



Health Plans

Manual: IU Health Plans
Department: Utilization Management
Policy # MP026
Effective Date: 7/1/2025
Last revision: 7/1/2024

Medicare Advantage

X Commercial

Emergency Air Transportation Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Emergency Air Transportation

II. Scope

This policy applies to all Utilization Management staff having decision- making responsibilities where authorization is required for Fully insured commercial plan.

III. Exceptions

1. Medically necessary air transport will be reimbursed to the nearest facility that offers the appropriate level of care.
2. Air ambulance services are not covered for transport to a facility that is not an acute care hospital, such as a nursing facility, physician's office, or a member's home.
3. Payment for an ABORTED FLIGHT
 - a. There will be no payment if a flight is aborted any time before the member is loaded on board.
 - b. Payment for an aborted flight after the member is loaded on board will be an appropriate air base rate, mileage, and rural adjustment.
4. Effect of MEMBER DEATH on payment for Air Transport
 - a. If a member is pronounced dead prior to takeoff to point-of-pickup with notice to dispatcher and time to abort the flight, no payment will be made. **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.)
 - b. If a member is pronounced dead after takeoff to point-of-pickup, but before the beneficiary is loaded, payment will be appropriate air base rate with no mileage or rural adjustment.
 - c. If a member is pronounced dead after the member is loaded on board, but prior to or upon arrival at the receiving facility, payment will be made as if the member had not died.

IV. Definitions

Air Transportation- This can be classified as fixed wing (Plane) or rotary wing (Helicopter) air ambulance.

Appropriate Facilities- A facility that has adequate capabilities to provide for the medical services needed by the patient. This will generally be a Level 1 or in some cases a Level 2 trauma Center.

Fixed Wing- Airplane transportation. Fixed wing is furnished when the member's medical condition is such that transport by ground ambulance, in whole or part, is not appropriate. This may be necessary because the member's condition requires rapid transport to a treatment facility and either great distances or other obstacles (such as inaccessible by a ground or water ambulance vehicle), preclude rapid delivery to the nearest appropriate facility.

Rotary Wing- Helicopter transportation. Rotary wing is furnished when the member's medical condition is such that transport by ground ambulance, in whole or part, is not appropriate. This may be necessary because the member's condition requires rapid transport to a treatment facility and either great distances or other obstacles (such as inaccessible by a ground or water ambulance vehicle), preclude rapid delivery to the nearest appropriate facility.

V. Policy Statements

IU Health Plans considers Emergency Air Transportation medically necessary if **all of the following** criteria are met:

1. Any one of the following:

- a. Intracranial bleeding requiring neurosurgical intervention
- b. Cardiogenic shock
- c. Burns requiring treatment in a burn center
- d. Conditions requiring treatment in a Hyperbaric Oxygen Unit
- e. Multiple severe injuries
- f. Life-threatening trauma
- g. Any other condition is such that the time needed to transport a member by ground, or the instability of transportation by ground, poses a threat to the member's survival or seriously endangers the member's health.

2. Medically appropriate air ambulance transportation is a covered service only if the beneficiary's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate by **all of the following:**

- a. As determined by a physician medical necessity review due to the need for immediate and rapid transportation that could not have been provided by ground transportation or the point of pickup is inaccessible by ground vehicle
- b. Great distances or other obstacles are involved in getting the patient to the nearest appropriate facility (As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a patient whose medical condition at the time of pick-up required immediate and rapid transport due to the nature and/or severity of the beneficiary's illness/injury; air transportation should be considered to be appropriate)

CODES

A0425	BLS mileage (per mile)
A0425	ALS mileage (per mile)
A0426	Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1
A0427	Ambulance service, Advanced Life Support (ALS), emergency transport, Level 1
A0428	Ambulance service, Basic Life Support (BLS), non-emergency transport
A0429	Ambulance service, basic life support (BLS), emergency transport
A0430	Ambulance service, conventional air services, transport, one way, fixed wing (FW)
A0431	Ambulance service, conventional air services, transport, one way, rotary wing (RW)
A0433	Ambulance service, advanced life support, level 2 (ALS2)
A0434	Ambulance service, specialty care transport (SCT)
A0435	Fixed Wing Air mileage
A0436	Rotary Wing Air Mileage

VI. Procedures

None

VII. References/Citations

1. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD). Ambulance Services. L34549. Revision Effective Date 7/29/2021. [LCD - Ambulance Services \(L34549\) \(cms.gov\)](#)
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10- Ambulance Services. (Rev 243, 04-13-18). [Medicare Benefit Policy Manual \(cms.gov\)](#)
3. Edwards, K.H., FitzGerald, G., Franklin, R.C. *et al.* Air ambulance outcome measures using Institutes of Medicine and Donabedian quality frameworks: protocol for a systematic scoping review. *Syst Rev* **9**, 72 (2020). <https://doi.org/10.1186/s13643-020-01316-7>
4. Herstein JJ, Figi CE, Le AB, Beam EL, Lawler JV, Schnaubelt ER, Carter GW, Lowe JJ, Gibbs SG. An Updated Review of Literature for Air Medical Evacuation High-Level Containment Transport During the Coronavirus Disease 2019 Pandemic. *Air Med J.* 2023 May-Jun;42(3):201-209. doi: 10.1016/j.amj.2022.12.007. Epub 2023 Jan 3. PMID: 37150575; PMCID: PMC9808413.
5. Kırbaş Ö. Air transport of patients with critical cardiac conditions requiring intensive care. *Anatol J Cardiol.* 2021 Aug;25(Suppl 1):31-33. doi: 10.5152/AnatolJCardiol.2021.S112. PMID: 34464299; PMCID: PMC8412043.

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director