

# Air Ambulance Data Report Instructions Providers of Air Ambulance Services

## Background & Purpose

Section 106(a) of the No Surprises Act, which was enacted as part of the Consolidated Appropriations Act, 2021, requires providers of air ambulance services to submit data on air ambulance services to the Secretary of Health and Human Services and the Secretary of Transportation (the Secretaries). The Department of Health and Human Services (HHS) proposed implementing regulations at 45 CFR part 149. The Centers for Medicare and Medicaid Services (CMS) is collecting these air ambulance data on behalf of the Secretaries.

These are the Instructions for the Air Ambulance Data Report (AA Report). The purpose of this document is to provide instructions and definitions for submission of the required air ambulance data to CMS. The required data elements are described in the proposed 45 CFR 149.460. These Instructions provide information on the organizational responsibility for reporting, the deadlines and reference period for the data submission, definitions, instructions for the specific data fields, and the submission process.

[Federal Register](#)  
[No Surprise Act](#)

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## Organization Information

This section collects identifying information about your organization, the NPIs used by your organization, and the air ambulance bases associated with those NPIs.

Table 1. Air Ambulance Organization Information

Item Number	Data Element	Instructions
O1	Reporting Period	Enter 2022 or 2023, as applicable.
O2	Submitting Entity Name	Enter the name of the entity submitting the data.
O3	Submitting Entity FEIN	Enter the FEIN of the entity submitting the data.
O4	Submitting Entity Point of Contact: Name	Enter the name of the point of contact for the entity submitting the data.
O5	Submitting Entity Point of Contact: E-mail	Enter the email address for the point of contact for the entity submitting the data.
O6	Responsible Entity Name	Enter the name of the responsible entity.
O7	Responsible Entity FEIN	Enter the FEIN of the responsible entity.
O8	Responsible Entity Point of Contact: Name	Enter the name of the point of contact for the responsible entity.
O9	Responsible Entity Point of Contact: E-mail	Enter the email address for the point of contact for the responsible entity.
O10	Address: Street	Enter the street portion of the address for the responsible entity.
O11	Address: City	Enter the city portion of the address for the responsible entity.
O12	Address: State	Enter the state portion of the address for the responsible entity.
O13	Address: Zipcode	Enter the zipcode portion of the address for the responsible entity.
O14	Organization Type	Select the description of organization type that best fits: <ul style="list-style-type: none"><li>• For-Profit</li><li>• Not-for-Profit (excl. government)</li><li>• Government (federal, state, local (county, city/township, other municipal)</li><li>• Public-Private Partnership</li></ul>
O15	Parent Company Name	<ul style="list-style-type: none"><li>• Enter the name of the parent company, owner, other proprietor, or sponsor of the responsible entity. If none, enter "None."</li></ul>
O16	Parent Company FEIN	Enter the FEIN of the parent company, owner, other proprietor, or sponsor of the responsible entity. If none, enter "None."
O17	Number of Bases	Enter the total number of air ambulance bases operated by the responsible entity (or by the air carrier used by the responsible entity).
O18	NPIs	List all National Provider Identifiers (NPIs) used by the responsible entity to bill for air ambulance services.

## Base Information

This section collects information about each air ambulance base.

Table 2. Air Ambulance Base Information

Item Number	Data Element	Instructions
B1	LOCID	Enter the Location Identifier (LOCID) as provided in Airport Master Record Form 5010. (If no LOCID is available, contact CMS for instructions.)
B2	Base Name	Enter the name of the air ambulance base.
B3	Base City	Enter the city portion of the address for the air ambulance base.
B4	Base State	Enter the state portion of the address for the air ambulance base.
B5	Delivery Model	Select the service delivery model that best fits this base: <ul style="list-style-type: none"> <li>• Independent</li> <li>• Hospital-owned or sponsored</li> <li>• Hospital-Independent Partnership (hybrid)</li> <li>• Municipality-sponsored (include public agency programs)</li> <li>• Tribally-operated Program in Alaska</li> </ul>
B6	Number of Payor Contracts	Enter the number of direct contractual relationships with a group health plan or health insurance issuer to furnish air ambulance services associated with this base that existed during the reporting period.
B7	Names of Contracted Payors	List the names of all group health plans and health insurance issuers with which the responsible entity contracted to furnish air ambulance services associated with this base.
B8	Air Medical Subscriptions or Ambulance/EMS Membership Programs	Select Y/N to indicate whether the responsible entity had any air medical subscription or ambulance/EMS membership programs associated with this base during the reporting period.
B9	Non-Direct Payor Contracts	Select Y/N to indicate whether the responsible entity had any non-direct payor contracts associated with this base during the reference period. Include waiver, rental, lease, supplemental agreements, and similar arrangements.
B10	Are Operational Costs Shared with Others	Select Y/N to indicate whether any operational costs of this base, such as building space or personnel, are shared with operations other than the air ambulance services (for example, hospital facilities).
B11	Does the Base Operate Ground Ambulances	Select Y/N to indicate whether ground ambulance services are operated out of this base.

## Base – Vehicle Information

This section collects information about each aircraft at each base location. Include all aircraft operated out of the base, regardless of the purposes for which the aircraft is used.

Table 3. Air Ambulance Vehicle Information

Item Number	Data Element	Instructions
BV1	LOCID	From B1.
BV2	Base Name	From B2.
BV3	Aircraft N-Number	Enter the N-Number assigned to the aircraft.
BV4	Aircraft Type	Indicate whether the aircraft is <ul style="list-style-type: none"><li>• Fixed-wing</li><li>• Rotary</li></ul>
BV5	Aircraft Use	Indicate the primary use of this aircraft: <ul style="list-style-type: none"><li>• The aircraft is in active regular use for air medical transports</li><li>• The aircraft is used for back-up operations</li><li>• The aircraft is used for other purposes</li></ul>
BV6	Flight Equipment	Select Y/N to indicate whether the aircraft is equipped for Instrument Flight Rules.
BV7	Number of Scene Response Patient Transports	Enter the number of scene response patient transports conducted during the reporting period.
BV8	Number of Inter-Facility Patient Transports	Enter the number of inter-facility patient transports conducted during the reporting period.
BV9	Number of Other Transports	Enter the number of transports of organs, medical personnel, or medical supplies conducted during the reporting period.
BV10	Average Number of Flight Staff	Indicate how many flight staff are used on average per patient transport on this aircraft.
BV11	Average Number of Medical Staff	Indicate how many medical staff are used on average per patient transport on this aircraft.

## Transport Data

This section collects data on each air ambulance transport provided or reimbursed during the reporting period.

- For each transport, provide the line-level detail or header-level detail as required by the data element. For example, there may be several CPT/HCPCS code(s) and modifier(s) per transport. The data collection instrument will be set up to enable reporting of a list of all CPT/HCPCS codes and modifiers related to a transport.

Item Number	Data Element	Instructions
T1	LOCID	From B1.
T2	Base Name	From B2.
T3	Aircraft N-Number	From BV3.
T4	Date of Service	Enter the date of the transport.
T5	NPI	Enter the National Provider Identifier (NPI) used for billing for this transport.
T6	NPI Street Address	Enter the street address for the NPI holder used for billing for this transport.
T7	NPI City	Enter the city for the National Provider Identifier used for billing for this transport.
T8	NPI State	Enter the state for the National Provider Identifier used for billing for this transport.
T9	NPI Zipcode	Enter the zipcode for the National Provider Identifier used for billing for this transport.
T10	CPT/HCPCS Code	List all CPT/HCPCS codes related to this transport. Include CPT/HCPCS modifiers in parentheses next to the respective CPT/HCPCS code.
T11	Loaded Statute Miles	Enter the number of loaded statute miles for this transport.
T12	Pick-up Location Zipcode	Enter the pick-up location zipcode for this transport.
T13	Drop-off Location Zipcode	Enter the drop-off location zipcode for this transport.
T14	Duration of Flight (HH:MM)	Enter the duration of the flight.
T15	Primary Payor	Select the primary payor for this transport: <ul style="list-style-type: none"><li>Medicare Fee-for-Service</li><li>Medicare Advantage</li><li>Medicaid</li><li>TRICARE</li><li>Veterans' Health Administration</li><li>Indian Health Service</li><li>Group Health Plan</li><li>Commercial Health Insurance Issuer</li><li>Federal Employees Health Benefits Plan</li></ul>