Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

**AIR AMBULANCE**

**Description:** Air ambulance service is performed by either a rotary wing aircraft (i.e., helicopter) or fixed wing aircraft that is specially designed, equipped, and staffed for transporting the sick or injured. An air ambulance is used for emergency medical transportation in situations where a ground ambulance cannot reach the scene or cannot reach it quickly enough, or the individual needs to be transported over a distance or terrain that is not feasible for ground ambulance given the severity of the individual’s illness or injury.

The American College of Surgeons (ACS) Committee on Trauma verifies trauma centers and pediatric trauma centers. Trauma center verification of levels I-III are based on criteria including but not limited to availability of surgeons, specialists (e.g., orthopedic surgery and neurosurgery) and trauma facilities, volume of adult and pediatric patients seen at various levels of injury severity, and patient outcomes.

**Policy:**

I. **Trauma**

A. Air ambulance transportation services may be considered (or determined to be) **MEDICALLY NECESSARY** in trauma response when all of the following criteria are met:

1. The individual’s medical condition requires immediate and rapid ambulance transport that could not have been provided by land ambulance OR the point of pickup is not accessible by land vehicle; AND
2. The individual’s medical condition is such that the time needed to transport the individual by ground poses a threat to the individual’s survival or seriously endangers the individual’s health. Examples of cases for which air ambulance may be medically necessary include, but are not limited to the following:
a. Evidence of significant multi-system trauma, or trauma requiring immediate intervention at a center with the appropriate ACS trauma center verification,
b. Intracranial bleeding requiring neurosurgical intervention;
c. Major burns requiring immediate treatment in a burn center;
d. Limb threatening trauma;
e. Conditions requiring immediate treatment in a hyperbaric oxygen unit;
f. Shock, sepsis, or organ failure with immediate life-threatening implications requiring tertiary care;
g. Individuals with near-drowning injuries.

AND

3. The individual is transported to the nearest hospital with the appropriate ACS trauma center verification based upon the patient’s injuries and condition.

B. Transport to the next nearest facility may be considered (or determined to be) MEDICALLY NECESSARY when:
   1. Criteria A1 and A2 are met;
      AND
   2. The first hospital does not have the required services or facilities to treat the individual.

C. Transport of a trauma victim by air from a community hospital to a tertiary center (e.g. an ACS verified level I-II trauma center) may be considered (or determined to be) MEDICALLY NECESSARY when initial evaluation at the community hospital reveals injuries (e.g. intra-abdominal hemorrhage on abdominal computed tomography) or potential injuries (e.g., aortic trauma suggested by widened mediastinum on chest x-ray; spinal column injury with potential for spinal cord involvement) requiring further evaluation and management beyond the capabilities of the referring hospital.

D. All other uses of air ambulance services in the transport of trauma victims DO NOT MEET THE DEFINITION OF MEDICAL NECESSITY including but not limited to the following:
   1. Transfers from one hospital to another if above criteria not met;
   2. Transfers from a hospital capable of treating an individual to another hospital primarily for the convenience of the individual or the individual's family or physician;
   3. When land transportation is available and the time required to transport the individual by land does not endanger the individual's life or health;
   4. Transportation to a facility that is not an acute care hospital;
5. Individual is legally pronounced dead prior to the ambulance service being called; or
6. The services are provided for transfer of a deceased individual to a funeral home, morgue, or hospital, when the individual was pronounced dead at the scene;
7. Search and rescue operations.

II. **Non-Trauma Interfacility Air Transport**

A. Air ambulance services may be considered (or determined to be) **MEDICALLY NECESSARY** when all of the following criteria are met:

1. Great distances, limited timeframes, or other obstacles are involved in transporting the individual by ground; **AND**
2. The individual's medical condition requires uninterrupted care and attendance by qualified medical staff during transport; **AND**
3. The individual’s medical condition requires specialty care not available at the referring hospital. Examples include but are not limited to:
   a. Acute coronary syndrome with need for urgent intervention such as cardiac catheterization;
   b. Cardiogenic shock, cardiac tamponade or mechanical cardiac disease such as acute cardiac rupture or decompensating valvular heart disease;
   c. Critically ill medical or surgical patients requiring emergent care not available at the referring hospital;
   d. Obstetric emergency (e.g., third-trimester hemorrhage, fetal hydrops, severe pre-eclampsia or eclampsia) for which ground transport is not feasible and risk of intratransport delivery is low;
   e. Neonate with very low birthweight or medical condition requiring a specialized neonatal team during transport and ground transport is not feasible within a reasonable time frame;
   f. Organ or organ transplant recipient requires air transport to the appropriate approved transplant facility.
   
   **AND**

4. The individual is transported to the nearest appropriate facility for treatment (in accordance with their benefit plan).
   **AND**

5. The origin (point of pick-up) is an acute care facility (e.g., hospital, rehabilitation hospital) [and is not otherwise precluded from eligibility in the member contract];
   **AND**

6. The destination has the appropriate facilities to treat the individual’s condition (The destination is not precluded from eligibility in the member contract.).
B. All other uses of air ambulance services in inter-facility transport DO NOT MEET THE DEFINITION OF MEDICAL NECESSITY including but not limited to the following:
   1. Transfers from one hospital to another if above criteria not met;
   2. Transfers from a hospital with the facilities to treat an individual to another hospital primarily for the convenience of the individual or the individual's family or physician;
   3. Transportation to a facility that is not an acute care hospital with appropriate facilities to treat the condition for which the transfer was made.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPCS:
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

Policy History:

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Cross Reference:

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