



Florida Medicaid

Non-Emergency Transportation Services Coverage Policy

Agency for Health Care Administration
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1.0 Introduction

Non-emergency transportation (NET) services provide transport to recipients when the transport is related to Florida Medicaid-compensable services.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render NET 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>.

1.2 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.

1.3 Legal Authority

NET services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.390
- Sections 409.905 and 409.973, Florida Statutes (F.S.)

1.4 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.

1.4.1 Acknowledgement Period

Time between a recipient's call for service and the provider responding to the call.

1.4.2 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).

1.4.3 Air Ambulance

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

1.4.4 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).

1.4.5 Claim Reimbursement Policy

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

- 1.4.6 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.
- 1.4.7 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.
- 1.4.8 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.
- 1.4.9 Medically Necessary/Medical Necessity**
As defined in Rule 59G-1.010, F.A.C.
- 1.4.10 Non-Emergency 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
 - BLS
- 1.4.11 Personal Assistance**
Help provided to a recipient to successfully use the mode of transport and reach their intended destination.
- 1.4.12 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.
- 1.4.13 Recipient**
For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).
- 1.4.14 Reservation Period**
Time period between a trip reservation request and the date the trip is provided.
- 1.4.15 Scheduled Trip**
A trip that is arranged in advance of medical appointment or service.
- 1.4.16 Trip**
A one-way leg to or from a Florida Medicaid covered service.
- 1.4.17 Trip Reservation**
A request for NET services.
- 1.4.18 Unscheduled Trip**
A trip that is not or cannot be arranged in advance related to a medical appointment or service, for example when a recipient is delayed beyond their originally scheduled pick-up time due to reasons beyond their control.
- 1.4.19 Urgent Care Trip**
A trip that requires transport to medical services that cannot be arranged in advance, without which the recipient could suffer serious injury or disability (e.g., high fever, animal bites, severe pain, fracture, etc.), or which could substantially restrict a

recipient's activity (e.g., infectious illnesses, flu, sudden illness, respiratory ailments, etc.).

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 NET services. Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance and Copayments

Recipients are responsible for a \$1.00 copayment per trip in accordance with section 409.9081, F.S., unless the recipient is exempt from Florida Medicaid copayment requirements, or the copayment is waived by the Florida Medicaid managed care plan in which the recipient is enrolled. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

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 non-emergency transportation services.

3.2 Who Can Provide

Services must be rendered by one of the following using vehicles that meet all applicable licensure and regulatory requirements for passenger transport:

- Commercial airline
- Ground ambulances subcontracted for use as stretcher vans
- Ground and air ambulances
- Mass transit and public transportation systems
- Medical vehicles (wheelchair or stretcher vans)
- Multi-load passenger van
- Private vehicle
- Private non-profit agencies
- Taxi
- Transportation network companies
 - Individual drivers must pass one of the following:
 - A Level I background screening in accordance with section 435.03, F.S.
 - A background screening using a process that yields the same minimum results as a background screening completed in accordance with section 435.03, F.S.

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers 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 covers the most cost effective mode of NET services when:

- The recipient has no other means of transportation.
- The recipient requires assistance during transport to a Florida Medicaid covered service.
- The mode of transport is medically appropriate for the recipient's mental or physical condition as determined by a licensed health care professional.

4.2.1 Out of State Travel

Florida Medicaid covers NET services provided out-of-state, including lodging and per diem payments, when:

- The recipient (or attendant) does not have access to alternate accommodations in accordance with 42 CFR 440.170.
- The Florida Medicaid covered service(s) that will be provided out-of-state are prior authorized.

4.2.2 Inter-facility Transfers

Florida Medicaid covers NET services when the recipient's level of care or treatment needs cannot be met by the originating facility, and the transfer is not solely for the convenience of the recipient.

4.2.3 Escorts

Providers must allow an escort to accompany the recipient, and may not seek reimbursement from the recipient, their parent, legal guardian, or their authorized representative for transporting the escort when the recipient:

- Is blind, deaf, has a mental health disease, or is intellectually disabled.
- Requires personal assistance due to their medical condition.
- Is under the age of 21 years.

The escort cannot be the driver or an employee of the transportation provider.

4.2.4 Recipients Receiving Services at a Prescribed Pediatric Extended Care Center

Recipients requiring NET services to attend a Prescribed Pediatric Extended Care Center (PPEC) center must be accompanied by an escort during transport when it is medically necessary to protect the health and safety of the recipient. Transportation providers must pick up the escort at the PPEC center or a mutually agreed location prior to transporting the recipient(s).

Transportation providers must return recipient(s) to their point of origin prior to returning the escort to the PPEC or the mutually agreed upon location.

4.2.5 Additional Riders

Providers may seek reimbursement from the recipient or their authorized representative for accompanying riders in excess of one child and one escort.

4.2.6 Reservations and Time Standards

Providers may not require reservations to be made more than three business days in advance of the recipient's scheduled appointment, nor require advance reservations for unscheduled or urgent care trips.

4.2.7 Trip and Distance Limits

Providers may not limit the number of Florida Medicaid-compensable trips provided to a recipient (e.g., 100 Florida Medicaid-related trips per recipient).

Providers may not limit recipients to specific medical providers within a geographic range; establish trip zones; or, use similar limitations for the purpose of restricting the distance required to receive Florida Medicaid covered services. The distance from a recipient's address to a Florida Medicaid-compensable service cannot be used as a criterion to deny transportation to medically necessary services.

4.2.8 Lodging and Per Diem

Florida Medicaid covers lodging accommodations and a per diem for meals for all overnight trips required to secure medically necessary Medicaid-compensable services.

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 Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered 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 cover the following:

- NET services for recipients enrolled in the following recipient program codes:
 - Qualified Medicare Beneficiary (QMB)
 - Qualified Medicare Beneficiary Renal (QMBR)
 - Special Low Income Beneficiaries (SLMB)
 - Qualifying Individuals (QI1)
 - Working Disabled (WD)
 - Legal aliens (ALIEN)
 - Family Planning Waiver (FP)
 - Program of All-inclusive Care for the Elderly (PACE)
- NET services to an out-of-state facility when AHCA closes or decertifies a nursing facility
- NET services when transportation is included in another Florida Medicaid compensable service
- Salaries, fees, or other compensation for professional health care attendants or escorts
- Time spent waiting on a recipient to receive a service
- Telephone communications with recipients, their representatives, caregivers, and other providers, except for services rendered in accordance with Rule 59G-1.057, F.A.C.
- Transportation that can otherwise be provided, or arranged, through a home and community-based waiver in which the recipient is enrolled
- Transporting a recipient from a hospital or facility to a behavioral health care facility, if the recipient is receiving services pursuant to the Baker Act (Chapter 394, F.S.)
- Visits to hospitalized or institutionalized family members

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

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 Authorization Requirements Policy.

7.2 Specific Criteria

All NET services must be coordinated and authorized through the transportation broker contracted with AHCA.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to services that are provided through the AHCA's contracted non-emergency transportation broker(s).

8.2 Specific Criteria

All claims for NET services must be submitted to the transportation broker contracted with AHCA.

8.3 Claim Type

Professional (837P/CMS-1500)

8.4 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, incorporated by reference in Rule 59G-4.002, F.A.C.

8.5 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.

8.6 Rate

All non-emergency ground and air ambulance services are reimbursed at the Florida Medicaid established rates. For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

All other NET services are reimbursed at a mutually agreed upon negotiated rate between the transportation broker contracted with AHCA and the provider.

8.6.1 Lodging and Per Diem

Florida Medicaid reimburses for lodging accommodations and a per diem for meals for all overnight trips at the Florida government rate in accordance with section 112.061 F.S.