



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Air Ambulance

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	<a href="#">Medicare Benefit Policy Manual Chapter 10 - Ambulance Services</a>
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	<a href="#">Rural Air Ambulance Service Protocols A52917</a>

#### For Non-Medicare Members

##### Air Ambulance Services

Medically appropriate air ambulance transportation is a covered service regardless of the State or region in which it is rendered. However, KPWA will approve claims only if the beneficiary'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 (patient on board) miles flown and is expressed in statute miles (not nautical miles).

1. Fixed Wing Air Ambulance (FW)
  - a. Fixed wing air ambulance is furnished when the beneficiary'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 beneficiary'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 beneficiary is inaccessible by a ground or water ambulance vehicle.
2. Rotary Wing Air Ambulance (RW)
  - a. Rotary wing air ambulance is furnished when the beneficiary'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 beneficiary'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 beneficiary is inaccessible by a ground or water ambulance vehicle.

##### Coverage Requirements

Air ambulance transportation services, either by means of a helicopter or fixed wing aircraft, may be determined to be covered only if **ALL the following** are met:

1. The vehicle and crew requirements described in [§10.1](#)\* are met; and
2. The beneficiary's medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance; and either

- a. 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. or
  - b. Great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities as described in [§10.4.4](#). \*
3. Transport is only to the nearest acute care facility equipped to provide the appropriate treatment for the patient's condition.

**Medical Reasonableness**

Medical reasonableness is only established when the beneficiary's condition is such that the time needed to transport a beneficiary by ground, or the instability of transportation by ground, poses a threat to the beneficiary's survival or seriously endangers the beneficiary'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.

1. Intracranial bleeding - requiring neurosurgical intervention;
2. Cardiogenic shock;
3. Burns requiring treatment in a burncenter;
4. Conditions requiring treatment in a Hyperbaric Oxygen Unit;
5. Multiple severe injuries; or
6. Life-threatening trauma.

**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 patient by ground as opposed to air endangers the beneficiary's life or health. As a general guideline, when it would take a ground ambulance 30-60 minutes or more to transport a beneficiary 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, KPWA will consider air transportation to be appropriate.

**Hospital to Hospital Transport**

Air ambulance transport is covered for transfer of a patient from one hospital to another if the medical appropriateness criteria are met, that is, transportation by ground ambulance would endanger the beneficiary's health and the transferring hospital does not have adequate facilities to provide the medical services needed by the patient. 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. A patient transported from one hospital to another hospital is covered only if the hospital to which the patient is transferred is the nearest one with appropriate facilities which are not available at the patient's current location. Coverage is not available for transport from a hospital capable of treating the patient because the patient and/or the patient's family prefer a specific hospital or physician.

**Special Coverage Rule**

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 beneficiary's home.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

**Applicable Codes**

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
<b>A0430</b>	Ambulance service, conventional air services, transport, one way (fixed wing)
<b>A0431</b>	Ambulance service, conventional air services, transport, one way (rotary wing)
<b>A0435</b>	Fixed wing air mileage, per statute mile

<b>A0436</b>	Rotary wing air mileage, per statute mile
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**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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<sup>MPC</sup> Medical Policy Committee

Revision History	Description