

01 Division of Medicaid State of Mississippi Provider Policy Manual	New:	Date:
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Section: Ambulance	Section: 8.05	
	Pages: 3	
Subject: Non-Emergency Ground Ambulance	Cross Reference:	

All ambulance providers whose origin (site of pick-up) is within the state of Mississippi must be licensed in accordance with the requirements of the Mississippi State Department of Health, Office of Emergency Medical Services unless otherwise exempt. The exempt status is determined by the Office of Emergency Medical Services.

To qualify as non-emergency ambulance transport **OR** for transport to a dialysis facility, the trip must be:

1. For patient loaded miles only, **AND**
2. For medically necessary non-emergency services to the appropriate facility for treatment, **AND**
3. In an appropriate ALS or BLS certified vehicle

Medically necessary non-emergency ambulance service is defined as **all** of the following components:

- Ambulance transport to or from the closest appropriate facility for the beneficiary to receive non-emergency medical care that cannot be provided in their place of residence or medical facility where the patient is an inpatient, **AND**
- The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, **AND**
- The patient suffers from an injury or debilitated physical condition that results in the patient being totally bedridden or bed confined.

Bed confined is defined as:

1. **the inability to get up from bed without assistance, AND**
2. **inability to ambulate, AND**
3. **inability to sit in a chair, including a wheelchair**

This term is used synonymously with the terms "bedridden" or "stretcher bound". However, it is not synonymous with "bedrest" or "non-ambulatory". **All** three of the above conditions must be met and will be applied to all transports.

Medical necessity is established from the patient's condition at the time of transport, not the diagnosis. The patient's condition must be of such severity that the use of any other method of transportation is contraindicated or not possible. In cases where other means of transportation could be utilized, the fact that there is no other means of transportation available does not justify medical necessity. In addition, if the patient is able to be transported by other means of transportation, but requires assistance from others in getting in or out of the other type of vehicle, the fact that such assistance is not available does not justify medical necessity.

The fact that a patient is receiving intravenous fluids does not justify the medical necessity for ambulance transport. Again, the patient's condition must be of such severity that ambulance transportation is justified.

Appropriate facility is defined as:

1. a hospital
2. a skilled nursing facility or extended care facility
3. a doctor's office
4. a dialysis facility
5. an outpatient diagnostic, treatment, or surgical facility.

If the definition of medically necessary is satisfied, the following list includes but is not limited to these examples of medically necessary non-emergency ambulance services:

- Transport to and from dialysis.
- Transport to a hospital for inpatient or outpatient care in a non-emergency situation such as for a planned admission or scheduled procedure/treatment.
- Transport from hospital where the beneficiary has received emergency room or other outpatient services and/or has been hospitalized as an inpatient to place of residence.
- Transport from the beneficiary's place of residence to hospital or other appropriate facility for treatment, diagnostic studies, or surgery.
- Transport from home or hospital to a nursing facility.

The exception to the non-emergency ambulance criteria is transport from a hospital where the patient is an inpatient to another facility for care that is not available at the facility where the patient is an inpatient. This is applicable to a case where the patient is discharged as an inpatient at one hospital and is transported directly to another hospital for admission. It is also applicable to a case where the patient is taken off-site for diagnostic services or treatment not available at the hospital where the patient is an inpatient and then returned back to the hospital. In either instance, it must be documented that the care required for the patient is not available at the hospital where the patient has been or continues to be hospitalized. For these type transfers, the provider may bill the BLS emergency codes A0429 and A0380. Should there be extenuating circumstances in which advanced life support is required, the provider may bill ALS emergency codes A0427 and A0390. In addition, the requirement for the Certificate of Medical Necessity is waived for these transports.

The ambulance provider must obtain a Certificate of Medical Necessity completed and signed by the attending physician, nurse practitioner, or physician assistant. Section A and B on the CMN form must be completed in detail. Section A must describe in detail all three conditions that met the criteria for non-emergency medical transportation. Section B must document in detail the reason transportation by any other means is contraindicated. If the ambulance provider is unable to obtain the signed certification statement from the attending physician (MD), nurse practitioner (NP), or physician assistant (PA), a clinical nurse specialist (CNS), registered nurse (RN), or discharge planner (DC), who is employed by the hospital or facility where the beneficiary is being treated and who has knowledge of the beneficiary's condition at the time the transport was ordered, may complete and sign the Certification of Medical Necessity.

The original Certificate of Medical Necessity must be completed, dated, and signed prior to or within five (5) calendar days of the transport and must be kept on file by the provider and be available to DOM and/or its representatives for review at all times. If the ambulance provider's records DO NOT contain the original Certificate of Medical Necessity, the provider may be asked to refund to the Mississippi Medicaid

program any money received from the program for the service(s) provided. The Certificate of Medical Necessity is required to justify the medical necessity for the service(s) provided.

The original Certificate of Medical Necessity form will only be valid for sixty (60) days. For instances in which repetitive trips are required the Certificate of Medical Necessity form must be completed, dated, and signed every sixty (60) days upon reassessment of the patient's condition. These additional forms must also be retained in the ambulance provider's records.