

10.01.17 Air Ambulance*

Original Effective Date: April 2012

Review Date: March 2026

Revised: March 2026

DISCLAIMER/INSTRUCTIONS FOR USE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations, or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

This Medical Policy document describes the status of medical technology at the time the document was developed. Since that time, new technology may have emerged, or new medical literature may have been published. This Medical Policy will be reviewed regularly and updated as scientific and medical literature becomes available; therefore, policies are subject to change without notice.

Related Policies:

- None

Summary

Description

Air Ambulance

Air Ambulance services are licensed and certified as air ambulances and utilize specially designed and equipped airplanes or helicopters to provide rapid emergency medical care and transport of ill or injured patients.

PRIOR APPROVAL

Prior approval is required for non-emergency air ambulance services.

POLICY

Coverage of Air Ambulance Services

Emergency air ambulance transport:

Emergency air ambulance transportation must meet **ALL** of the following criteria to be covered:

- The member is experiencing an emergency medical condition requiring immediate ambulance transport.
- Great distances, inaccessibility of the pickup location by a land vehicle, or other obstacles are involved in getting the member to the nearest hospital with appropriate facilities for treatment by ground ambulance transport.
- The member is transported to the nearest hospital with adequate facilities to treat the member's medical condition.
- If the member is inpatient, the services required to treat the member's illness or injury are not available where the member is currently receiving care.
- During transport, the member's medical condition requires the services that are provided only by an air ambulance.

Non-emergency air ambulance transport:

Non-emergency air ambulance transportation may be considered **medically necessary** when documentation indicates **ALL** of the following criteria are met:

- The member must already be receiving care at a hospital.
- The member is transported to the nearest hospital or nursing facility with adequate facilities to treat the member's condition.
- There is documentation in the medical record that the nearest hospital that is equipped to adequately treat the condition has accepted the patient for admission prior to transport. Precertification is required for services or procedures requiring an inpatient hospital admission.
- The services required to adequately treat the member's illness or injury are not available at the hospital where the member is currently receiving care.
- Documentation in the medical record indicates that the member cannot be reasonably and safely able to be transported by other modes of transportation.
- During transport, the members condition requires the skilled and medical monitoring that are provided only by an air ambulance.
- Great distances, inaccessibility of the pickup location by a land vehicle, or other obstacles are involved in getting the member to the nearest hospital or nursing facility with appropriate facilities for treatment by ground transport.

Not covered:

Air ambulance transport is **not medically necessary** under any of the following circumstances:

- Not meeting the medical necessity criteria above for emergency or non-emergency air transport.
- Air or ground ambulance transport from a facility capable of treating the member's condition.
- Air or ground ambulance transport to or from any location when the member is physically and mentally capable of being a passenger in a private vehicle.
- Air ambulance is used when land transportation is available and the time required to transport by land does not endanger the life or health of the member.
- Round-trip transports from the member's residence to a medical provider for an appointment or treatment and back to the member's residence.
- Air or ground transport when performed primarily for the convenience of the member or the member's family, physician, or other health care provider, such as a transfer to a hospital or facility that is closer to the member's home or family.
- Non-ambulance transport to any location for any reason. This includes private vehicle transport, commercial air transport, police transport, taxi, public transportation such as train or bus, ride-share vehicles such as Uber or Lyft, and vehicles such as vans or taxis that are equipped to transport stretchers or wheelchairs but are not professionally operated or staffed.
- Repatriation from an international location other than nearest hospital equipped to adequately treat the member's condition when the above medical necessity criteria are met.

Definitions:

Air Ambulance

Air Ambulance services are licensed and certified as air ambulances and utilize specially designed and equipped airplanes or helicopters to provide rapid emergency medical care and transport of ill or injured patients.

Emergency medical condition

Emergency medical condition is defined as a medical condition manifested by acute symptoms of sufficient severity, including pain, that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect absence of immediate medical attention to result in:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman and her unborn child, in serious jeopardy;
- Serious impairment to bodily function; or
- Serious dysfunction of any bodily organ or part

Great distances, inaccessibility of the pickup location by a land vehicle, or other obstacles

In general, use of an air ambulance instead of a ground ambulance will generally be considered **medically necessary** when 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, provided it meets all of the other criteria for coverage.

In emergency situations, barriers to ground ambulance travel that could cause a delay in arriving at the nearest hospital with adequate facilities to treat the member's medical condition that would pose a threat to the member's survival or seriously endanger the member's health will generally be considered to warrant use of an air ambulance instead.

Nearest hospital

In emergency situations, transporting the member to the nearest hospital with adequate facilities to treat the member's medical condition is important so that treatment at such a hospital is not unnecessarily delayed. Transportation hundreds or thousands of miles farther than the nearest hospital with adequate facilities to treat the member's medical condition typically suggests that the member's condition was not actually emergent.

In non-emergency situations, the member must still generally be transported to the nearest hospital or nursing facility with adequate facilities to treat the member's condition, with the understanding that if Wellmark has provided prior approval for the member to receive treatment at the destination location, air ambulance transport to that destination will generally be considered to meet the "nearest hospital" requirement.

POLICY GUIDELINES

Coding

See the [Codes](#) table for details.

SUPPLEMENTAL INFORMATION

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review can be located at clinicaltrials.gov.

CODES

To report provider services, use appropriate CPT codes, HCPCS codes, Revenue codes, and/or ICD diagnosis codes.

Codes	Number	Description
CPT		
	None	
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
	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
	S9961	Ambulance service, conventional air services, nonemergency transport, one way (rotary wing)
Revenue Code	0545	Air Ambulance
Type of Service	Medical	
Place of Service	Inpatient, Home, Physicians Office	

POLICY HISTORY

Date	Action	Action
March 2026	Annual Review	Policy Revised
April 2025	Annual Review	Policy Revision

March 2024	Annual Review	Policy Revised
March 2023	Annual Review	Policy Revised
March 2022	Annual Review	Policy Renewed
March 2021	Annual Review	Policy Renewed
March 2020	Annual Review	Policy Renewed
March 2019	Annual Review	Policy Renewed
March 2018	Annual Review	Policy Renewed
December 2017	Interim Review	Policy Revised
March 2017	Annual Review	Policy Renewed
March 2016	Annual Review	Policy Renewed
March 2015	Annual Review	Policy Renewed
May 2014	Annual Review	Policy Revised
May 2013	Annual Review	Policy Renewed
April 2012		New Policy

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

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