CLINICAL MEDICAL POLICY	
Policy Name:	Ambulance Services (Air)
Policy Number:	MP-075-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	10/26/2026; 07/01/2025; 07/01/2024: 07/01/2023; 09/01/2022; 08/20/2021; 08/10/2020; 09/16/2019; 09/15/2018
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Revision Date:	06/2026;06/18/2025; 06/19/2024; 06/21/2023; 07/20/2022; 07/21/2021; 07/15/2020; 07/17/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating hospitals and providers
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Policy History

Date	Activity
12/26/2026	Provider Effective Date
07/15/2026	QI/UM CommitteeReview
06/15/2026	Policy up for annual review. No clinical changes. Updated references
08/01/2025	Provider Effective date
06/18/2025	QI/UM Committee review
06/18/2025	Annual Review: No changes to criteria. Updated ‘Reference Sources’ section.
08/01/2024	Provider Effective date
06/19/2024	QI/UM Committee review
06/19/2024	Annual Review: No changes to clinical criteria. Updated ‘Reference Sources’ section.
08/01/2023	Provider Effective date
06/21/2023	QI/UM Committee review
06/21/2023	Annual Review: No changes to clinical criteria. Updated ‘Reference Sources’ section.
10/01/2022	Provider Effective date
07/20/2022	QI/UM Committee review
07/20/2022	Annual Review: No changes to clinical criteria. Updated ‘Reference Sources’ section.
09/20/2021	Provider effective date

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07/21/2021	QI/UM Committee review
07/21/2021	Annual Review: No clinical changes to policy, updated Reference section. Policy changed from postservice/post-payment to pre-service/prepayment
09/07/2020	Provider effective date
07/15/2020	QI/UM Committee Review
07/15/2020	Annual Review: Reduced definition language for ALS1, added 'helicopter' to rotary wing under Procedure 1 statement; reformatted multiple sections and removed hyperlinks; updated Reference section.
09/16/2019	Provider Effective Date
07/17/2019	QI/UM Committee Review
07/17/2019	Annual Review Revisions: No criteria or coverage changes; Added a reference, formatting revisions
09/15/2018	Provider effective date
07/18/2018	QI/UM Committee Review
06/22/2018	Initial policy developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary air ambulance transportation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Definitions

Fixed Wing Air Ambulance (FW) - Fixed wing air ambulance is furnished when the individual's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the individual's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the individual is inaccessible by a ground or water ambulance vehicle.

Rotary Wing Air Ambulance (RW) - Rotary wing air ambulance is furnished when the individual's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the individual's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude

such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the individual is inaccessible by a ground or water ambulance vehicle.

Rural Air Ambulance Services - Fixed wing and rotary wing air ambulance service in which the point of pickup of the individual occurs in a rural area (as defined in Section 1886(d)(2)(D)) or in a rural census tract of a metropolitan statistical area (as determined under the most recent modification of the Goldsmith Modification, originally published in the Federal Register on February 27, 1992)) (57 Fed. Reg. 6725).

Advanced Life Support, Level 1 (ALS1) – The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment by ALS personnel or at least one ALS intervention. An advanced life support (ALS) intervention is a procedure that is in accordance with state and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.

Advanced Life Support, Level 2 (ALS2) - The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one of more medications by intravenous (IV) push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of any one of the ALS2 procedures listed below:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

Procedures

Medically appropriate air ambulance transportation is a covered service regardless of the state or region in which it is rendered. However, claims may be approved only if the individual's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate.

There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. The higher operational costs of the two types of aircraft are recognized with two distinct payment amounts for air ambulance mileage. The air ambulance mileage rate is calculated per actual loaded (individual onboard) miles flown and is expressed in statute miles (not nautical miles).

Fixed Wing Air Ambulance (FW) (A0430)

Fixed wing air ambulance is furnished when the individual's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the individual's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the individual’s inaccessible by a ground or water ambulance vehicle.

Rotary Wing Air Ambulance (RW)(A0431)
Rotary wing air ambulances are furnished when the individual's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the individual's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the individual is inaccessible by a ground or water ambulance vehicle.

Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in nonemergency situations, be capable of transporting individuals with acute medical conditions. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state or local law.

1. **Air ambulance transportation services, either by means of a helicopter/rotary wing or fixed wing aircraft, may be determined to be covered only if:**
   A. The vehicle and crew requirements are met;
   B. The individual's medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance; AND EITHER
      - The point of pickup is inaccessible by ground vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States); OR
      - Great distances or other obstacles are involved in getting the individual to the nearest hospital with appropriate facilities. (For information on hospitals with appropriate facilities, see the Hospital to Hospital Transport section of this policy.)

   Additionally, payment may be made for an air ambulance service when the air ambulance takes off to pick up an individual, but the individual is pronounced dead before being loaded onto the ambulance for transport (either before or after the ambulance arrives on the scene). This is provided the air ambulance service would otherwise have been medically necessary. In such circumstances, the allowed amount is the appropriate air base rate, i.e., fixed wing or rotary wing. However, no amount shall be allowed for mileage or for a rural adjustment that would have been allowed had the transport of a living individual or of an individual not yet pronounced dead been completed.

   For the purpose of this policy, a pronouncement of death is effective only when made by an individual authorized under state law to make such pronouncements.

   This policy also states no amount shall be allowed if the dispatcher received pronouncement of death and had a reasonable opportunity to notify the pilot to abort the flight. Further, no amount shall be allowed if the aircraft has merely taxied but not taken off or, at a controlled airport, has been cleared to take off but not actually taken off.

2. Medical Reasonableness
   Medical reasonableness is only established when the individual's condition is such that the time needed to transport an individual by ground, or the instability of transportation by ground, poses a threat to the individual's survival or seriously endangers the individual's health. Following is an advisory list of examples of cases for which air ambulance could be justified. The list is not inclusive

of all situations that justify air transportation, nor is it intended to justify air transportation in all locales in the circumstances listed.

- Intracranial bleeding – requiring neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Conditions requiring treatment in a Hyperbaric Oxygen Unit
- Multiple severe injuries
- Life-threatening trauma

3. Time Needed for Ground Transport
   Differing Statewide Emergency Medical Services (EMS) systems determine the amount and level of basic and advanced life support ground transportation available. However, there are very limited emergency cases where ground transportation is available but the time required to transport the individual by ground as opposed to air endangers the individual's life or health. As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a individual whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the individual's illness/injury, air transportation is considered to be appropriate.

4. Mileage
   Covered air ambulance mileage services are paid when the appropriate procedure code is reported on the claim:
   - Procedure code A0435 identifies FIXED WING AIR MILEAGE.
   - Procedure code A0436 identifies ROTARY WING AIR MILEAGE.

   Air mileage must be reported in whole numbers of loaded statute miles flown. The appropriate air transport code must be used with the appropriate mileage code.

   Air ambulance services may be paid only for ambulance services to a hospital. Other destinations (e.g., skilled nursing facility, a healthcare professional's office, or an individual's individual home) may not be paid air ambulance. The destination is identified by the use of an appropriate modifier.

   Claims for air transports may account for all mileage from the point of pickup, including where applicable: ramp to taxiway, taxiway to runway, takeoff run, air miles, roll out upon landing, and taxiing after landing. Additional air mileage may be allowed in situations where additional mileage is incurred due to circumstances beyond the pilot's control. These circumstances include, but are not limited to, the following:
   - Military base and other restricted zones, air-defense zones, and similar FAA restrictions and prohibitions
   - Hazardous weather
   - Variances in departure patterns and clearance routes required by an air traffic controller

5. No Transport
   The ambulance benefit is a transportation benefit. If no transport of an individual occurs (A0998), then there is no covered service. This policy applies to situations in which the individual refuses to be transported, even if medical services are provided prior to loading the individual onto the ambulance (e.g., BLS or ALS assessment). However, the entity that furnishes a non-covered service to an individual may bill the individual for the service.

6. Hospital to Hospital Transport
   Air ambulance transport is covered for transfer of an individual from one hospital to another if the medical appropriateness criteria are met, that is, transportation by ground ambulance would endanger the individual's health and the transferring hospital does not have adequate facilities to provide the medical services needed by the individual. Examples of such specialized medical services that are generally not available at all type of facilities may include but are not limited to burn care, cardiac care, trauma care, and critical care. An individual transported from one hospital to another hospital is covered only if the hospital to which the individual is transferred is the nearest one with appropriate facilities. Coverage is not available for transport from a hospital capable of treating the individual because the individual and/or the individual's family prefer a specific hospital or healthcare professional.

7. Limitations
   Highmark Wholecare does not cover the following services:
   - Transportation in Ambi-buses, ambulettes (Mobility Assistance Vehicle (MAV)), Medi-cabs, vans, privately owned vehicles, taxicabs
   - Transportation via Mobile Intensive Care Unit (MICU)
   - Parking fees
   - Tolls for bridges, tunnels, and highways
   - Highmark Wholecare does not provide payment for "Ambulance response and treatment, no transport (A0998)."

   When appropriate, contractors shall describe the circumstances under which the proposed medical policy for the service is considered reasonable and necessary. Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:
   - Safe and effective
   - Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
   - Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
     - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the individual's condition or to improve the function of a malformed body member.
     - Furnished in a setting appropriate to the individual's medical needs and condition
     - Ordered and furnished by qualified personnel
     - One that meets, but does not exceed, the individual's medical needs
     - At least as beneficial as an existing and available medically appropriate alternative

   The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this medical policy.

8. Special Payment Limitations
   If a determination is made that transport by air ambulance was necessary, but ground ambulance service would have sufficed, payment for the air ambulance service is based on the amount payable for ground transport, if less costly.

   If the air transport was medically appropriate (that is, ground transportation was contraindicated, and the individual required air transport to a hospital), but the individual could have been treated at a

nearer hospital than the one to which they were transported, the air transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital.

9. Billing for Ground-to-Air Ambulance Transports
   For situations in which a individual is transported by ground ambulance to or from an air ambulance, the ground and air ambulance providers/suppliers providing the transports must bill independently. Under these circumstances, payment will be made to each provider/supplier individually for its respective services and mileage. Each provider/supplier must submit a claim for its respective services/mileage.

10. Air Ambulance Transports Canceled Due to Weather or Other Circumstances Beyond the Pilot's Control
    The chart below shows the payment determination for various air ambulance scenarios in which the flight is aborted due to bad weather, or other circumstance beyond the pilot's control.

Air Ambulance Scenarios: Aborted Flights

Aborted Flight Scenario	Payment Determination
Any time before the individual is loaded onboard (i.e., prior to or after take-off to point-of-pickup).	None.
Transport after the individual is loaded onboard.	Appropriate air base rate, mileage, and rural adjustment.

11. Effect of Individual's Death on Payment for Air Ambulance Transports
    Because the ambulance benefit is a transport benefit, if no transport of a individual occurs, then there is no covered service. In general, if the individual dies before being transported, then no payment may be made. Thus, in a situation where the individual dies, whether any payment under the ambulance benefit may be made depends on the time at which the individual is pronounced dead by an individual authorized by the state to make such pronouncements.

    The chart below shows the payment determination for various air ambulance scenarios in which the individual dies. In each case, the assumption is that the ambulance transport would have otherwise been medically necessary. If the flight is aborted for other reasons, such as bad weather, the payment determination is based on whether the individual was onboard the air ambulance.

Air Ambulance Scenarios: Individual Death

Time of Death Pronouncement	Payment Determination
Prior to takeoff to point-of-pickup with notice to dispatcher and time to abort the flight.	None. **NOTE:** This scenario includes situations in which the air ambulance has taxied to the runway, and/or has been cleared for takeoff, but has not actually taken off.
After takeoff to point-of-pickup, but before the individual is loaded.	Appropriate air base rate with no mileage or rural adjustment.
After the individual is loaded onboard, but prior to or upon arrival at the receiving facility.	As if the individual had not died.

In the event of a individual's death, the supplier must submit documentation with the claim sufficient to show ALL of the following:

A. The air ambulance was dispatched to pick up a individual; AND
B. The aircraft actually took off to make the pickup; AND
C. The individual to whom the dispatch relates was pronounced dead before being loaded onto the ambulance for transport; AND
D. The pronouncement of death was made by an individual authorized by state law to make such pronouncements; AND
E. The dispatcher did not receive notice of such pronouncement in sufficient time to permit the flight to be aborted before take-off.

12. Reasons for Noncoverage
    The ambulance benefit is a transportation benefit, and without a transport there is no payable service. When multiple ground and/or air ambulance providers/suppliers respond, payment may be made only to the ambulance provider/supplier that actually furnishes the transport. Ambulance providers/suppliers that arrive on the scene but do not furnish a transport are not due payment.

    No payment may be made for the transport of ambulance staff or other personnel when the individual is not onboard the ambulance (e.g., an ambulance transport to pick up a specialty care unit from one hospital to provide services to a individual at another hospital).

    Air ambulance services are not covered for transport to a facility that is not an acute care hospital, such as a nursing facility, healthcare professional's office, or a individual's home.

    Items and services which include but are not limited to oxygen, drugs, extra attendants, supplies, EKG, and night differential are no longer paid separately for ambulance services.

13. Post-payment Audit Statement
    The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

14. Related Policies
    - MP-074-MC-PA Ambulance - Ground

Coverage Determination

Highmark Wholecare℠ follows the coverage determinations made by CMS as outlined in either the national coverage determinations (NCD) or the state-specific local carrier determination (LCD).

There is no NCD for Ambulance Services.

At the time of this medical policy development, a state-specific LCD was not available for air ambulance transportation. Additionally, there is a Medicare Benefit Policy Manual on Ambulance Service (Air and Ground). The Medicare Benefit Policy Manual was used to create this policy

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Coding Requirements

Procedure Codes

HCPCS Code	Description
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile

General Information

Documentation Requirements for non-emergent transport:
It is the responsibility of the ambulance supplier to furnish complete and accurate documentation of the individual's condition to demonstrate that the ambulance service being furnished meets the medical necessity criteria. Documentation should include a healthcare professional's written order for transport.

Trip record to include:

- Detailed statement of the condition necessitating the ambulance service
- Name and address of the certifying healthcare professional
- Name and address of the healthcare professional ordering the service if other than the certifying healthcare professional
- Point of pick-up (identify place and complete address)
- Destination (identify place and complete address)
- Number of loaded miles (the number of miles traveled when the individual was in the ambulance)
- Cost per mile
- Mileage charge
- Minimal or base charge
- Charge for special items or services with an explanation
- Rationale for the condition (bed confined if applicable) and any further documentation that supports the medical necessity of ambulance transport (i.e. emergency room report).

Documentation Requirements for emergent transport:
It is the responsibility of the ambulance supplier to furnish complete and accurate documentation of the individual's condition to demonstrate that the ambulance service being furnished meets the medical necessity criteria. Documentation should include a healthcare professional's written order for transport.

Trip record should include:

- Detailed statement of the condition necessitating the ambulance service
- Name and address of the certifying healthcare professional
- Name and address of the healthcare professional ordering the service if other than the certifying healthcare professional
- Point of pick-up (identify place and complete address)
- Destination (identify place and complete address)

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- Number of loaded miles (the number of miles traveled when the individual was in the ambulance)
- Cost per mile
- Mileage charge
- Minimal or base charge
- Charge for special items or services with an explanation
- Rationale for the condition (bed confined if applicable) and any further documentation that supports the medical necessity of ambulance transport (i.e. emergency room report).

Highmark Wholecare® requires the signature of the individual, or that of his or her representative, for both the purpose of accepting assignment and submitting a claim.

Documentation supporting the medical necessity should be legible, maintained in the individual's medical record, and must be made available upon request.

Ambulance services that are not benefits because some other form of transportation is not contraindicated, is an exclusion from the benefits under the statutory definition of that benefit (§1861(s)(7)). An Advance Beneficiary Notice of Noncoverage (ABN) is not needed and should not be used in the following situations:

- Any denial where the individual could be transported safely by other means.
- Any denial that is based on not meeting an origin or destination requirement.
- A denial for mileage that is beyond the nearest appropriate facility
- A denial where the healthcare professional certification statement or accepted alternative (e.g., certified mail) is not obtained.
- A convenience discharge, e.g., where the individual is at one hospital that can care for their needs, but wants to be transferred to a second hospital to be closer to family.

Not obtaining an ABN in these technical denial situations does not prevent the supplier or provider from collecting denied charges from the individual.

Utilization Guidelines
Multiple individual transports – a single payment allowance for mileage will be prorated by the number of beneficiaries onboard.

Down coding from air to ground is a denial.

Aspirin alone does not qualify to validate as an indicator that an ALS2 level has been supplied. Oxygen alone, even at high flow rates, does not qualify to validate as an indication that an ALS2 level has been supplied. Administration of IV fluids even with a fluid challenge does not qualify to validate as an indication that an ALS2 level has been supplied.

Nitroglycerin administered as an assist to the individual's own nitroglycerin does not qualify to validate as an indication that an ALS2 level has been supplied. Nitroglycerin administered intravenously from the ambulance stock under a healthcare professional's telephonic order, or standing orders does qualify as an indication (as one of three medications) that an ALS2 level has been supplied.

Multiple arrivals - when multiple units respond to a call for services the entity that provides the transport for the individual should be the only provider billing the service.

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Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

Reference Sources

Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10: Ambulance services. Revised on April 13, 2018. Accessed on May 31, 2024.

Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual Chapter 15 – Ambulance. Revised on December 19, 2023. Accessed on May 31, 2023.

Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual Chapter 15 – Ambulance. Revised on December 19, 2023. Accessed on June 15th, 2026.