ALABAMA MEDICAID AGENCY
ADMINISTRATIVE CODE

CHAPTER 560-X-18
TRANSPORTATION SERVICES

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560-X-18-.01 Transportation Services - General.

(1) The Title XIX (Medicaid) Plan for Alabama provides for transportation of eligible recipients to and from sources of medical care. Service will be provided either as a benefit or as an administrative expense through methods ranging from voluntary no-cost to paid ambulance transportation.

(2) The approved plan includes:

(a) Reimbursement of ambulance service for emergency and nonemergency situations without prior approval and special situations with preauthorization given by Alabama Medicaid Agency; and

(b) Coordination with the Department of Human Resources to conduct a program within the counties to arrange for transportation from existing recognized nonprofit volunteer groups.

Author: R. Dale Boyles
Statutory Authority: State Plan; 42 C.F.R. §401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. **Amended:** Effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.02 Definitions.

(1) Recipient - An individual determined to be eligible for Medicaid under the state plan.

(2) Ambulance.

(a) Vehicle specifically designed and equipped for transporting the wounded, injured, ill, or sick. Medicaid recognizes three levels of ambulance services: Basic Life Support (BLS), Advanced Life Support (ALS), and Non-emergency Ambulance Transportation. For a concise definition of these ambulance services refer to the Ambulance (Ground & Air) and/or Non-emergency Transportation (NET) Program chapters of the Alabama Medicaid Provider Manual.

(b) All ambulances licensed and operating in Alabama shall have the essential equipment on board as listed in Rule No. 420-2-1-.04, Ambulance Vehicle Specifications; Emergency Medical Services Rules; Alabama Department of Public Health. Effective date of this publication is January 1991.

(c) Exceptions: The above referred rules, regulations, and standards shall not apply to:

1. Volunteer rescue squads that are members of Alabama Association of Rescue Squads.

2. Ambulances operated by federal agencies.

3. Ambulances which are rendering assistance to licensed ambulances in the case of an emergency in which the licensed ambulances of Alabama are insufficient or unable to provide necessary ambulance services.

4. Ambulances which are operated from a location or headquarters outside Alabama that transport patients from outside the state to locations within the state.

(d) No out-of-state ambulance shall be used to pick up patients for transportation point-to-point within Alabama unless the ambulance operator and ambulance attendant hold current Alabama licenses.

(3) License - No person shall be employed as ambulance attendant, ambulance driver, or ambulance driver-attendant; nor shall any person, firm, or corporation operate an ambulance, or ambulances, on the streets, alleys, or any public way or place in the State of Alabama without having first obtained a valid license from the Emergency Medical Service Division of the Alabama Department of Public Health.

(4) Emergency - Medical conditions of a serious or urgent nature that warrant immediate action to prevent the death or serious impairment of the health of the individual; e.g., accident, heart attack, acute stroke, etc.

(5) Accident - An unexpected happening causing loss or injury to the recipient.

(6) Qualified Provider of Medical Care - The medical source generally available and used by other residents of the community, if that source participates in the Medicaid program.

(7) Evident hardship - May justify an exception from the specific regulation where it is referenced, when the length of the trip, the frequency of the travel or the lack of other practical alternatives makes such an exception reasonable.
Author: Ginger Collum, Program Manager, Clinic/Ancillary Services
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994. **Amended:** Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed July 12, 2001; effective August 16, 2001.

560-X-18-.03 Prior Authorization.

(1) All non-emergency ambulance service rendered to eligible Alabama Medicaid recipients 100 miles or more one way where medical care is received), requires prior authorization.

(2) All requests for prior authorization by the attending physicians or their representatives will be directed to the Medicaid's Fiscal Agent.

Author: Carol Akin, Associate Director, Clinic/Ancillary Services
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994. **Amended:** Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed January 7, 2009; effective February 11, 2009.

560-X-18-.04 Scope Of Ambulance Transportation Service Operations.

(1) All transportation must be medically necessary and reasonable. Documentation must state the condition(s) that show necessity of ambulance service, (and indicate why patient could not be transported by another mode of transportation).

(2) No payment may be made for ambulance service if some other means of transportation could be utilized without endangering the recipient's health.

(3) Emergency ambulance services are provided to eligible recipients between:

(a) Scene (address) of emergency and local hospital.

(b) Nursing home and local hospital.

(c) Local hospital and specialized hospital (Example: from Montgomery and University of Alabama Hospital in Birmingham).

(d) Exception: Ambulance service to a physician's office is not considered an emergency.

(4) Payment may be made if the eligible recipient expires enroute to or from a health care facility. Payment may not be made if the recipient was pronounced dead by a legally authorized individual prior to transport.

(5) More than one eligible recipient may be transferred in the same ambulance at the same time. A separate claim form must be filed for each recipient.

(6) Nonemergency ambulance service is provided to eligible recipients who must be bed-confined or have a debilitating physical condition(s) that require travel by stretcher only and require transportation to receive medical services.
Author: Carol Akin, Associate Director, Clinic/Ancillary Services
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.

History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991; April 14, 1992. **Amended:** Filed July 7, 1994; effective August 12, 1994. **Amended:** Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed July 12, 2001; effective August 16, 2001. **Amended:** Filed May 10, 2002; effective June 14, 2002. **Amended:** Filed January 7, 2009; effective February 11, 2009.

560-X-18-.05 Ambulance Service Participation.

(1) All in-state and borderline out-of-state providers (within a 30-mile radius of the state line), in compliance with Rule No. 560-X-18-.02(2)(b) above, will be afforded an opportunity to sign an ambulance service contract with Alabama Medicaid Agency, to participate in the program for providing ambulance service to Title XIX eligible recipients. Written enrollment requests should be forwarded to Transportation Services, Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36104.

(2) The following items require that a new Ambulance Service contract be entered into with the Alabama Medicaid Agency:

(a) Expiration of State License and new license issued.

(b) Change of ownership.

(3) The fiscal agent will be responsible for enrolling any Title XVIII (Medicare) qualified ambulance service that wishes to enroll in the Medicaid Transportation Program as a QMB-only provider.
Author: R. Dale Boyles
Statutory Authority: State Plan; Attachment 3.1-A; Title XIX, Social Security Act; 42 C.F.R. Sections 431.53, 441.62. Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360).
History: Rule effective October 1, 1982. **Amended:** Filed May 9, 1984; January 1, 1987; July 13, 1989. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991; April 14, 1992. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.06 Payment For Services.

(1) The transportation provider is responsible for completion of the HCFA 1500 claim form. All claims submitted will be required to include the diagnosis code, modifiers, and indicators as appropriate.

(2) Payment for ambulance services shall be based on the lesser of the submitted charge or Alabama Medicaid's statewide ambulance service rate. These payments shall not exceed combined payments for providing comparable services under comparable circumstances

under Medicare and/or more than the prevailing charges in the locality for comparable services under comparable circumstances.

(3) Air transportation for adults 21 years of age and older will be reimbursed at the emergency ground rate.

(4) Ambulance services billed will be commensurate with services actually performed. Services rendered are independent of the type of call received or the type staff/equipped ambulance service responding.

(5) An Alabama Medicaid Provider may bill an Alabama Medicaid recipient when the recipient has exhausted all of his/her allowed Medicaid benefits for the calendar year, or when the service rendered by the provider is a non-covered benefit as outlined in the Alabama Medicaid Agency Administrative Code.
Author: Ginger Collum, Program Manager, Clinic/Ancillary Services
Statutory Authority: State Plan; 42 C.F.R. §§401, et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Amended:** July 9, 1984. Amended effective July 9, 1984; January 1, 1987; July 13, 1989. **Amended:** Filed July 7, 1994; effective August 12, 1994. **Amended:** Filed May 10, 2002; effective June 14, 2002.

560-X-18-.07 Time Limitation For Filing Medicaid Claims.

Claims for payment (appropriate forms provided by fiscal agent for Medicaid) from provider of service shall be submitted to fiscal agent for Medicaid within one year of the date of service.
Author: Charles A. Reasner, James V. Harris, R. Dale Boyles.
Statutory Authority: State Plan; 42 C.F.R. §§401 et. seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. Amended effective July 9, 1984; January 1, 1987. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.08 Third Party Responsibility.

(1) Please refer to Chapter No. 560-X-20, Third Party, for information concerning filing insurance and release of information pertaining to recipients' changes.
Author: R. Dale Boyles
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. Effective date of this amendment December 6, 1984. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.09 Individuals Eligible For Both Medicare And Medicaid.

(1) An individual who is either sixty-five (65) years of age or older, who is under sixty-five (65) years of age, and who has been receiving green Social Security disability checks for twenty-four (24) consecutive months, who presents a current white Medicaid Eligibility Card without a Medicare Claim Number should be questioned about coverage under Medicare.

(2) If the recipient does not have a Medicare card and if he/she has not applied for Medicare, he/she should be advised to contact the District Social Security Office immediately.

(3) Claims should not be filed with Medicaid until the Social Security Office makes a determination about eligibility for Medicare.

(4) Please refer to Chapter 1, General.
Author: Sheila G. Dunbar, R. Dale Boyles
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. Amended effective December 6, 1984. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.10 Volunteer Services.

Alabama Medicaid Agency and the Department of Human Resources (county level) shall work for procurement of additional volunteer transportation support from volunteer groups and nonprofit organizations.
Author: R. Dale Boyles
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.11 Out-Of-State Transportation.

(1) All written or verbal communications pertaining to Alabama Medicaid recipients from out-of-state physicians or providers of ambulance transportation, will be referred to Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36104.

(2) Appropriate billing forms will be provided at a fee to ambulance service providers upon request.

(3) Payment will be as stated in Rule No. 560-X-18.07.

(4) Processing for payment will be the same as Rule No. 560-X-18-.13(6) and (8).

(5) All out-of-state providers of ambulance service are responsible for compliance with all applicable paragraphs of this Alabama Medicaid Regulations Manual, when requesting payment for service provided an eligible Alabama Medicaid recipient.
Author: R. Dale Boyles
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991.
Amended: Filed July 7, 1994; effective August 12, 1994.

560-X-18-.12 Providers Of Service Procedures.

(1) To be eligible for participation in the Alabama Medicaid Ambulance Program and to receive payment for service, each provider of ambulance service in Alabama in compliance with Rule No. 560-X-18-.02(2) must enter into a written agreement with Alabama Medicaid Agency.

(2) Ambulance Service Agreement (contract) available from the Alabama Medicaid Agency, must be completed in two (2) copies.

(3) Contract must be approved by Alabama Medicaid Agency with an effective date for payment of Medicaid covered ambulance services. The effective date of the contract will be the first day of the month the Agency signs the contract.

(4) The Ambulance Service Agreement (contract) may be terminated for failure of the parties to fulfill one or more of the contract provisions. Medicaid reserves the right to immediately terminate a contract in the event of fraud or a criminal conviction.

(5) Each party may terminate the agreement on thirty (30) days written notice.

(6) The permanent record copy which fully discloses the extent and cost of services, equipment, or supplies furnished eligible recipients must be maintained by the provider and available for audit by State and Federal auditors for a period of three (3) years.

(7) Providers of transportation are responsible for verifying the recipient's current Medicaid eligibility.

(8) All required blanks and spaces on the claim form must be completed before submitting it to the Medicaid fiscal agent for payment.
Author:
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. Effective date of amendment January 1, 1987. **Emergency rule** effective June 28, 1991. **Amended:** effective October 12, 1991. Effective date of amendment January 13, 1993, October 14, 1993. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.13 Providers Of Ambulance Service Responsibilities.

(1) Act No. 645 passed by the 1976 Regular Session of the Legislature of Alabama provided that any person who, with intent to defraud or deceive, makes or causes to be made, any false statement or representation of material fact in any claim or application for any payment, regardless of the amount from Alabama Medicaid Agency, knowing the same to be false, shall be guilty of a felony.

(2) All services will be provided without discrimination of race, color, or national origin, as in accordance with the provisions of Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973.

(3) The provider of Ambulance Services, will assume all responsibility for operation of the service if a medical/legal accident should occur.
Author: James V. Harris, R. Dale Boyles.
Statutory Authority: State Plan; 42 C.F.R. §§401 et seq.; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. Amended effective January 1, 1987. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991; effective January 13, 1993. **Amended:** Filed: September 8, 1993; effective October 13, 1993. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.14 Assuring High Quality Care.

Under the provisions of Federal and State law, Medicaid must establish a mechanism to ensure that all such care is of good quality and that the service(s) for which billing was made, conforms to that which was done. See Chapter 2, Rule 560-X-2-.01(2) and (3) for criteria.
Author: R. Dale Boyles
Statutory Authority: State Plan; 42 C.F.R. §401 et seq.; Title XIX, Social Security Act.

History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. **Amended:** Filed July 7, 1994; effective August 12, 1994.

560-X-18-.15 Air Transportation Services.

(1) Covered Services

(a) Air transportation services are covered for adults and children with authorization required prior to payment. Air transportation may be rendered only when basic and advanced life support land ambulance services are not appropriate. Medical appropriateness may be established when the time of need to transport by land or the instability, inaccessibility, or other obstacles to land transportation poses a threat to survival or seriously endangers the recipient's health. In certain cases when time required to transport by land as opposed to air endangers the recipient's life or health, services may be authorized. Air transportation will not be provided for convenience.

(b) Medicaid requires that the patient is taken to the nearest hospital having appropriate facilities, physicians, or physician specialist needed to treat the patient's condition. The hospital must also have a bed or specialized treatment unit immediately available. If the patient is not taken to the nearest appropriate hospital, payment will be limited to the rate for the distance from the pick-up point to the nearest appropriate hospital.

(c) If it is determined that land ambulance service would have been more appropriate, payment for air transportation will be based on the amount payable for land transportation. Trips less than 75 loaded air miles are not considered to be appropriate unless extreme, extenuating circumstances are present and documented.

(2) Enrollment - Air ambulance providers must be enrolled as a Medicare provider and if required, licensed by the state in which services are provided.

(3) Authorization Approvals - All air transportation must be approved by the Alabama Medicaid Agency. Requests must be received by Medicaid’s Fiscal Agent no later than the tenth business day after the service was rendered. Written requests must include:

(a) Diagnosis.

(b) Any other pertinent medical data as deemed necessary to document air transportation.

(c) Any services requiring immediate transportation requires the above documentation, a copy of the flight record, and progress notes from institution that requested air transport and documentation of reason why ground transport is not feasible.

(4) Claims - After written requests have been approved an authorization number will be assigned by Medicaid's Fiscal Agent. Claims should then be submitted to Medicaid's Fiscal Agent for payment consideration. Claim forms are furnished by the Fiscal Agent. Providers are limited to billing only those procedure codes listed in the Air Ambulance Provider Billing Manual. Only one lift-off fee will be reimbursed per trip.
Author: Ginger Collum, Program Manager, Clinic/Ancillary Services
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. **Emergency rule** effective June 28, 1991. Amended effective October 12, 1991. Effective date of amendment is April 14, 1992; April 15, 1993. **Amended:** Filed July 7, 1994; effective August 12, 1994. **Amended:** Filed September 8, 1998; effective October 13, 1998. **Amended:** Filed February 8, 2002; effective March 15, 2002. **Amended:** Filed May 10, 2002; effective June 14, 2002. **Amended:** Filed May 12, 2004; effective June 16, 2004.

560-X-18-.16 Non-Emergency Transportation NET - General.

(1) As the State Agency for administering the Non-Emergency Transportation Program, under Title XIX of the Social Security Act, the Alabama Medicaid Agency must ensure that transportation for Medicaid covered medical services is available for all eligible recipients in the state who have no other means of transportation.

(2) Medical transportation services include transportation of a Medicaid recipient to and from Medicaid covered medical services for which a recipient has available benefits.

(3) In order to eliminate or reduce transportation barriers for Medicaid recipients, Medicaid created the Non-Emergency Transportation Program (NET). NET is responsible for ensuring that necessary non-ambulance transportation services are provided in a manner that is:

(a) similar in scope and duration state-wide, although there will be some variation depending on resources that are available in a particular geographical location of the state;

(b) consistent with the best interest of recipients;

(c) appropriate to available services, geographic location and limitations of recipients;

(d) prompt, cost effective and efficient.

(4) All payment for Non-Emergency Transportation services must have prior authorization by the Alabama Medicaid Agency, with the exception of those services listed in Rule 560-X-18-.04(6), and those services requiring urgent care.

(a) Urgent care is defined as medical care that is required after normal business hours.

(b) Request for reimbursements for Non-Emergency Transportation as a result of urgent care, must be made the first business day after the transportation need has occurred.

Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: Rule effective April 14, 1992. **Repealed:** Filed July 7, 1994; effective August 12, 1994. **New Rule:** Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.17 NET Trip Eligibility.

(1) Eligible recipients must receive the least expensive appropriate transportation that does not endanger their health, to facilities that are accessible and appropriate for Medicaid covered medical services for which a recipient has available benefits.

(2) Recipients who request out-of-state transportation to medical facilities must have a physician submit to the Alabama Medicaid Agency a physician's statement which justifies the need for medical services out-of-state and that such services cannot be obtained in-state.

Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.18 Reimbursement For NET.

(1) Reimbursement for transportation services is furnished through an Electronic Benefit Transfer System (EBT) process wherein the recipient uses the reimbursement to purchase transportation. Non-emergency ambulance transportation is reimbursed fee for service.

(2) A tiered fee for transportation payment structure is utilized based upon factors such as: mileage; client's physical, mental or medical condition; whether the recipient is ambulatory or recumbent; prevailing rates in the region; availability of transportation resources; level of appropriate transportation required; and whether they are transported by a family member, commercial carrier, or ambulance transporter.
Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.19 Administration Of The NET Program.

(1) The Alabama Medicaid Agency staff, including Regional NET Coordinators and Central Office staff, serve as the point of contact and assist with scheduling the least expensive appropriate NET on a statewide basis. Recipients must contact the Agency to request transportation assistance five days prior to the needed transportation or within 24 hours after urgent care appointments. The Alabama Medicaid Agency arranges necessary non-emergency transportation services for Medicaid recipients. The responsibilities of the NET Program include, but are not limited to, the following:

(a) Determine availability of free transportation; this includes recipient's vehicle, transportation by relative or friend or volunteer services. Medicaid reimbursements are not awarded if recipient has access to free transportation, except in the case of evident hardship.

(b) Determine mileage reimbursement for recipient's vehicle or friend, relative or volunteer driver.

(c) Determine evident hardship.

(d) Verify eligibility; no reimbursement is available for transportation to/from non-covered medical services.

(e) Verify scheduled medical appointment.

(f) Determine the least costly appropriate means of transportation services.

(g) Assign prior authorization number

(h) Coordinate in state and out-of-state commercial bus, train, or air transportation; Approve the use of commercial buses, trains or airplanes for in-state and out-of-state use for Medicaid recipients.

(i) The Alabama Medicaid Agency may issue a travel reimbursement through Electronic Benefit Transfer (EBT) for the cost of fare for recipients who are able to ride public transportation to medical services; public transportation should be utilized whenever possible; before other modes of more expensive transportation are authorized, there should be a determination that public transportation cannot meet the recipient's needs.

(j) Issue reimbursements to the recipient or redirect the reimbursement on behalf of the recipient to an address determined to be more appropriate than the address on file

(k) Compile information on all certified and licensed transporters.

(l) Complete retrospective utilization review of transportation reimbursements issued.

(2) Alabama NET Program is operated by Agency staff as an administrative service. Alabama provides for methods of administration that are necessary for the proper and efficient operation of the program.
Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.20 NET Escorts.

(1) An escort is defined as an individual, other than an employee of a Transporter, whose presence is required to assist a recipient during transport and while at the place of treatment. An escort is typically a relative, guardian, or volunteer. Only one escort is covered per recipient in need and there must exist an identifiable need for the escort. Escort services are utilized in-state or out-

of-state for recipients over 21 years of age only when a physician's statement documents that an escort is required because the recipient is blind, deaf, intellectually disabled, or mentally ill or physically handicapped to such a degree personal assistance is necessary.

(2) Escorts are allowed for recipients under the age of 21.

(3) The Alabama Medicaid Agency must obtain a medical certification statement from the individual requesting an escort for recipients age 21 and over before reimbursement can be made. The certification must document that the recipient is physically or mentally challenged, such as:

(a) blind;

(b) deaf;

(c) intellectually disabled;

(d) mentally ill; or

(e) physically handicapped to such a degree that personal assistance is necessary.

(4) Escort services for commercial bus, train, and airplane transportation are reimbursed for the actual cost of the bus, train, or plane ticket.

(5) Meals and lodging, when overnight travel is necessary, for the recipient and one escort when an escort is required and authorized. Receipts or confirmation of expenses are required before reimbursement can be made. In no case will reimbursement exceed $50.00 per person, per day.

Author: Angela Johnson-Groves, Associate Director, Transportation Unit

Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.

History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010. **Amended:** Published January 31, 2024; effective March 16, 2024.

560-X-18-.21 Scope Of NET Service.

(1) NET reimbursements will be issued for transportation costs to and from covered necessary medical services for which the recipient has benefits available as defined at 42 CFR 440.210 including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), inpatient hospital services, outpatient hospital services, Federally Qualified Health Center (FQHC), rural health

clinic services, laboratory and x-ray services, breast and cervical cancer services, physician services, medical and surgical services of a dentist, medical equipment (e.g. orthotic and prosthetic), and pregnancy/family planning services.
Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.22 Modes Of NET.

(1) Net services may be provided by one or more of the modes listed below when the recipient's medical care is necessary and the recipient has no other transportation resources. The least costly mode of transportation appropriate to the needs of the recipient must be used. This section includes all services covered by the NET Program:

(a) Automobile (volunteer driver); multiple passenger transportation is encouraged. Volunteer drivers can be reimbursed from the recipient's home (or place of admission or discharge) and return, unless Medicaid determines paying for additional mileage is the most economical transportation;

(b) Transportation provided by relatives or individuals living in the same household with the Medicaid recipient;

(c) Transportation provided in the Medicaid recipient’s vehicle or relative’s vehicle;

(d) minibus services;

(e) wheelchair vans services. Escorts are allowed for wheelchair vans when prior approved by the Alabama Medicaid Agency;

(f) bus (commercial or city transit); this service may be provided in-state or out-of-state;

(g) airplane transportation will be reimbursed for in-state or out-of-state service;

(h) train service may be provided in-state or out-of-state;

(i) ambulance.
Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program

Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.23 NET Service Limitations.

(1) A maximum of one round trip may be reimbursed per date of service per recipient, without prior authorization exception.
Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.
History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.24 Non-Covered NET Services.

(1) When appropriate free transportation is available.

(2) any travel when the Medicaid recipient is not an occupant of the vehicle unless that would be the most economical transportation available;

(3) meals and lodging for volunteer drivers;

(4) the use of supplies such as oxygen, intravenous fluids, etc.;

(5) transportation for any services other than those covered by Medicaid;

(6) transportation provided after the death of a Medicaid recipient;

(7) minibus or wheelchair van travel outside a 30-mile radius of the state boundary;

(8) services for which prior approval is required but not obtained; and

(9) services are not medically necessary or which are not provided in compliance with the provision of this chapter.
Author: Dorothy Powell, Associate Director, Non-Emergency Transportation Program
Statutory Authority: State Plan; 42 C.F.R. §431.53; Title XIX, Social Security Act.

History: New Rule: Filed February 7, 1996; effective March 14, 1996. **Amended:** Filed August 11, 2010; effective September 15, 2010.

560-X-18-.25 NET Provider And Driver Requirements-Exclusions.

The Medicaid Coverage of Certain Medical Transportation under the Consolidated Appropriations Act, 2021 (Public Law 116-260) established provider and driver minimum requirements for participation in NET, excluding any public transit authority. Provider(s) and driver(s) must adhere to the following:

(1) Exclusions

(a) Provider(s) and individual driver(s) must not be excluded from participation in any federal health care programs (as defined in section 1128B(f) of the Act).

(b) Provider(s) and individual driver(s) must not appear on the Inspector General of the Department of Health and Human Services exclusion list.

(2) Individual driver(s) must possess a valid driver's license.

(3) Provider(s) must have in place a process to address any violation(s) of state drug laws by an individual driver.

(4) Provider(s) must have in place a process to disclose to the state Medicaid program the driving history, including any traffic violations of each such driver employed by the Provider(s).

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Statutory Authority: State Plan; 42 C.F.R., Section 431.53, and Title XIX, Social Security Act.
History: New Rule: Published May 31, 2022; effective July 15, 2022.