AmeriHealth Caritas Ohio

Ambulance Services

Reimbursement Policy ID: RPC.0011.7700

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.
To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes parameters for payment of claims for ground and air ambulance services, including mileage reimbursement, by providers contracted with the health plan and/or participating with Ohio Medicaid. The health plan will align with the Ohio Department of Medicaid (ODM) by utilizing those guidelines to determine coverage for ground and air ambulance.

Ground ambulance and air ambulance each have separate coverage criteria depending on medical necessity as well as other indicators.

Ground ambulance must meet one of the following requirements for reimbursement:

- Basic life support, provided in a non-emergency (BLS non-emergency).
- Basic life support, provided in an emergency (BLS emergency).
- Advanced life support, level 1, provided in a non-emergency (ALS1 non-emergency).
- Advanced life support, level 1, provided in an emergency (ALS1 emergency)

- Advanced life support, level 2 (ALS2).
- Specialty care transport (SCT)
- Mileage, ground ambulance; and
- Attendant services, ground ambulance.

Payment may be made only if all of the requirements for the necessity of ground ambulance service are met. The requirements are:

- Emergency ground ambulance services are deemed to be necessary. BLS emergency, ALS1 emergency, associated loaded mileage are emergency services by definition.
- ALS2, specialty care transport, and associated loaded mileage are treated as emergency services.
- Non-emergent transfer from one hospital to another must require medical treatment or continuous supervision by EMT, administration or regulation of oxygen by another person or supervised protective restraint and the services provided at the second hospital are covered by Medicaid.
- The transport vehicle is a ground ambulance, transport is either to or from a Medicaid coverable service and must be from a recognized or approved point of transfer. Service for an additional attendant is used only when such services are necessary for the safe transport of the individual and the transport provider maintains documentation of this medical necessity.

A hospital that is an eligible provider may submit a claim for ground ambulance services on behalf of another entity if the other entity is an eligible provider of ground ambulance and the hospital and the other entity have entered into an appropriate agreement.

Air ambulance must meet the following requirements for reimbursement:

- The Medicaid-eligible individual is critically ill or has critical injuries; and
- It is estimated that transporting the Medicaid-eligible individual by ground ambulance to the nearest appropriate treatment facility will take more than thirty minutes.

Use of air ambulance services must meet criteria for transport by ground ambulance in accordance with rule 5160-15-23 of the Ohio Administrative Code and at least one of the following conditions must apply:

- The point of pick-up is inaccessible by ground ambulance.
- The additional time needed for transport by ground ambulance would endanger the life or health of the individual; the time saved by air transport would significantly increase the chances of survival or reduce the risk of further injury or impairment; or
- The closest appropriate treatment facility is at least one hundred eighty miles from the point of pick-up.
- The transport vehicle is an air ambulance.
- Medicaid-eligible individual is transported either to or from a Medicaid-coverable service.
- The Medicaid-eligible individual is transported both to and from a recognized or approved point of transport.

Specialty care transport may be claimed when the following three criteria are met:
The passenger was taken from one hospital to another or from a skilled nursing facility to a hospital.

- The passenger was critically injured or ill, (i.e., at immediate risk of deterioration or death).
- A paramedic with standard training could not provide all treatment that was expected to be needed while the passenger was on board, and a specialist or paramedic with additional training provided care during the trip.

The provider must follow the prior authorization process after the specialty care transport has been provided.

Exceptions

N/A

Reimbursement Guidelines

Reimbursement is based on Ohio Medicaid coverage guidelines, patient's medical condition, the services provided and mileage. Items and services not reimbursed separately are oxygen, drugs, extra attendants, supplies, electrocardiograms, and shift differential payments. HCPCS codes are used to identify the ambulance services provided in addition to the required alpha modifiers describing the origin and destination as specified in 5160-15-28 of the Ohio Administrative Code. For accurate reimbursement, ambulance claims require the appropriate origin and destination modifiers in addition to the applicable mileage HCPCS code.

Intra-campus transfers between different departments of the same hospital, even when the departments are located in separate buildings are not separately payable.

Definitions

Ambulance
Ground ambulance is a collective term for land and water ambulance.

Air Ambulance
Air ambulance is a collective term for "fixed wing air ambulance" and "rotary wing air ambulance."

Ambulette
A vehicle, for example, wheelchair van that meets the definition of "ambulette" and meets standards specified in Chapter 4766-3-01 of the Ohio Administrative Code. Refer to link below.

Specialty Care Transport (SCT)
"Interfacility transport of a critically injured or ill individual by ground ambulance and the provision of medically necessary supplies and services at a level beyond the scope of an EMT-paramedic that must be furnished by one or more health professionals in an appropriate specialty area (e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care) or by an EMT paramedic with additional training."

Transportation Provider
A person engaged in the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and associated publications and services.
IV. Ohio Administrative Code (OAC) rule-5160-15-28
V. Ohio Administrative Code (OAC) rule-5160-15-23
VI. Ohio Administrative Code (OAC) rule-4766-3-01
VII. Applicable Medicaid Fee Schedule.

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
07/2026	Annual review • No major changes
08/2025	Reimbursement Policy Committee Approval
08/2025	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
10/2024	Annual review • No major changes
04/2024	Revised preamble
02/2024	Annual review • No major changes
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
03/2023	Reimbursement Policy Committee Approval