

Title 23: Division of Medicaid

Part 201: Transportation Services

Part 201 Chapter 1: Emergency Transportation Services

Rule 1.3: Covered Services

- A. The Division of Medicaid covers medically necessary emergency ground ambulance services which meet the requirements of the Mississippi Bureau of Emergency Medical Services (BEMS) including, but not limited to:
1. Basic Life Support (BLS) Ground Ambulance Services which must include, but are not limited to:
 - a) A BLS ambulance vehicle with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services at or above the level of Emergency Medical Technician (EMT),
 - b) A driver with a valid Emergency Medical Services Driver Certificate from the state of Mississippi,
 - c) Equipment and supplies as required by BEMS,
 - d) Services provided by an EMT within the scope of their practice as determined by BEMS, and
 - e) Transportation from the pick-up site to the nearest appropriate facility.
 2. Advanced Life Support (ALS) Ground Ambulance Services which must include, but are not limited to:
 - a) An ALS ambulance vehicle, with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services at or above the level of paramedic,
 - b) A driver with a valid Emergency Medical Services Driver Certificate from the state of Mississippi,
 - c) Equipment and supplies as required by BEMS,
 - d) Services provided by a paramedic and/or higher level medical professional within the scope of their practice(s) as determined by BEMS or the appropriate licensing and/or governing board, and
 - e) Transportation from the pick-up site to the nearest appropriate facility.

- B. The Division of Medicaid covers medically necessary emergency air ambulance services in a rotary-wing aircraft that meet the requirements of BEMS which must include, but are not limited to:
1. An air ambulance aircraft, with a BEMS permit, staffed commensurate with the mission statement and scope of care of the medical transport service, as required and/or specified by BEMS.
 2. A pilot who is certified in accordance with current Federal Aviation Regulations (FARs) and meets the appropriate BEMS requirements,
 3. Equipment and supplies as required by BEMS,
 4. Services provided by an air medical paramedic, registered nurse, and/or physician, and
 5. Transportation from the pick-up site to the nearest appropriate facility.
- C. The Division of Medicaid covers emergency or urgent air ambulance services in a fixed-wing aircraft which are medically necessary and meet the requirements of BEMS including, but not limited to:
1. An air ambulance aircraft, with a BEMS permit, staffed commensurate with the mission statement and scope of care of the medical transport service, as required and/or specified by BEMS.
 2. A pilot who is certified in accordance with current FARs and meets the appropriate BEMS requirements,
 3. Equipment and supplies as required by BEMS,
 4. Services provided by an air medical paramedic, registered nurse, and/or physician, and
 5. Transportation from the pick-up site to the nearest appropriate facility.
- D. The Division of Medicaid covers medically necessary neonatal emergency ambulance services that meet the requirements of BEMS.
- E. The Division of Medicaid covers the following in addition to the emergency ambulance service base rate:
1. Ground ambulance mileage to the closest appropriate facility when appropriate documentation is provided.
 2. Air ambulance mileage to the closest appropriate facility when appropriate documentation is provided.

3. Injectable drugs administered by licensed or certified personnel acting within their scope of practice under the direction of medical control, and/or
4. Discarded injectable drugs up to the dosage amount indicated on the single-use vial or package label minus the administered dose(s) if:
 - a) The drug or biological is supplied in a single use vial or single-use package,
 - b) The drug or biological is actually administered to the beneficiary to appropriately address his/her condition and any unused portion is discarded,
 - c) The amount wasted is recorded in the beneficiary's medical record,
 - d) The provider has written policies and procedures regarding single-use drugs and biologicals and bills all payers in the same manner, and
 - e) The amount billed to the Division of Medicaid as a discarded drug is not administered to another beneficiary or patient.

Source: 42 C.F.R. §§ 410.40, 414.605; Miss. Code Ann §§ 43-13-117, 43-13-121; Miss. Admin. Code Title 15, Part 12.

History: Revised to correspond with SPA 23-0004 (eff. 02/01/2023) eff. 05/01/2023; Revised eff. 08/01/2018.

Rule 1.5: Reimbursement

- A. The Division of Medicaid reimburses emergency ground ambulance providers a base rate from a statewide uniform fee schedule in effect on July 1, 2021 based on one hundred percent (100%) of the rate established under Medicare on January 1, 2020:
 1. For only beneficiary loaded trips,
 2. For medically necessary emergency services to the closest appropriate facility for treatment, and
 3. When provided in an appropriate ALS or BLS vehicle that has been licensed by the state that actually transports the beneficiary.
- B. The Division of Medicaid reimburses emergency ambulance providers in addition to the base rate for the following:
 1. Ground ambulance mileage to the nearest appropriate facility according to the methodology described in the State Plan,
 2. Air ambulance mileage to the nearest appropriate facility,

3. The actual units administered of medically necessary injectable drugs, and
 4. Discarded injectable drugs that meet the requirements of Miss. Admin. Code Part 201, Rule 1.3.F.
- C. The Division of Medicaid does not separately reimburse for services and items which are included in the emergency ambulance service base rate including, but not limited to:
1. Assessment of the beneficiary's condition, including vital signs,
 2. Charges for professional services including, but not limited to:
 - a) Physicians,
 - b) Nurses,
 - c) Emergency Medical Technicians, or
 - d) Respiratory therapists,
 3. Supplies,
 4. Equipment,
 5. Non-injectable drugs,
 6. Crystalloid fluids and the administration thereof, and
- D. The Division of Medicaid does not reimburse for emergency ambulance services provided by persons or entities convicted of certain crimes as specified in state or federal law.
- E. The Division of Medicaid does not reimburse for an ALS ground ambulance if only BLS services are provided. The ambulance provider will be reimbursed at the BLS ground ambulance rate for services.
- F. The provider must indicate on the claim the usual charge or charges divided by the number of persons transported when providing emergency services to more than one (1) person in one (1) vehicle or aircraft. [Revised and moved from Miss. Admin. Code Part 201, Rule 1.2.2]
- G. The provider must bill the appropriate:
1. Code applicable to the service rendered, and
 2. Modifier indicating the origin and destination of the trip.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 23-0004 (eff. 02/01/2023) eff. 05/01/2023; Revised eff. 07/01/2021; Revised to correspond with SPA 20-0016 (eff. 07/01/2020) eff. 10/01/2020; Revised and moved Miss. Admin. Code Part 201, Rule 1.1.5.A. to Miss. Admin. Code Part 201, Rule 1.3.F.1, eff. 08/01/2018.

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 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 to correspond with SPA 23-0004 (eff. 02/01/2023) eff. 05/01/2023; 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.