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 an Advanced Life Support (ALS) or Basic Life Support (BLS) emergency ambulance service, the trip **must** be:

- For patient loaded trips only, **AND**
- For medically necessary emergency services to the closest appropriate hospital for treatment, **AND**
- In an appropriate ALS or BLS vehicle that has been licensed by the state.

The provider may not bill Code A0427 for ALS emergency transport unless there is documentation in the medical records that advanced life support was required and was administered to the patient. If an ALS vehicle is used for transport, but advanced life support was not required, the provider may only bill A0429.

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

- Emergency ambulance (ALS or BLS) transport to the closest hospital where the patient will be accepted and treatment is available for an accidental injury or medical emergency, **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 injury or medical emergency is sudden, of such severity that the absence of immediate medical care could reasonably result in permanently placing the patient's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequence.

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.

Medically necessary ambulance transfer to the next closest hospital is acceptable when the closest hospital does not have beds available or is not equipped to handle the care required by the patient's condition.

Emergency transportation to a physician's office is considered medically necessary if **all** of the following three criteria are satisfied:

- Beneficiary is enroute to a hospital due to a severe injury or medical emergency, **AND**
- There is a medical need to stabilize the beneficiary's condition by professional medical attention, **AND**
- The ambulance continues the trip to the hospital after stabilization.

~~All medically necessary transports to and from a nursing facility via ambulance must be billed by the ambulance provider.~~

- ~~The Ambulance Program policies apply for both emergency and non-emergency transports. This includes transport of Medicaid beneficiaries to and from dialysis treatments via ambulance.~~

- ~~The nursing facility is responsible for arranging both emergency and non-emergency ambulance transports. For non-emergency ambulance transports, the nursing facility is responsible for working with the ambulance providers to ensure that Certificate of Medical Necessity forms are completed by the physician and are forwarded to the ambulance provider in advance of the date that ambulance transportation is required so that appointments do not have to be canceled due to no access to transportation. Beneficiaries must not be denied access to medical care because the nursing facilities have not arranged transportation in advance.~~

~~If the case does not qualify for the benefits through the Ambulance Program, the nursing facility must arrange transportation through the family, if available, the nursing facility vehicles, or outside resources.~~

- ~~The nursing facility may not bill the patient or the family for ambulance transports.~~

~~Cost for all other forms of transports (excluding transports to and from dialysis) must be provided and arranged by the nursing facility and must be reported in the cost reports.~~

- ~~A nursing facility may ask the family to transport the patient in personal vehicles if the condition of the patient allows such mode of transportation; however, if the family is not available or chooses not to transport the patient, the nursing facility is responsible for providing and arranging transportation by use of nursing facility vehicles or through outside resources.~~

- ~~The nursing facility may not require the family to transport the beneficiary, and the nursing facility may not bill the family for transportation by any means.~~

~~EXCEPTION: For cases requiring transportation other than by ambulance to and from dialysis, the nursing facility may make referrals to the NET Program on cases that do not require transportation via ambulance. The NET provider must, in these cases, submit claims to Mississippi Medicaid for direct reimbursement. Refer to NET, section 12.03, Transport of Nursing Facility Residents, in this manual.~~

Ambulance Program

Medically necessary emergency and non-emergency ambulance transports to and from a nursing facility are covered through the Ambulance Program if the transports meet the coverage criteria detailed in Provider Policy Manual Sections 8.01-8.20 (Ambulance).

- All medically necessary ambulance transports to and from a nursing facility must be billed by the

ambulance provider.

- The Ambulance Program policies apply to both emergency and non-emergency ambulance transports. This includes ambulance transport of Medicaid beneficiaries to and from dialysis treatments.

- The nursing facility is responsible for arranging both emergency and non-emergency ambulance transports, including working with the ambulance providers to ensure that the Certificate of Medical Necessity forms are completed in advance of the date that the ambulance transportation is required so that appointments do not have to be canceled due to no access to transportation. Beneficiaries must not be denied access to medical care because the nursing facilities have not arranged transportation in advance.

- The nursing home may not bill the beneficiary or family for covered ambulance transports.

Non-Emergency Transportation (NET) Program

Refer to Provider Policy Manual Section 12.03 Transport of Nursing Facility Residents, for policy on non-emergency transportation that does not require an ambulance and/or does not meet Ambulance Program coverage criteria.

Nursing Home Transports

If a beneficiary does not meet the coverage criteria for ambulance transportation through the Ambulance Program or non-emergency transportation through the NET Program, the nursing facility must arrange transportation through the family (if available), the nursing facility, or outside resources.

- The cost for ambulance transports not covered through the Ambulance Program or the NET Program must be reported in the nursing facility cost report.

- A nursing facility may ask the family to transport the beneficiary in a personal vehicle if the condition of the beneficiary allows that mode of transportation. However, if the family is not available or chooses not to transport the beneficiary, the nursing facility is responsible for arranging/providing transportation by use of nursing facility vehicles or through outside resources. The nursing facility may not require the family to transport the beneficiary, and the nursing facility may not bill the family for transportation by other means.

Refer to Provider Policy Manual Section 14.13 for Transportation policy.