

Air Ambulance Flight Charges

2024

Ryan Christenson



Utah Department of
Health & Human Services
Data, Systems & Evaluation

Utah Department of Health and Human Services

Office of Research and Evaluation

Health Care Statistics Program

<http://healthcarestats.health.utah.gov/>

Contents

Statutory Requirement	1
Requested Statistical Information	1
Analytical Methods	2

Statutory Requirement

SB95, Air Ambulance Amendments (Sen. W. Harper) from the 2017 General Session requires the Utah Department of Health and the Utah Health Data Committee to report air ambulance charges in the State of Utah. This report addresses the required data publication using claims information from the Utah All Payer Claims Database for calendar year 2024.

Utah code, 53-2d-203. Data collection.

- (3) (a) The bureau shall establish an emergency medical services data system, which shall provide for the collection, analysis, and reporting of information, as defined by the bureau, relating to the response, treatment, and care of patients who use or have used the emergency medical services system.
- (b) The bureau shall coordinate with the Department of Health and Human Services, to create a report of data collected by the Department of Health and Human Services under Section 26B-8-504 regarding:
- (i) appropriate analytical methods;
 - (ii) the total amount of air ambulance flight charges in the state for a one-year period; and
 - (iii) of the total number of flights in a one-year period under Subsection (3)(b)(ii):
 - (A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;
 - (B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;
 - (C) the range of flight charges for which patients had personal responsibility under Subsection (3)(b)(iii)(B), including the median amount for paid patient personal responsibility; and
 - (D) the name of any air ambulance provider that received a median paid amount for patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

Requested Statistical Information

The Utah Department of Health and Human Services, Health Care Statistics Program provides the following required information for calendar year 2024:

Table 1. Required Statistics	
Total billed charges for air ambulance flights	\$82,879,570
Total number of air ambulance flights	1,632
Number of flights with no patient responsibility for paying part of the charges	1,265 (77.5%)

Number of flights where the patient was responsible for paying all or part of the charges	367 (22.5%)
Minimum patient responsibility* (excluding zeroes)	\$12
Median patient responsibility* (excluding zeroes)	\$2,364
Maximum patient responsibility*	\$62,956

**Note this excludes any balance billing*

Table 2. Information for Included Air Ambulance Companies			
Company	Number of claims (Including zeros)	Median patient responsibility* (excluding zeroes)	Number/percent of out of network claims
Intermountain Life Flight	1,007	\$2,469	3 (0.3%)
Classic Lifeguard (Classic Air Medical)	217	\$2,128	8 (3.7%)
AirMed (University Health Care)	202	\$2,790	7 (3.5%)
Mercy Air Service	97	\$1,524	2 (2.1%)
Guardian Flight (AMRG)	30	\$194	1 (3.3%)
Rocky Mountain Holdings, LLC	17	\$2,905	1 (5.9%)
St Mary's Medical Center	13	\$2,100	4 (30.8%)
Flight for Life Colorado	3	\$200	0 (0.0%)
Life Flight Network LLC	3	NA	0 (0%)
PHI Air Medical	3	\$1,226	1 (33.3%)
Reach Air Medical Services LLC	3	NA	0 (0%)
Other	37	\$2,049	4 (10.8%)

**Note this excludes any balance billing*

Analytical Methods

The following analytical methods were used.

1. Data Source: The Utah All Payer Claims Database (APCD) contains information from health plans, insurers and other carriers with more than 2,500 Utah

covered lives. In 2023, the APCD represented about 80% of covered Utahns (excluding Medicare).

2. Definition of an air ambulance flight: Medical claims using Current Procedural Terminology (CPT) codes A0430, A0431, A0435, and A0436.
3. Claims included/excluded: Final adjudicated medical claims for an air ambulance flight where the payer was designated as the primary payer, service date in calendar year 2024.
4. Air Ambulance Providers: We used the National Provider Identifier (NPI) listed on the claim as the billing provider to identify the air ambulance company. If the field is blank, the service provider was used. If both billing and service provider NPIs were blank, the provider name was used. We combined variations in air ambulance names into single entities where appropriate.
5. Financial fields:
 - a. Charge (billed) amount – The amount that the air ambulance requested to be paid.
 - b. Patient responsibility – The total amount that the plan estimates to be the patient’s responsibility for the air ambulance service. If a patient has secondary coverage, part or all of this responsibility may be covered by another payer. NOTE however, if the air ambulance is considered out of network the patient may be balance billed (see 5-d below).
 - c. Calculating medians – Since over half of the air ambulance claims have no patient responsibility, the overall median is \$0. The reported medians are conditional medians where all claims with no patient responsibility are excluded.
 - d. Balance Billing: If a payer does not have a contract with the air ambulance, the patient may be billed for the difference between the billed charge and the allowed amount. This possibility (called “balance billing”) is not captured on a medical claim.