

Air ambulance transport

Clinical Policy ID: CCP.4051

Recent review date: 1/2025

Next review date: 5/2026

Policy contains: Air ambulance; medical helicopter; trauma care.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Air ambulances may be used for emergency and non-emergency ambulance transportation (NEAT) when medically necessary. Licensure by the Louisiana Department of Health (LDH) Bureau of Emergency Medical Services (EMS) is required. Licensure for air ambulance services is governed by La. R.S. 40:1135.8. Rotor winged (helicopters) and fixed winged emergency aircraft must be certified by the Bureau of Health Services Financing (BHSF) in order to receive reimbursement.

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.

Air ambulance transport is clinically proven and, therefore, may be medically necessary when either (Louisiana Department of Health, 2023):

- Speedy admission of the enrollee is essential and the point of pick-up of the member is inaccessible by a land vehicle.
- Great distances or other obstacles are involved in getting the member to the nearest hospital with appropriate services.

If both land and air ambulance transport are necessary during the same trip, AmeriHealth Caritas shall reimburse each type of provider separately according to regulations for that type of provider.

Prior approval shall not be required for emergency air ambulance transportation services, including mileage. Approval shall be done during a post payment review and shall not be completed prior to service delivery. Claims for payment of emergency air ambulance transportation services are received and reviewed retrospectively.

References

Louisiana Department of Health. Chapter 10. Medical transportation. Section 10.10. Air ambulance. Issued September 25, 2023.

Policy updates

2/2024: initial review date and clinical policy effective date: 3/2024

4/2015: Policy references updated.

4/2016: Policy references updated.

4/2017: Policy references updated.

4/2018: Policy references updated.

4/2019: Policy references updated. Policy number changed to CCP.1091.

4/2020: Policy references updated.

4/2021: Policy references updated.

4/2022: Policy references updated.

2/2024: Policy references updated. Coverage language modified.

1/2025: Policy references updated. Policy number changed to CCP.4051. Coverage language modified.