

Ambulance Excluded Services

Excluded Services:

Services that have been excluded from direct reimbursement to ambulance providers are:

- Services that are not medically necessary.
- Services that are included as a part of the base rate.
- Services for beneficiaries in a Nursing Facility (NF) that are reimbursed as part of the facility's per diem or are billed separately by the facility.
- Services to Medicaid Health Plan (MHP) enrollees, except for medically necessary ambulance transports related to dental, substance abuse, and community mental health services.
- Non-ambulance, non-emergency medical transportation that is provided by an MHP.
- Non-ambulance, non-emergency medical transportation is arranged by either the local MDHHS office or an MDHHS-contracted transportation broker who reimburses the beneficiary or the transportation provider directly.

Billing Tip:

An example of services that are not medically necessary is when a beneficiary requests an Ambulance transport to a hospital that is further away from the accident scene than the closest hospital. If this type of transport is requested, it is the responsibility of the beneficiary or the beneficiary's family to pay the difference between what Medicaid would have paid to the closest hospital.