteria are met.

### **When Policy Topic is not covered**

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Air ambulance transport service may be considered **not medically necessary** when:

- The above criteria are not met; or
- The interfacility transport from a hospital capable of treating an individual is performed primarily for the convenience of the patient or patient's family, physician or other health care provider; or
- The services are for transfer of a deceased individual when the individual was pronounced dead at the scene.

If the transportation is to a hospital or nursing facility that is not the nearest facility that can provide the required services necessary for the patient's medical condition, the air ambulance service may be considered:

- a **non-covered benefit exclusion** if limited as such in the member's benefit plan; or
- **not medically necessary**.

### **Considerations**

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Approval for non-emergent air transportation is coordinated through the concurrent review process and documented in the confinement case.

Emergent medical care is defined in the medical policy "Emergency Care." If the air transportation does not meet this definition of emergent care, then the air transportation services would be considered as non-emergent.

## **Description of Procedure or Service**

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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).

## **References**

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1. Medicare Benefit Policy Manual. Chapter 10-Ambulance Services (Rev. 133, 10-22-10). Available at <https://www.cms.gov/manuals/Downloads/bp102c10.pdf>.
2. 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.
3. American College of Emergency Physicians/National Association of EMS Physicians. Alternate Ambulance Transportation and Destination (2001; reaffirmed June, 2008). Available at <http://www.acep.org/practres.aspx?id=29078>.

## **Billing Coding/Physician Documentation Information**

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**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 service, nonemergency transport, one way (rotary wing)

**Ambulance claims are billed with the following modifiers. Per HCPCS, ambulance Origin and Destination modifiers used with ambulance transportation service codes are single-digit modifiers. The first digit indicates the place of origin, and the destination is indicated by the second digit. The modifiers most commonly used are:**

D - Diagnostic or therapeutic site other than 'P' or 'H'  
E - Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)  
G - Hospital-based dialysis facility (hospital or hospital-related)  
H - Hospital  
I - Site of transfer (for example, airport or helicopter pad) between types of ambulance  
J - Non-hospital-based dialysis facility  
N - Skilled nursing facility (SNF)  
P - Physician's office (includes HMO non-hospital facility, clinic, etc.)  
R - Residence  
S - Scene of accident or acute event  
X - Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.)

**Note: Modifier X can only be used as a destination code in the second position of a modifier**

## **Additional Policy Key Words**

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N/A

## **Policy Implementation/Update Information**

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3/1/14      New policy; may be considered medically necessary.

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