

Title 23: Division of Medicaid

Part 201: Transportation Services

Part 201 Chapter 1: Emergency Transportation Services

Rule 1.6: Documentation

- A. Providers must maintain required documentation in accordance with Miss. Admin. Code Part 200, Rule 1.3, and must maintain auditable records to substantiate claims submitted to the Division of Medicaid or designated entity.
- B. Ambulance providers must maintain documentation in the medical record including, but not limited to:
 - 1. Time the emergency was reported,
 - 2. The person reporting the emergency,
 - 3. Nature of illness or injury,
 - 4. Documentation of medical necessity of emergency ambulance services,
 - 5. Documentation of medical necessity for the level of care provided,
 - 6. Beneficiary's condition including, but not limited to:
 - a) Vital signs,
 - b) Level of consciousness, and
 - c) Ability to sit, stand, and/or walk.
 - 7. Location of pick-up, time of pick-up, location of destination, and time of arrival,
 - 8. For ground ambulance providers, the recording of odometer reading at pick-up and point of destination or the mileage as documented by an onboard global positioning system (GPS) which can store and retrieve trip data,
 - 9. Detailed record of all services and treatments administered to the beneficiary,
 - 10. Documentation that the beneficiary was taken to the closest appropriate facility or the reason that nearest appropriate facility was unable to accept the beneficiary causing the beneficiary to be taken to another appropriate facility, and

11. Trip ticket that indicates the date, mileage, crew, origin, destination, and type and level of ambulance service provided.
- C. Ground ambulance providers must document the following to receive reimbursement for mileage beginning with the twenty-sixth (26th) beneficiary loaded mile including, but not limited to, the following:
1. The vehicle's actual odometer readings at pick-up and destination sites or the mileage as documented by an onboard GPS system which can store and retrieve trip data, and
 2. Documentation that the beneficiary was taken to the closest appropriate facility able to provide treatment.

Source: 42 C.F.R. § 422.113; Miss. Code Ann. §§ 41-59-41, 43-13-117, 43-13-121.

History: Revised eff. 04/01/2020; Renamed and added Miss. Admin. Code Title 23, Part 201, Rule 1.1.5.A.-D., moved and revised Miss. Admin. Code Part 201, Rule 1.1.6.A. and B. to Miss. Admin Code Title 23, Part 201, Rule 1.5.B. and C. eff. 08/01/2018.