

Medical Coverage Policy | Ambulance: Air and Water Transport



EFFECTIVE DATE: 12|04|2007
POLICY LAST UPDATED: 12|16|2014

OVERVIEW

This policy documents medical criteria requirements for coverage of ambulance air and water transportation.

PRIOR AUTHORIZATION

Prior authorization review is required for BlueCHiP for Medicare and recommended for Commercial products.

Note: As air and water ambulance service is normally of an urgent or emergent nature, a retrospective review of documentation will be performed prior to payment authorization.

POLICY STATEMENT

Air or water ambulance services are considered **medically necessary** when the criteria are met for **all BCBSRI products**.

Commercial

Air or water ambulance services are covered only for services **originating and terminating in the *United States and its territories**.

*United States and its territories means the 50 states of the United States, including the District of Columbia, Puerto Rico, The United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

BlueCHiP for Medicare

Air or water ambulance services are covered world-wide.

The allowance for the air/water ambulance includes the services rendered by an emergency medical technician or paramedic, drugs, supplies and cardiac monitoring.

Services are covered up to the maximum benefit limit and level of coverage according to the member's contract.

Non-covered Conditions:

Commercial products:

- Transport from cruise ships when not in United States waters.
- Transport to a facility that is not an acute care hospital.
- Transportation for the purpose of continuity of care only; Example, when the member wishes to be seen by their own physician specialist, who may not be at the nearest appropriate hospital, and not a specialist located at the nearest appropriate hospital
- Return air, water or ground transportation home.
- Transport on commercial or charter flights that are not certified air ambulances

BlueCHiP for Medicare:

- Transport to a facility that is not an acute care hospital
- Transportation for the purpose of continuity of care only; Example, when the member wishes to be seen by their own physician specialist, who may not be at the nearest appropriate
- hospital, and not a specialist located at the nearest appropriate hospital
- Return air, water or ground transportation home.
- Transport on a commercial airlines or charter flights that are not certified air ambulances.

MEDICAL CRITERIA

Air or water ambulance is considered **medically necessary** when:

- The time needed to transport a patient by land or the instability of transportation by land, poses a threat to the patient's condition or survival; **or**
- The proper equipment required to treat the patient is not available on a land ambulance; **and**
- The patient must be transported for treatment to the **nearest appropriate hospital** that is capable of providing a level of care for the patient's illness and that has available the type of physician or physician specialist needed to treat the patient's condition; **and**
- The patient needs to be transferred from one hospital to the **nearest appropriate hospital**, if the transferring hospital does not have the appropriate facilities to provide the medical services the patient needs (such as a trauma unit, burn unit, or cardiac care unit).

BACKGROUND

Air ambulance service means transportation by a helicopter or fixed wing plane. The aircraft must be a certified ambulance. The crew, maintenance support crew and aircraft must meet the certification requirements and hold a certificate for air ambulance operators under Part 135 of the Federal Aviation Administration (FAA) regulations.

Water ambulance means transportation by a boat. The boat must be specially designed and equipped for transporting the sick or injured. It must also have such other safety and lifesaving equipment per state or local regulation.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable "Ambulance services" benefits/coverage.

CODING

BlueCHiP for Medicare and Commercial

These HCPCS codes for Air ambulance transportation will be retrospectively reviewed for all BCBSRI products:

A0430 A0431 A0435 A0436

Water ambulance transportation services are covered for all BCBSRI products and will be processed according to the unlisted review process:

A0999

The following code will follow the unlisted code review process when used for fixed or rotary winged emergency travel for all BCBSRI products:

A0424

RELATED POLICIES

None

PUBLISHED

Provider Update	Feb 2015
Provider Update	Aug 2013
Provider Update	Jun 2012
Provider Update	Mar 2012
Provider Update	Jan 2011
Provider Update	Jan 2010
Provider Update	Mar 2009
Policy Update	Feb 2008

REFERENCES

Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 10 - Ambulance Services-10.4-Air Ambulance Services.

Centers for Medicare and Medicaid Services. Your Medicare Benefits: This official government guide has important information about the following: The services and supplies original Medicare covers. p. 47. CMS Product No. 10116.

Centers for Medicare and Medicaid Services. Fact Sheet: Medicare Coverage outside the United States (Coverage under Original Medicare) p.2 Revised September 2010.

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

