Clinical Policy: Fixed Wing Air Transportation

Reference Number: CP.MP.175 Coding Implications
Last Review Date: 03/20 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. Fixed wing (FW) or rotary wing (RW) air ambulance are furnished when the medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. This policy describes medical necessity criteria for fixed wing air ambulance transportation.

Policy/Criteria
I. It is the policy of health plans affiliated with Centene Corporation® that *fixed wing air ambulance transportation* is **medically necessary** when all the following criteria are met:
A. Transport is from one facility to another facility, when the transferring facility does not have the appropriate services and physician specialists to provide the necessary medical care (e.g., trauma unit, burn unit, cardiac care unit, or pediatric specialty services);
B. Transport by either basic or advanced life support ground ambulance would endanger the health or threaten survival of the member;
C. Transport distance exceeds the operational capability of rotary wing aircraft (greater than 200-250 miles).

Background
Air ambulances are used to expeditiously transport critically ill patients during life-threatening emergencies when either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by air ambulance may also be necessary when accessibility by a ground ambulance is not possible. Air ambulance transportation is widely regarded as having a beneficial impact on improving the chances of survival and recovery for trauma victims and other critical patients, particularly in rural areas that lack readily accessible advanced-care facilities such as trauma or burn centers.

Rotary wing transport is ideal for transporting critical trauma patients from the scene as they have the ability to land close to the scene of the incident. They can also be utilized for emergent facility-to-facility transport, however, fuel capacity gives them a relatively short range. The fixed wing aircraft is generally used for emergent facility-to-facility transports when a patient must be transported a long distance. They have the ability to travel at much faster speeds then helicopters, with ranges over 500 miles at speeds between 200 to 300 mph. Runway requirements for takeoff and landing restrict airplanes, and the patient will usually need one or more transfers involving a ground unit to move them to/from the runway/airport. Fixed wing aircraft provides a transparent hospital-like environment with cardiac monitoring, invasive hemodynamic monitoring, infusion therapy, pulse oximetry, emergency medication, defibrillation with pacing capabilities, and advanced airway management capabilities and is staffed with a flight crew specially trained to provide emergency and critical care medical support.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®	Description
N/A	

HCPCS Codes	Description
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0435	Fixed wing air mileage, per statute mile

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD 10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	03/19	4/19
References reviewed and updated	02/20	03/20
Specified that operational capability of rotary wing aircraft is a minimum of 200-250 miles.	05/20	

References

1. Medicare Benefit Policy Manual, Chapter 10-Ambulance Services. Rev. 243, 04/13/18. Accessed 02/7/20 at:: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf
2. Blackwell, T. Prehospital care of the adult trauma patient. In: UpToDate, Moreira ME. (Ed), UpToDate, Waltham, MA, Accessed Feb 7, 2020
3. Thomas SH, Brown KM, Oliver ZJ, et al. An Evidence-based Guideline for the air medical transportation of prehospital trauma patients. Prehosp Emerg Care. 2014;18 Suppl 1:35-44. doi: 10.3109/10903127.2013.844872. Epub 2013 Nov 26.
4. Thomson DP, Thomas SH; 2002-2003 Air Medical Services Committee of the National Association of EMS Physicians. Guidelines for air medical dispatch. Prehosp Emerg Care. 2003 Apr-Jun;7(2):265-71

5. Sasser SM1, Hunt RC, Faul M, et al. Guidelines for field triage of injured patients: recommendations of the National Expert Panel on Field Triage, 2011. MMWR Recomm Rep. 2012 Jan 13;61(RR-1):1-20.
6. Report of the Council on Medical Service. Subject: Air Ambulance Regulations and Payments. CMS Report 2-I-18.
7. Stewart KE, Cowan LD, Thompson DM, et al. Association of direct helicopter versus ground transport and in-hospital mortality in trauma patients: a propensity score analysis. Acad Emerg Med. 2011 Nov;18(11):1208-16. doi: 10.1111/j.1553-2712.2011.01207.x.
8. Thomas SH, Harrison TH, Buras WR, et al. Helicopter transport and blunt trauma mortality: a multicenter trial. J Trauma. 2002 Jan;52(1):136-45.
9. Sullivent EE, Faul M, Wald MM. Reduced mortality in injured adults transported by helicopter emergency medical services. Prehosp Emerg Care. 2011 Jul-Sep;15(3):295-302. doi: 10.3109/10903127.2011.569849. Epub 2011 Apr 27.
10. Loyd JW. Swanson D. Aeromedical Transport. StatPearls. Dec 2018

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise

professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.