

CHAPTER 10: MEDICAL TRANSPORTATION

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AMBULANCE OVERVIEW

Ambulance transportation is emergency or non-emergency medical transportation provided to Medicaid beneficiaries to and/or from a Medicaid provider for a medically necessary Medicaid covered service when the beneficiary’s condition is such that use of any other method of transportation is contraindicated would make the beneficiary susceptible to injury. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual’s health.

ParticipationTo participate in the Medicaid program, is governed for ambulance providers by must meeting the requirements of La. R.S. 40:-1135.3. Licensing by the Louisiana Department of Health (LDH) Bureau of Emergency Medical Services is also required. Services must be provided in accordance with state law and regulations governing the administration of these services. Additionally, licensure is required for the medical technicians and other ambulance personnel by the LDH Bureau of Emergency Medical Services.

Coverage information by enrollment type is provided in the following matrix:

<u>Enrollment</u>	<u>Non-Emergency Ambulance</u>	<u>Emergency Ambulance</u>
<u>Managed care for physical and behavioral health</u>	<u>MCO</u>	<u>MCO</u>
<u>Managed care for physical health only (CSoC children)</u>	<u>MCO</u>	<u>MCO</u>
<u>Managed care for behavioral health only</u>	<u>MCO</u>	<u>FFS Medicaid</u>
<u>Nursing home residents</u>	<u>MCO</u>	<u>MCO for month of admission*; FFS Medicaid for subsequent months</u>
<u>Children in ICF-IIDs†</u>	<u>MCO</u>	<u>FFS Medicaid</u>
<u>Adults in ICF-IIDs†</u>	<u>FFS Medicaid^</u>	<u>FFS Medicaid</u>
<u>Excluded populations</u>	<u>FFS Medicaid^</u>	<u>FFS Medicaid</u>

† Intermediate Care Facility for Individuals with Intellectual Disabilities

^ Southeastrans is currently authorizing and paying for these transportation services covered by FFS Medicaid.

*During the single transitional month where an enrollee is both in a P-linkage and certified in LTC, the MCO will remain responsible for all transportation services that are not the responsibility of the nursing facility.

Payment to ambulance providers shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed t upon by the transportation broker and the transportation provider in the provider agreement.

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Terms utilized in the published Medicaid fee schedule are defined as follows:

- *Basic Life Support (BLS)*¹: Emergency medical care administered to the EMT-basic scope of practice.
- *Advanced Life Support (ALS)*²: Emergency medical care administered to at least the level of an emergency medical technician-paramedic's scope of practice.
- *Specialty Care Transport*³: Interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

Ambulance providers may bill for mileage to the nearest appropriate facility. Reimbursement for mileage will vary depending on whether the transport is for an emergency or non-emergency event.

Payment for mileage will be limited to actual mileage from point of pick up to point of delivery. Mileage can only be billed for miles traveled with when the beneficiary is in the vehicle ambulance.

Refer to the Hospital Services provider manual for policies related to hospital-based ambulance services.

¹ Defined by *Louisiana Administrative Code*, Title 48:41.6001.

² Defined by *Louisiana Administrative Code*, Title 48:41.6001. Refer to 42 C.F.R. §-414.605 for the distinction between ALS levels 1 and 2.

³ Defined by 42 C.F.R. §-414.605.