



Insurance Considerations for Fixed Wing Air Medical Services



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Photo courtesy of Mark Mennie Photography

Air Medical Services commonly refers to the transport of a patient by air ambulance with the use of a helicopter or an aircraft that is medically outfitted or configured. These methods of transport are further differentiated in the air medical industry as Rotary Wing (helicopter) and Fixed Wing. Unlike Helicopter Emergency Medical Services (HEMS), Fixed Wing Air Medical Services may or may not be emergent.

In general Fixed Wing Air Medical Services are typically prearranged and all aspects of the transfer are arranged by the air ambulance provider. This includes but is not limited to; full patient report, arrangement of any special medical personnel and/or equipment required, and arrangement of ground transportation to and from the airport at the patient's origin and destination. Fixed Wing Air Medical Services can be arranged for in many ways including; hospital Case Managers or Social Workers, Insurance Case Managers, Travel Assistance Company Coordinators, Employer's HR Directors, direct family/relations or other associated parties. Information on how to best select a provider can be found in the AAMS resource document entitled How to Choose a Fixed Wing Provider at www.aams.org.

Lastly, the cost of transport and arrangements for payment must be made. If the transport is considered emergent, then the costs of the service may be eligible for insurance reimbursement through the health insurance provider. Subsequently, Fixed Wing Air Medical Services can be paid for in many ways including; self pay and/or private insurance, Medicare and Medicaid. Reimbursement for such services often depends on the condition of the patient, access to services or resources needed, and may also involve established transfer agreements between facilities and centers of excellence.

Once Insurance becomes involved, several paths can be taken based on the involvement of the insurance company/case manager.

Items that need to be investigated for insurance:

- 1) Does the patient's coverage include Fixed Wing Air Ambulance coverage?
 - a. If so, what services will insurance pay for? Ground ambulance transportation between the transferring and receiving facilities and the airports may need to be submitted to the insurance company separately due to reimbursement structures, and may not always be included in the air ambulance claim.
 - b. What percentage of the costs is covered by insurance and what percentage is the patient's responsibility?
 - c. What other costs are the patient's responsibility, i.e. co-pay, deductibles, etc?

- d. Are there financial limits to what insurance will pay? Many travel assistance policies are capped at a set dollar amount and this amount is usually lower than the costs associated with an air ambulance transfer, especially long-range transports.
- 2) Is the patient's condition "Medically Necessary" to move the patient AND is the receiving facility the closest appropriate facility to care for the patient's condition?
 - a. A signed "Letter of Medical Necessity" is typically required.
 - b. If the transport is planned to a facility that is not considered the closest appropriate, the patient or representative may be asked to sign an Advanced Beneficiary Notice of Noncoverage (ABN) by the air ambulance provider.
 - c. Are other authorizations necessary? From international locations, you may be required to obtain a hospital letter from the transferring facility and treating physician that releases the patient for transfer before flight permits will be issued or flight clearances may be obtained.
 - 3) Will insurance pre-certify or authorize or will they conduct a post-flight review to determine eligibility for payment?

In addition to affirming the treating physician's consent for transfer, Fixed Wing transports often involve obtaining admitting information, including bed availability and the name of the accepting physician at the receiving facility prior to moving the patient. Fixed Wing transports are routinely conducted as non-emergent transfers, and, unlike helicopter EMS flights, transferring the patient to the emergency department is not permitted. Non emergent/prearranged, and in most cases even urgent, Fixed Wing Air Medical Services transports typically require prepayment or guarantee of payment prior to services being performed.

Medicare and, typically, Medicaid will not pre-approve payments for flights. Their payments, if they approve to pay, are preset or pre-negotiated rates determined by diagnoses codes and modifiers. Fixed Wing Air Medical Services participating as a provider for that insurance carrier are required to accept the assigned charges, which are often lower than the incurred costs. The Fixed Wing provider will not collect more than the agreed upon rates from the insurance carrier and are often restricted from billing the patient or other parties for any uncollected fees. Several services will not or cannot afford to fly for these reimbursement rates.