

**Title 23: Division of Medicaid**

**Part 201: Transportation Services**

**Part 201 Chapter 1: Emergency Transportation Services**

*Rule 1.2: Definitions*

- A. Basic life support (BLS) services are defined as non-invasive emergency procedures and services at the level described in the Emergency Medical Technician (EMT) National Standard Training Curriculum including, but not limited to:
1. Initiation of basic airway maneuvers and procedures,
  2. Cardio-pulmonary resuscitation (CPR),
  3. Automated and semi-automated defibrillation,
  4. Hemorrhage control, including direct pressure and tourniquet,
  5. Spinal immobilization and extremity stabilization,
  6. Assistance with childbirth, and/or
  7. Obtaining vital signs.
- B. Advanced Life Support (ALS) services are defined as a sophisticated level of prehospital and interhospital emergency care including, but not limited to:
1. Cardiac monitoring,
  2. Cardiac defibrillation,
  3. Telemetered electrocardiography,
  4. Administration of antiarrhythmic agents,
  5. Intravenous therapy,
  6. Administration of specified medications,
  7. Use of adjunctive ventilation devices,
  8. Trauma care, and/or

9. Other techniques and procedures authorized by the Bureau of Emergency Medical Services (BEMS).
- C. An Appropriate Facility is defined as a facility or institution generally equipped and able to provide the needed treatment for the beneficiary's condition including, but not limited to:
1. Trauma Level I BEMS certified facilities,
  2. Trauma Level II BEMS certified facilities,
  3. Trauma Level III BEMS certified facilities,
  4. Trauma Level IV BEMS certified facilities, and
  5. Other facilities as designated by BEMS and/or the Mississippi Statewide Trauma Plan.
- D. Nearest appropriate facility is defined as one or more facilities closest to the location where the beneficiary is picked up by the ambulance that is generally equipped and able to provide the needed treatment for the beneficiary's condition.
- E. Beneficiary Loaded Mileage is defined as the number of miles from the site where the beneficiary was loaded into the ambulance to the drop-off destination.
- F. Medical Necessity for emergency ambulance transportation, is defined as:
1. The severity of the beneficiary's emergency medical condition is such that the use of any other method of transportation is contraindicated, and
  2. The beneficiary's emergency medical condition requires both the emergency ambulance transportation itself and the level of service provided.
- G. Emergency Medical Condition is defined as a sudden onset of acute symptoms of sufficient severity, including severe pain, such that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the following:
1. Serious jeopardy to the health of the beneficiary,
  2. Serious impairment to bodily functions, or
  3. Serious dysfunction of any bodily organ or part.
- H. Medical Control is defined as directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit BLS and ALS services given by field and satellite facility personnel.

I. Specialty Care Transport (SCT) services are defined as interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle including the provision of medically necessary supplies and services including, but not limited to:

1. Emergency or critical care nursing,
2. Emergency medicine,
3. Respiratory care, and/or
4. Cardiovascular care.

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

History: Revised to correspond with MS SPA 23-0012 (eff. 01/01/2023) eff. 10/01/2023;  
Revised eff. 08/01/2018.

*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.
3. Specialty Care Transport (SCT) Ground Ambulance Services which must include, but are not limited to:
- a) A SCT ambulance vehicle, with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services above the level of EMT-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 specially trained personnel or paramedic with additional training 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.

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