

# MEDICAL POLICY

Medical Policy Title	Ambulance: Air
Policy Number	11.01.06
Current Effective Date	March 19, 2026
Next Review Date	March 2027

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.

(Link to [Product Disclaimer](#))

## POLICY STATEMENT(S)

- I. Air ambulance transportation services may be determined to be **medically appropriate** only to the nearest facility that can provide the appropriate care when **ALL** of the following criteria are met:
  - A. The individual's medical condition, required immediate and rapid ambulance transportation that was necessary to minimize risk of death or deterioration of the individual's condition and that could not have been provided by land ambulance and **either** of the following indications;
    1. The point of pick-up is inaccessible by land vehicle;
    2. Great distances or other obstacles (e.g., traffic, weather conditions) would impact getting the individual to the nearest hospital with appropriate facilities, if the individual were to be transported via land/ground ambulance.

### Hospital-to-Hospital Air Transport

- II. Hospital-to-hospital air ambulance transportation is considered **medically appropriate** when **BOTH** of the following are met:
  - A. Transferring an individual to a higher level of care hospital to provide medical services that are unavailable at the transferring facility;
  - B. Ground ambulance would endanger the individual's health.
- III. Hospital-to-hospital air ambulance transportation services are considered **not medically appropriate** for **EITHER** of the following indications:
  - A. Transportation to a non-acute care facility;
  - B. Non-emergent transportation of a stabilized individual.

## RELATED POLICIES

### Corporate Medical Policy

#### 10.01.12 Emergency Care Services

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10.01.07 Land/Ground Ambulance Services

11.01.18 Interfacility Transfer of a Registered Inpatient

Administrative Policy

39 Air Ambulance Reimbursement Determination of Deceased Patient

**POLICY GUIDELINE(S)**

- I. Air ambulance transportation services are contract specific. Please refer to the member's subscriber contract for limitations and/or exclusions. Some contracts may:
  - A. Exclude air ambulance transportation services or limit transportation distances; or
  - B. Require air ambulance claims to be accompanied by a Pre-Hospital Care Report.
- II. Benefits are not available for elective or convenience air ambulance transportation.
- III. Air ambulance services may be **eligible for coverage** based on the time of death pronouncement of the individual in the following scenarios:
  - A. After takeoff to the point-of-pickup (POP) and before the individual is loaded on board the air ambulance; or
  - B. After the individual is loaded on board the air ambulance and before or upon arrival at the receiving facility.
- IV. Air ambulance service is **ineligible for coverage** if the individual is pronounced dead before the ambulance is dispatched.
- V. Prior authorization for interfacility transfer is contract-dependent, authorization must be obtained prior to transfer of the individual.
- VI. If the member's subscriber contract requires prior authorization for inpatient admissions, prior authorization is required to accept a transfer of a registered inpatient from another facility through the emergency department.
- VII. Examples of emergency situations that can be considered for air ambulance transfer:
  - A. In obstetric individuals, air transport's advantage of minimized out-of-hospital time must be balanced against the risks inherent to land transport delivery. If transport is necessary for a patient whose delivery is thought to be imminent, then a ground vehicle is most often the preferred mode of transport. Air transport may be considered in the rare circumstances when ground transport is logistically not feasible and/or there are circumstances, including but not limited to, the following:
    1. Active premature labor with contractions resulting in progressive effacement and dilation of the cervix when estimated gestational age is less than 34 weeks or estimated fetal weight is less than 2,000 grams;
    2. Severe pre-eclampsia or eclampsia;

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3. Third-trimester hemorrhage;
  4. Fetal hydrops; or
  5. Acute abdominal emergencies (e.g., likely to require surgery) when estimated gestational age is less than 34 weeks or estimated fetal weight is less than 2,000 grams;
- B. Transplant candidates with end-stage organ disease when they have all of the following indications:
1. The candidate is on the waiting list for organ transplantation;
  2. The organ to be transplanted has been procured;
  3. The transplant is imminent; and
  4. Organ preservation times are critical (e.g., heart or lung).

VIII. Examples of individuals for whom hospital-to-hospital air transport (e.g., emergency room to tertiary care facility) may be considered for the following indications, including, but are not limited to:

- A. Individuals with dissecting aortic aneurysms, who are receiving intravenous pressor drug titration or invasive monitoring;
- B. Individuals with unstable vital signs, who require enroute pharmacologic interventions that would not be available or medically advisable by ground transport; or
- C. Transplantation individuals who are unable to tolerate prolonged out-of-hospital times or who have acute organ rejection.

<b>DESCRIPTION</b>
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Ambulance services involve the assessment and administration of care to the ill or injured individual by specially trained personnel and the transportation of the individual in specially designed and equipped vehicles within an appropriate, safe, and monitored environment. Ambulance services are frequently the initial step in the chain of the delivery of medical care. This policy only addresses those ambulance services rendered by an air ambulance.

Air ambulance transportation services are provided by fixed (plane) or rotary (helicopter) wing equipment.

Air ambulance transport may involve

- The emergency transportation of an individual to the nearest hospital with the appropriate facilities for the treatment of the individual's illness or injury; or
- The non-emergent medical transport of a registered hospital inpatient to another location to obtain medically necessary, specialized diagnostic or therapeutic services.

Ambulance Services are rendered for Emergent, Urgent or Non-Emergent Reasons

- Emergent services are defined as services for a medical or behavioral condition with acute symptoms of sufficient severity that the absence of immediate medical attention would result in

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placing the health of the individual in serious jeopardy, serious impairment of bodily function or serious dysfunction of any body organ or part. In the case of a behavioral condition, lack of immediate medical attention may also place the health of others in serious jeopardy.

- Urgent services are defined as services for a medical or behavioral condition that require immediate attention, although the condition may not be an emergency situation. An urgent care condition has the potential to become emergent in the absence of treatment.
- Non-emergent services are defined as services for a medical or behavioral condition that are not considered to be of an emergent or urgent nature (e.g., elective surgery).

Examples of individuals who may qualify for hospital-to-hospital air transport (e.g., emergency room to tertiary care facility) include, but are not limited to:

- Individuals with dissecting aortic aneurysms, who are receiving intravenous pressor drug titration or invasive monitoring;
- Individuals with unstable vital signs, who require enroute pharmacologic interventions that would not be available or medically advisable by ground transport; or
- Transplantation individuals who are unable to tolerate prolonged out-of-hospital times or who have acute organ rejection.

### SUPPORTIVE LITERATURE

Not Applicable

### PROFESSIONAL GUIDELINES

National Association of Emergency Medical Service Physicians (NAEMSP) states that some conditions (e.g., flail chest) can be clearly diagnosed in the field, while others (e.g., suspected cardiac injury or findings) requiring providers to act on clinical judgement. Air transport is generally indicated when it enables faster arrival to the appropriate facility or quicker access to advanced care by the helicopter crew. This position statement has been endorsed by the Air Medical Physician Association (AMPA).

According to the NAEMSP Guidelines for Air Medical Dispatch (Thomson et al 2003), the following are the indicated clinical situations for triage to air transport at the scene of an emergency:

#### Trauma

Scene response to injured patients probably represents the mode of helicopter utilization with the best supporting evidence.

- General and mechanism considerations:
  - Trauma score less than 12 (Glasgow Coma Scale, Systolic Blood Pressure, Respiratory);
  - Unstable vital signs (e.g., hypotension or tachypnea);
  - Significant trauma in patients less than 12 years old, greater than 55 years old, or pregnant;
  - Multisystem injuries (e.g., long-bone fractures in different extremities; injury to more than two body regions);

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- Ejection from vehicle;
- Pedestrian or cyclist struck by motor vehicle;
- Death in same passenger compartment as patient;
- Ground provider perception of significant damage to patient's passenger compartment;
- Penetrating trauma to the abdomen, pelvis, chest, neck, or head;
- Crush injury to the abdomen, chest, or head; or
- Fall from significant height.
- Neurologic considerations:
  - Glasgow Coma Scale score less than 10\*;
  - Deteriorating mental status;
  - Skull fracture; or
  - Neurologic presentation suggestive of spinal cord injury.
- Thoracic considerations:
  - Major chest wall injury (e.g., flail chest);
  - Pneumothorax/hemothorax; or
  - Suspected cardiac injury.
- Abdominal/pelvic considerations:
  - Significant abdominal pain after blunt trauma;
  - Presence of a "seatbelt" sign or other abdominal wall contusion;
  - Obvious rib fracture below the nipple line; or
  - Major pelvic fracture (e.g., unstable pelvic ring disruption, open pelvic fracture, or pelvic fracture with hypotension).
- Orthopedic/extremity considerations:
  - Partial or total amputation of a limb (exclusive of digits);
  - Finger/thumb amputation when emergent surgical evaluation (i.e., for replantation consideration) is indicated, and rapid surface transport is not available;
  - Fracture or dislocation with vascular compromise;
  - Extremity ischemia;
  - Open long-bone fractures; or
  - Two or more long-bone fractures.
- Major burns:

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- Greater than 20% body surface area;
  - Involvement of face, head, hands, feet, or genitalia;
  - Inhalational injury;
  - Electrical or chemical burns; or
  - Burns with associated injuries.
- Patients with near drowning injuries.

Non-trauma

The literature support for primary air ambulance transport of non-injured patients is limited to logistical considerations. It is conceivable that clinical indications for scene air response may be identified in the future. However, at this time prehospital providers should incorporate logistical considerations, clinical judgment, and medical oversight in determining whether primary air transport is appropriate for patients with non-trauma diagnoses.

\* The Glasgow Coma Scale (GCS) [Internet] [accessed 2026 Jan 23] Available from:  
<https://www.glasgowcomascale.org/>

**REGULATORY STATUS**

Please refer to the Reference Section for the New York State Department of Health Regulations regarding Emergency Medical Services.

**CODE(S)**

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

**CPT Codes**

Code	Description
Not Applicable	

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**HCPCS Codes**

Code	Description
A0140	Non-emergency transportation and air travel (private or commercial); intra- or inter-state
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)

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Code	Description
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)
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments

**ICD10 Codes**

Code	Description
Multiple Codes	

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### SEARCH TERMS

Medevac

### CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Ambulance Services are not addressed in National or Regional Medicare coverage determinations or policies.

Please refer to the Medicare Benefit Policy Manual, Chapter 10 - Ambulance Services. [Last updated 2025 Nov 26; accessed 2026 Jan 23] Available from: [Medicare Benefit Policy Manual Chapter 10- Ambulance Services](#)

### PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.

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- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

<b>POLICY HISTORY/REVISION</b>	
<b>Committee Approval Dates</b>	
12/16/99, 09/19/01, 01/24/02, 02/27/03, 04/22/04, 06/23/05, 06/22/06, 08/23/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 06/27/19, 04/23/20, 04/22/21, 06/24/21, 04/21/22, 03/23/23, 03/21/24, 02/20/25, 03/19/26	
<b>Date</b>	<b>Summary of Changes</b>
03/19/26	<ul style="list-style-type: none"><li>• Annual review, removing emergent or urgent conditions from policy statements.</li></ul>
02/20/25	<ul style="list-style-type: none"><li>• Annual review, policy intent unchanged</li></ul>
01/01/25	<ul style="list-style-type: none"><li>• Summary of changes tracking implemented.</li></ul>
12/16/99	<ul style="list-style-type: none"><li>• Original effective date</li></ul>