

Bulletin Number: MSA 15-24

Distribution: Ambulance Providers, Medicaid Health Plans

Issued: July 1, 2015

Subject: Medicaid Ambulance Policy Revisions

Effective: August 1, 2015

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services

The purpose of this bulletin is to modify Michigan Medicaid, Children's Special Health Care Services and Healthy Michigan Plan Fee-For-Service ambulance policy pertaining to non-emergent, scheduled, repetitive transports. This policy is effective for dates of service on and after August 1, 2015.

Non-emergent, Scheduled, Repetitive Ambulance Transports

Medicaid covers medically necessary non-emergent, scheduled, repetitive ambulance transports if the ambulance provider secures a written order from the beneficiary's attending physician certifying the medical necessity of the transport. A physician may order non-emergent transportation for a maximum time period of up to 60 days in a single order.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kathy Stiffler, Acting Director
Medical Services Administration