

Title 23: Division of Medicaid

Part 201: Transportation

Chapter 2: Non-Emergency Transportation (NET) Broker Program

Rule 2.3: Non-Emergency Transportation (NET) Services

A. Non-emergency transportation (NET) services are covered if all the following criteria are met:

1. The service for which NET service is requested is a covered service provided by a Mississippi Medicaid enrolled provider.
2. The beneficiary:
 - a) Is eligible for NET services,
 - b) Has a medical need which requires NET services, and
 - c) Does not have access to NET from any other source.
3. The transport must be:
 - a) In a vehicle which meets the medical needs of the beneficiary given their mobility status and personal capabilities on the date of service,
 - b) The most economical mode of transportation. The NET Broker must document the reason in detail if the NET Broker authorizes a mode of transportation that is not the most economical,
 - c) Provided by a NET provider closest to the beneficiary. The NET Broker must document the reason in detail if a transport is authorized for a NET provider which is not the closest to the beneficiary's residence or medical service provider,
 - d) For a single covered medical service, and
 - e) Requested at least three (3) business days before the NET service is needed unless the NET service is required due to hospital discharge and/or a return trip from an emergency service.
4. If an adult attendant is necessary the NET Broker must obtain a medical certification statement from the beneficiary's physician prior to the transport.

B. NET ambulance services must meet the criteria in Miss. Admin. Code Part 201, Rule 2.3.A. in addition to the following including, but not limited to:

1. A Level of Need form must be completed and signed by the physician, nurse practitioner, or physician assistant and the original must be kept on file by the provider at all times,
2. The sole justification for ambulance transportation cannot be bed confinement defined as the inability to:
 - a) Get up from a bed without assistance,
 - b) Ambulate, and
 - c) Sit in a chair or wheelchair.
2. The transport must be provided by a NET ambulance provider to or from the nearest appropriate facility for the beneficiary to receive non-emergency medical care that cannot be provided in their place of residence or medical facility, and
3. The use of other means of transportation must be medically contraindicated because it would endanger or be detrimental to the beneficiary's health.

C. NET services are non-covered if:

1. The beneficiary:
 - a) Is not eligible for NET services on the requested date of service,
 - b) Does not have a medical need requiring NET services,
 - c) Has access to available transportation,
 - d) Refuses the appropriate mode of transportation, or
 - e) Refuses the NET provider assigned to the transport and another appropriate NET provider is not available,
2. The medical service is not covered for NET services requested,
3. Transportation to the medical service is covered under another program,
4. The request for post-transportation authorization is not received in a timely manner as defined in the current NET broker contract and/or did not meet established criteria found in Miss. Admin. Code Title 23, Part 201, Rule 2.3.A. and B.
5. The medical appointment is not scheduled or was not kept,
6. NET Broker cannot confirm the medical appointment,

7. The transport is not requested in a timely manner as defined in the current NET broker contract and is unable to be scheduled for the requested date and time,
 8. Additional documentation was requested by the NET Broker and not received timely, or
 9. The provider of NET services does not have a contract with the NET Broker.
- D. The NET Broker must deny non-covered NET services and document the reason for the denial on the same business day and mail the denial letter to the beneficiary no later than the next business day following the date of the denial decision.
1. The denial letter must contain the beneficiary's right to appeal.
 2. The Division of Medicaid, in its sole discretion, may add, modify or delete denial reasons without additional payment to the NET Broker or a contract amendment.
- E. The Division of Medicaid covers meals and lodging for beneficiaries through the NET Broker Program for medically necessary overnight stays:
1. If the medical service is only available in another county, city, or state requiring extensive travel time and distance, and
 2. The medical treatment facility does not provide for meals and/or lodging.
- F. The Division of Medicaid covers one (1) adult attendant, at least eighteen (18) years of age or older, to accompany a beneficiary during transport and certain related expenses during an overnight stay through the NET Broker Program as follows:
1. All the following conditions must be met:
 - a) The medical provider certifies prior to the transport that the beneficiary's need for an adult attendant and type of assistance required is medically necessary,
 - b) The adult attendant is qualified to provide the type of assistance required, and
 - c) Travel with the adult attendant is prior authorized by the NET Broker.
 2. The NET Broker must pay the following expenses for one (1) adult attendant, at least (18) years of age, to accompany a beneficiary to a medical provider for a covered service:
 - a) Cost of a ticket for day or overnight transports,
 - b) Lodging and meals for overnight stay(s) if the medical provider does not provide for lodging and/or meals.
 3. All costs associated with an adult attendant must be documented with receipts and

submitted to the NET Broker.

G. The Division of Medicaid covers return trips from an inpatient hospital stay and/or an emergency service through the NET broker when the requirements in Miss. Admin. Code Part 201, Rule 2.3A. are met.

Source: 42 U.S.C. § 1396a; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2022; Moved and revised Miss. Admin. Code Part 201, Subchapter 3 to Miss. Admin. Code Part 201, Rule 2.3.B. eff. 08/01/2018; Revised eff. 04/01/2013.