



Ohio Administrative Code

Rule 5160-15-24 Transportation: services from an eligible provider: air ambulance services.

Effective: April 1, 2016

(A) Payment may be made for the following air ambulance services:

- (1) Ambulance transport, fixed-wing;
- (2) Ambulance transport, rotary-wing;
- (3) Mileage, fixed-wing ambulance; and
- (4) Mileage, rotary-wing ambulance.

(B) Payment may be made only if all the requirements in this paragraph are met.

(1) The necessity of air ambulance service is established.

(a) Air ambulance services are deemed to be necessary when two criteria are met:

- (i) Emergency ambulance service is required because the medicaid-eligible individual is critically ill or has critical injuries (e.g., multiple traumas, massive bleeding, severe burns); and
- (ii) It is estimated that transporting the medicaid-eligible individual by ground ambulance to the nearest appropriate treatment facility will take more than thirty minutes.

(b) The necessity of other air ambulance services is determined by two criteria:

- (i) The criteria have been met for determining the necessity of transport by ground ambulance in accordance with rule 5160-15-23 of the Administrative Code; and
- (ii) At least one of the following conditions applies:



- (a) The point of pick-up is inaccessible by ground ambulance;
 - (b) The additional time required for transport by ground ambulance would endanger the life or health of the medicaid-eligible individual;
 - (c) The time saved by air transport would significantly increase the chances of survival or reduce the risk of further injury or impairment; or
 - (d) The closest appropriate treatment facility is at least one hundred eighty miles from the point of pick-up.
- (2) The transport vehicle is an air ambulance.
- (3) The medicaid-eligible individual is transported either to or from a medicaid-coverable service.
- (4) The medicaid-eligible individual is transported both to and from a recognized or approved point of transport.
- (C) A hospital that is an eligible provider may submit a claim for air ambulance services on behalf of another entity if two conditions apply:
- (1) The other entity is an eligible provider of air ambulance services; and
 - (2) The hospital and the other entity have entered into an appropriate agreement or contract.
- (D) Separate payment may be made for critical care services, the provision of which is delineated in Chapter 5160-4 of the Administrative Code.