



Florida Medicaid

Emergency Transportation Services Coverage Policy

Agency for Health Care Administration

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1.0 Introduction

1.1 Description

Emergency transportation services provide ground and air ambulance transportation in case of emergency.

1.1.1 Florida Medicaid Policies

This policy is intended for use by emergency transportation providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

1.2 Legal Authority

Emergency transportation services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), sections 410.40 and 414, Subpart H
- Sections 409.905 and 409.973, Florida Statutes (F.S.)
- Rule 59G-4.015, F.A.C.

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

1.3.1 Advanced Life Support

Assessment or treatment through the use of techniques described in the Emergency Medical Technician (EMT)-Paramedic: National Standard Curriculum or the National Emergency Medical Services (EMS) Education Standards, provided by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic (also referred to as ALS).

1.3.2 Advanced Life Support, Level 2

Also referred to as ALS2, transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including one of the following:

- At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids)
- Provision of:
 - Manual defibrillation/cardioversion
 - Endotracheal intubation
 - Central venous line
 - Cardiac pacing
 - Chest decompression
 - Surgical airway

- Intraosseous line

1.3.3 Air Ambulance

A fixed-wing or rotary-wing aircraft used for, or intended to be used for, air transportation of sick or injured persons who may require, or are likely to require, medical attention during transport.

1.3.4 Basic Life Support

Assessment or treatment through the use of techniques described in the EMT-Basic National Standard Curriculum or the National EMS Education Standards (also referred to as BLS).

1.3.5 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.3.6 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.3.7 Emergency Ambulance Transportation

Transportation that is necessary when the recipient has an emergency medical condition as specified on the Medical Conditions List.

1.3.8 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.3.9 Ground Ambulance

A privately or publicly owned vehicle that is designed and equipped, used for, or intended to be used for, transportation of recipients who are likely to require medical attention during transport.

Types include:

- ALS
- ALS2
- BLS
- SCT

1.3.10 Levels of Life Support

A set of life-saving measures used to treat an individual with a life-threatening illness or injury until they can be given full medical care at a hospital.

1.3.11 Medical Conditions List

A list published by the Centers for Medicare and Medicaid Services that contains ambulance codes for both emergency and non-emergency conditions based on the recipient's condition at the time of transport, as observed and documented by the ambulance crew.

1.3.12 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.3.13 Provider

The term used to describe any entity, facility, person or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.3.14 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.3.15 Specialty Care Transport

Inter-facility transportation of a critically injured or ill recipient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic that must be furnished by one or more health professionals in an appropriate specialty area (also referred to as SCT).

2.0 Eligible Recipient

2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive

Florida Medicaid recipients requiring medically necessary emergency transportation services. Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance and Copayments

There is no Florida Medicaid coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's General Policies on coinsurance and copayment.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid emergency transportation services.

3.2 Who Can Provide

Services must be rendered by air and ground ambulances licensed by the Florida Department of Health, Office of Emergency Medical Services, in accordance with section 401.251, F.S., and Rule 64J-1.005, F.A.C.

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid reimburses for services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid reimburses for emergency transport:

- To the nearest facility capable of providing appropriate care for the recipient.
- For an emergency medical condition specified on the current Medical Conditions List at the time of transport.

4.2.1 Ground Ambulance

Florida Medicaid reimburses for services using a ground ambulance when the recipient requires at least one of the following:

- ALS
- ALS2

- BLS
- SCT

4.2.2 Air Ambulance

Florida Medicaid reimburses for services using an air ambulance when the recipient's condition meets one of the following:

- A critical emergency situation in which life, limb, or essential body or organ function is jeopardized
- A medical situation in which time constraints make the use of ground ambulance impractical

4.2.3 Inter-facility Transfer

Florida Medicaid reimburses for emergency ambulance transportation when the recipient's level of care, or treatment needs, cannot be met by the originating facility.

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not reimbursed when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not reimburse for the following:

- Transportation to, from, or between facilities based upon the recipient's or their family's preference
- Transporting recipients who expire prior to pick-up

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's General Policies on recordkeeping and documentation.

6.2 Specific Criteria

There is no coverage-specific documentation requirement for this service.

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

7.2 Specific Criteria

There are no specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Claim Type

Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.

8.4 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 Rate

There is no specific rate for this service.