

August 10, 2017

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

The purpose of this letter is to remind Medicaid-enrolled ambulance providers of Fee-for-Service (FFS) requirements of a physician's written order for scheduled, medically necessary, non-emergency ambulance transportation. This letter is also intended to reinforce existing policy pertaining to Medicaid Health Plan (MHP) payment responsibility for emergency ambulance transportation.

### **Non-Emergency Ambulance Transportation**

Medically necessary non-emergency ambulance transports are covered when the transportation is ordered by a physician (MD or DO). The ambulance provider is responsible for securing the written order (e.g., physician certified statement) documenting the medical necessity of the transportation. A licensed Basic Life Support (BLS), Advanced Life Support (ALS), or air ambulance vehicle must provide the transportation.

The physician's written order must include all of the following information to be considered complete:

- The beneficiary's name and their Medicaid identification number;
- The attending physician's National Provider Identifier number, and attending physician or allowed provider signature;
- The type of transport necessary;
- An explanation of the medical necessity for ambulance transport;
- The origin and destination of the transport;
- The beneficiary's diagnosis;
- The frequency of needed transports (for ongoing, planned treatment);
- The type of ongoing treatment (if applicable); and
- The reason ground transportation is not appropriate (if air ambulance transportation is utilized).

Failure to retain completed physicians' orders for non-emergency FFS ambulance runs as described above may result in denial of payment or post-payment adjustment of monies paid. Providers should refer to the Medicaid Provider Manual, Ambulance Chapter, Non-Emergency section, for detailed information regarding non-emergency ambulance transports. The Medicaid Provider Manual can be accessed at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) Click on Policy and Forms >>Medicaid Provider Manual >> Medicaid Provider Manual.

### **Emergency Ambulance Services**

Medicaid Health Plans must reimburse providers for emergency services, consistent with the Emergency Medical Treatment and Labor Act, delivered to an MHP enrollee inside or outside the MHP's service area. Reimbursement for ambulance services provided to MHP enrollees as a result of an emergency response are the responsibility of the MHP, including situations when substance use or behavioral health issues initiated the response. Refer to the Medicaid Provider Manual, General Information, Ambulance, and Medicaid Health Plan chapters for more information.

Questions about this letter may be directed to Nick Norcross, Ambulance Policy Specialist, at 517-284-1215 or email [norcrossn@michigan.gov](mailto:norcrossn@michigan.gov). Thank you for your continued service to Medicaid beneficiaries.

Sincerely

A handwritten signature in cursive script that reads "Chris Priest".

Chris Priest, Director  
Medical Services Administration