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:

<table>
<thead>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A0430</td>
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<td>A0431</td>
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<td>A0435</td>
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<tr>
<td>A0436</td>
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Water ambulance transportation services are covered for all BCBSRI products and will be processed according to the unlisted review process:

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<tbody>
<tr>
<td>A0999</td>
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The following code will follow the unlisted code review process when used for fixed or rotary winged emergency travel for all BCBSRI products:

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<tbody>
<tr>
<td>A0424</td>
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**RELATED POLICIES**

None
REFERENCES


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.