Molina Clinical Policy
Non-Emergent Air Ambulance Transport
Policy No. 434

Last Approval: 04/08/2026
Next Review Due By: April 2027

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment, and clinical recommendations for the Member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular Member. The Member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their Providers will need to consult the Member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a Member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid Members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this MCP and provide the directive for all Medicare members. References included were accurate at the time of policy approval and publication.

OVERVIEW

This policy addresses non-emergent air ambulance transport services.

Air ambulance refers to any aircraft equipped with medical supplies, equipment, and trained medical personnel to provide mobile care during transport. Air ambulances are specifically designed and outfitted aircraft or helicopters that transport and administer emergency medical assistance to ill or injured patients. There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. Transport by fixed-wing or rotary-wing aircraft may also be required when a patient is physically "inaccessible" to an ambulance on the ground. In cases of immediate need involving trauma and short distances, helicopters are utilized. In general, rotary-wing aircraft are employed for trips under 350 miles, though frequently shorter lengths. Long-distance flights using fixed-wing aircraft can cover distances of more than 350 miles and as much as 2700 miles (CMS 2025).

- Fixed-wing air ambulances are propelled by piston, turboprop, or jet engines and they require designated airports and airstrips for takeoff and landing. Fixed-wing air ambulances have the same level of specialized equipment as an intensive care unit and can be outfitted in accordance with the needs of the patient being transported (OFR 2026).

- Rotary-wing air ambulances, such as helicopters, are propelled by rotating blades. These types of air ambulances are utilized most frequently in critical circumstances when a patient must be transported over a shorter distance as quickly as feasible (OFR 2026).

To establish medical necessity, the attending/ordering physician must determine that the patient's condition necessitates air ambulance transport, and that any alternative mode of transport (ground ambulance, commercial transport) would be clinically inappropriate or detrimental to the patient's health or outcome. Considerations for determining whether air ambulance transportation is appropriate (ACEP 2018; CMS 2025; OFR 2026):

1. The member is in an area inaccessible to ground transportation, ground transportation is unavailable, or ground transportation cannot safely transport the member.
2. The member's diagnosis, medical history, and condition at the time of transport are such that the time required for ground transportation, or the instability of ground transportation, poses a threat to survival or seriously endangers the member's health.
3. The member requires specialized or time-sensitive evaluation or treatment that is not available at the referring facility.
4. For hospital-to-hospital transport, the referring hospital lacks the necessary services to treat the member. This is not simply for convenience of the attending physician or member request.
5. Long distances, limited time frames, or other obstacles (such as heavy traffic) prevent timely transportation to the nearest medical facility with appropriate facilities.
6. The member requires critical care life support (e.g., monitoring personnel, specific medications, and specific equipment) during transport, which is not available with ground transportation options.

Molina Healthcare, Inc. ©2026 – *This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare.*

Regulatory Status
Providers of professional air ambulance transport services must meet licensing, permit, and certification requirements in the state, district, or territory where services are rendered. Licensure, regulations, and certification requirements vary by state, district or territory for ambulance providers and paramedicine programs.

RELATED POLICIES

Molina State Related Policy or SOP, if applicable. Medicare follows the Medicare Benefit Policy Manual.

COVERAGE POLICY

Coverage for non-emergent air ambulance varies by plan and details regarding coverage details. Refer to the Member's evidence of coverage for specific information on benefits and coverage**.** The following coverage conditions apply if covered for the treatment of non-emergent air ambulance:

Non-emergency air ambulance transport requests are **considered medically necessary** when ALL the following criteria are met:

1. Member is being transferred from a hospital or acute care facility unable to meet the Member's medical needs to the nearest hospital or acute care facility with the appropriate facilities and physician specialists able to treat the Member's medical condition

2. The referring hospital or acute care facility does not have adequate diagnostic and/or therapeutic facilities* for the Member's condition
   *Examples include specialized medical services that are generally not available at all facilities such as, but are not limited to: burn care, cardiac care, trauma care, critical care including neurosurgical and neonatal intensive care, specialized toxicology services (for acute poisoning), emergent dialysis services, transplant services, and hyperbaric oxygen care

3. The non-emergency air ambulance service is ordered by a physician within the scope of licensure by the state, district, or territory, and includes ALL the following:
   a. Name and contact information of attending physician
   b. Physician order and rationale for air ambulance transport
   c. Additional equipment, personnel, or skilled/training monitoring needed for transport
   d. The location Member is traveling from and to (facility name and contact name/phone number)
   e. Mileage (one-way) for transport including air mileage and land mileage for transport

4. ALL the following documentation must be submitted for Medical Director review:
   a. Member's diagnosis and present clinical condition(s) necessitate the need for immediate and rapid transport, which neither basic nor advanced life support/critical care transport ground ambulances can provide
   b. Medical service(s) that are critically necessary but not provided at current facility
   c. A clinical summary of the Member's current condition that includes:
      i. Co-morbidities
      ii. Current functional limitations
      iii. Current vital signs
      iv. Respiratory status (ventilator, oxygen requirements)
      v. IV medications
      vi. Description of member's inpatient stay and progress, if applicable

5. The necessary equipment or specialist required to treat the patient is not available on a ground ambulance in accordance with Molina Standard Operating Procedure: Air Ambulance Transportation AND documented by ONE of the following:

Molina Healthcare, Inc. ©2026 – *This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare.*

a. Clinical evidence in the medical record that the Member is not reasonably able to transport by other means due to clinical instability, and the necessity for immediate or rapid transport is established (e.g., Member requires ventilation, high flow oxygen, or pressors during transport)
b. The Member's medical condition necessitates immediate and rapid ambulance transport that cannot be provided by a ground ambulance AND ONE of the following conditions is met:
    i. The point of pick-up is inaccessible by land vehicle (e.g., rural, or sparsely populated areas of the continental United States)
    ii. Great distances (the extent of which is determined by the Member's status or condition), limited time frames, or additional obstacles (e.g., heavy traffic) that prevent expeditious transport to the nearest medical facility with appropriate facilities
    iii. The time required for ground transportation to the closest appropriate medical facility is clinically inappropriate to the Member's critical condition or detrimental to the health or outcome of the member. These critical conditions include threats to life, limb, permanent disfigurement, or disability in Members who are clinically stable requiring transport. Examples include, but are not limited to, the following:
        1) Acute myocardial infarction: to allow a timely medically necessary intervention (such as percutaneous transluminal coronary angioplasty or fibrinolytic therapy)
        2) Intracranial bleeding requiring neurosurgical intervention
        3) Cardiogenic shock
        4) Conditions requiring immediate treatment in a Hyperbaric Oxygen Unit
        5) High-risk pregnancy
        6) Limb-threatening trauma
        7) Major burns requiring immediate treatment in a burn center
        8) Multiple severe injuries
        9) Transplants

DOCUMENTATION REQUIREMENTS: Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

CODING & BILLING INFORMATION

HCPCS (Healthcare Common Procedure Coding System)

Code	Description
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
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
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0999	Unlisted ambulance service [when specified as ambulance service, air transport]
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments

CODING DISCLAIMER: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

Molina Healthcare, Inc. ©2026 – *This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare.*

APPROVAL HISTORY

04/08/2026	Policy reviewed. No change to coverage criteria.
04/09/2025	Policy reviewed. No changes to coverage criteria. IRO Peer Review on March 6, 2025, by a practicing physician board-certified in Emergency Medicine.
04/10/2024	Policy reviewed, no changes to criteria.
04/20/2023	New policy.

REFERENCES

1. American College of Emergency Physicians (ACEP). Policy statement: Appropriate and safe utilization of helicopter emergency medical services. Published October 2012. Reaffirmed June 2023. Accessed March 20, 2026. https://www.acep.org.
2. Centers for Medicare and Medicaid Services (CMS). Medicare benefit policy manual: Chapter 10 – ambulance services. Updated November 26, 2025. Accessed March 20, 2026. https://www.cms.hhs.gov/manuals/Downloads/bp102c10.pdf.
3. Office of the Federal Register (OFR) of the National Archives and Records Administration (NARA). Fee schedule for ambulance services, 42 CFR 414.605 (2002). Amended February 25, 2026. Accessed March 20, 2026. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-H.

Molina Healthcare, Inc. ©2026 – *This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare.*