

Clinical Policy: Transportation Policy

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[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Ambulance transportation is emergency or non-emergency medical transportation provided to Medicaid member/enrollee to and/or from a Medicaid covered service by ground or air ambulance when the member/enrollee's condition is such that use of any other method of transportation is contraindicated or would make the member/enrollee susceptible to injury.

There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft.

Policy/Criteria

It is the policy of Louisiana Healthcare Connections, that Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the member (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

A member/enrollee may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.

Ambulance providers must retain documentation that appropriately supports that at least one of these criteria was met and that the member/enrollee would be susceptible to injury using any other method of transportation. An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such.

Reimbursement to ambulance providers shall be no less than the published Medicaid fee- for service (FFS) rate in effect on the date of service, unless mutually agreed upon by the transportation broker and the transportation provider in the provider agreement.

Terms utilized in the published Medicaid fee schedule are defined as follows:

- Basic Life Support (BLS): the provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of emergency medical technician
- Advanced Life Support (ALS): the provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of advanced emergency technician or equivalent.

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- Specialty Care Transport: Interfacility transportation of a critically injured or ill member/enrollee by a ground ambulance vehicle, including medically necessary supplies and services, at a level of services beyond the scope of the EMT-Paramedic.

Reimbursement for mileage will vary depending on whether the transport is for an emergency or non-emergency event.

Reimbursement for mileage will be limited to actual mileage from point of pick up to point of delivery. Mileage can only be billed for miles traveled with the member/enrollee in the ambulance.

Louisiana Healthcare Connections may not require prior review or prior authorization for emergency ambulance transportation. This requirement includes emergency air ambulance.

- Prior approval for any emergency ambulance transportation, including mileage, is not required.

Prior approval for non-emergency transportation, including mileage, is required.

Refer to the *Hospital Services* provider manual for policies related to hospital-based ambulance services.

AIR AMBULANCE

Air ambulances may be used for emergency and non-emergency ambulance transportation when medically necessary. Rotor winged (helicopters) and fixed winged emergency aircraft must be certified by the Bureau of Health Services Financing (BHSF) in order to receive Medicaid reimbursement. Fixed wing (FW) or rotary wing (RW) air ambulance are furnished when the medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate.

All air ambulance services must comply with state laws and regulations governing the personnel certifications of the emergency medical technicians, registered nurses, respiratory care technicians, physicians, and pilots as administered by the appropriate agency of competent jurisdiction

- I. Air ambulance (*fixed wing or rotary wing*) transportation is **medically necessary** when all the following criteria are met:
 - A. Transport by either basic or advanced life support ground ambulance would endanger the health or threaten survival of the member/enrollee. Some examples of applicable conditions include, but are not limited to:
 1. Intracranial bleeding requiring neurosurgical intervention;
 2. Cardiogenic shock;
 3. Burns requiring treatment in a burn center;
 4. Conditions requiring treatment in a Hyperbaric Oxygen Unit;
 5. Multiple severe injuries;

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6. Life-threatening trauma;
 7. Cerebrovascular infarction with the need for tissue plasminogen activator (tPA) at a certified stroke center;
- B. The location of the member/enrollee needing transport meets any of the following:
1. The point of pickup is inaccessible by ground vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States);
 2. Great distances or other obstacles, including traffic, or travel time exceeding 30 to 60 minutes, are involved in getting the patient to the nearest hospital with appropriate facilities via ground transportation (examples: burn care, cardiac care, trauma care, critical care, etc.);
- C. If transport is requested from one facility to the other, the transferring facility does not have the appropriate services and physician specialists to provide the necessary medical care (e.g., trauma unit, burn unit, cardiac care unit, or pediatric specialty services).

If both land and *air ambulance* transport are necessary during the same trip, each type of provider will be reimbursed separately according to regulations for that type of provider.

- II. Air ambulance transportation is **not medically necessary**** for any of the following:
- A. Member/enrollee is legally pronounced dead before the ambulance is called;
 - B. Transportation is provided primarily for the convenience of the member/enrollee, member's/enrollee's family, or the physician;
 - C. Transportation to a facility that is not an acute care hospital, such as a nursing facility, physician's office, or home;
 - D. Transportation to receive a service considered not medically necessary, even if the destination is an appropriate facility.

Ambulance Service Exclusions

Medicaid does not cover "Ambulance 911-Non-emergency" services. If the members/enrollee's medical condition does not present itself as an emergency in accordance with the criteria in this Manual, the service may be considered a non-covered service by Medicaid.

Ambulance providers shall code and bill such non-emergency services using modifiers GY, QL, or TQ to indicate that the services performed were non-covered Medicaid services.

Ambulance providers may bill members/enrollees for non-covered services only if the member/enrollee was informed prior to transportation, verbally and in writing that the service would not be covered by Medicaid and if the member/enrollee then agreed to accept the responsibility for payment. The transportation provider must obtain a signed statement or form which documents that the member/enrollee was verbally informed of the out-of-pocket expense.

NON-EMERGENCY AMBULANCE TRANSPORTATION

Non-emergency ambulance transportation (NEAT) is transportation provided by ground or air ambulance to a Medicaid member/enrollee to and/or from a Medicaid covered service when no other means of transportation is available, and the members/enrollees' condition is such that use of any other method of transportation is contraindicated or would make the member/enrollee

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susceptible to injury. The nature of the trip is not an emergency, but the member/enrollee requires the use of an ambulance.

NEAT must be scheduled by the member/enrollee or a medical facility through the transportation broker or the ambulance provider, following the criteria below:

- *If transportation is scheduled through the transportation broker*, the transportation broker shall verify, prior to scheduling, member/enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed CAT form for the date of service is obtained, reviewed, and accepted by the transportation broker prior to transport. Once the trip has been dispatched to an ambulance provider and completed, the ambulance provider shall be reimbursed upon submission of the clean claim for the transport; and
- *If transportation is scheduled through the ambulance provider*, the ambulance provider must verify member/enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed CAT form for the date of service is obtained, reviewed, and accepted by the ambulance provider prior to reimbursement. The transportation broker shall reimburse the ambulance provider only if a completed CAT form is submitted with the clean claim or is on file with the transportation broker prior to reimbursement.

Out-of-State Transportation

The member may seek medically necessary services in another state when it is the nearest option available. All out-of-state NEAT must be prior approved by the transportation broker. The transportation broker may approve transportation to out-of-state medical care only if the member/enrollee has been granted approval to receive medical treatment out of state.

The transportation broker must maintain documentation to support compliance with these standards and must submit documentation to Louisiana Healthcare Connection (LHCC) and/or the Louisiana Department of Health (LDH) upon request.

Background

Air ambulances are used to expeditiously transport critically ill patients during life-threatening emergencies when either great distances or other obstacles such as heavy traffic, preclude such rapid delivery to the nearest appropriate facility.⁴ Transport by air ambulance may also be necessary when accessibility by a ground ambulance is not possible. Air ambulance transportation is widely regarded as having a beneficial impact on improving the chances of survival and recovery for trauma victims and other critical patients, particularly in rural areas that lack readily accessible advanced-care facilities such as trauma or burn centers. According to the Association of Air Medical Services, it is estimated that in the United States over 550,000 patients utilize air ambulance services each year.⁴

Rotary wing transport is ideal for transporting critical trauma patients from the scene as they have the ability to land close to the scene of the incident. They can also be utilized for emergent facility-to-facility transport, however, fuel capacity gives them a relatively short range. The fixed

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wing aircraft is generally used for emergent facility-to-facility transports when a patient must be transported a long distance.⁴ They have the ability to travel at much faster speeds than helicopters, with ranges over 500 miles at speeds between 200 to 300 mph.⁷ Runway requirements for takeoff and landing restrict airplanes, and the patient will usually need one or more transfers involving a ground unit to move them to/from the runway/airport. Fixed wing aircraft provides a transparent hospital-like environment with cardiac monitoring, invasive hemodynamic monitoring, infusion therapy, pulse oximetry, emergency medication, defibrillation with pacing capabilities, and advanced airway management capabilities and is staffed with a flight crew specially trained to provide emergency and critical care medical support.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025⁵³, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up to date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

Table 1: Emergency Ground Ambulance HCPCS Codes

CPT® Codes	Description
A0382	Basic Life Support, Routine Disposable Supplies
A0384*	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0392*	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
A0394	ALS Special Service Disposable Supplies IV drug therapy
A0396*	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS Routine Disposable Supplies
A0422	Ambulance (ALS or BLS) Oxygenated Oxygen Supplies, Life Sustaining
A0425	Ground Mileage
A0427	ALS Emergency Transport, level 1
A0429	BLS Emergency Transport
A0433	ALS 2
A0434	Specialty Care Transport

Table 2: Emergency Air HCPCS Codes

CPT® Codes	Description
A0430	Fixed wing air
A0431	Rotary wing air
A0435	Air Mileage; fixed wing
A0436	Air Mileage; rotary wing

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Original approval date	8/22	2/14/23	
Annual review. References reviewed and updated. Added II. C. regarding transportation to a facility that is not an acute care hospital. Added codes: A0384, A0392, A0396. Added verbiage to Description, Policy/Criteria, and Out of State sections from the Louisiana Medicaid Provider Manual. Background updated with no impact on criteria. Replaced “member” with “member/enrollee” throughout document.	07/23	11/6/23	
Annual review. Under I.A.7. expanded criteria example to include cerebrovascular infarction with the need for tissue plasminogen activator (tPA) at a certified stroke center. References reviewed and updated. Reviewed by external specialist.	07/24	10/28/24	12/2/24
Removed “treatment in place ambulance service section”	1/25	6/9/25	7/10/25
<u>Annual Review. References Reviewed and updated.</u>	<u>1/26</u>		

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer reviewed medical literature; government agency/program approval status; evidence based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

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This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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