

State Implementation of Transportation Requirements

STATE	EMERGENCY TRANSPORTATION	NON-EMERGENCY TRANSPORTATION	EXPLANATION OF COVERAGE
Alabama ^A	Emergency ambulance services are covered within limits in the states' Medicaid plan.	Non-emergency ambulance services are covered within limits in the state's Medicaid plan. Prior authorization is required for the following non-emergency ambulance services: (a) more than two trips per recipient per month from home to a treatment facility or from home to a hospital or specialized clinic for diagnostic test or procedures for recipients who are invalids; and (b) trips outside the local area.	The patient's medical condition must warrant ambulance use as certified by the attending physician. Air transportation services are covered only (a) for children under age 21 who are referred through EPSDT screening, (b) when basic and advanced life-support land ambulance services are not appropriate, and (c) with approval by the state program prior to payment.

^A Administrative Expense

^O Optional Medical Service

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Alaska ^o	Emergency transportation is provided to the nearest facility offering emergency medical care. Services of an emergency air ambulance or an accompanying escort require authorization no later than the first working day following travel.	Non-emergency transportation requires prior authorization and must occur on weekdays during normal working hours.	Ground ambulance service is approved for only a one-way trip at a time.
Arizona ^o	Ground or air ambulance transportation to the nearest appropriate facility is covered in emergencies when no other appropriate transportation is available, provided that the ambulance company notifies the recipient's health plan or the state agency within 10 working days after the date of transport.	Other medically necessary transportation (including an attendant's meals, lodging, and salary not exceeding the federal minimum wage) requires prior authorization by the recipient's health plan or the state agency.	Transportation by the recipient's family, friends, or neighbors is reimbursable if ordered by a physician and free or public transportation is not available.

[^] Administrative Expense

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Arkansas ^o	Emergency ambulance service is covered only through licensed ambulance companies.		Public carrier services are available from enrolled Medicaid public transportation providers, including taxis, wheelchair vans, or buses within established limits. Volunteer carriers must be registered by the state Medicaid agency, and care must be part of a case plan. Non-public transportation services are covered when provided by an enrolled Medicaid transportation provider. The least expensive method of transportation, commensurate with the recipient's needs, to and from service providers is assured. The costs of meals and lodging en route to and from care providers are covered.

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California ^o	Emergency transportation to the nearest qualified facility does not require prior authorization.	Non-emergency medical transportation is subject to prior authorization, except when provided to a patient being transferred under circumstances specified by the state. It is covered when necessary to obtain program covered services if the patient's condition precludes use of ordinary public or private conveyances.	Transportation is limited to the least expensive of the following modes that is medically appropriate and available: (a) air ambulance; (b) ambulance; (c) litter van; or (d) wheelchair van.
Colorado ^o		Prior authorization is required for non-emergency transportation by plane, train, taxi, mobility van services, or private automobile.	The state's Medicaid program pays for the least expensive medically necessary transportation that is suitable to the patient's condition unless such transportation is available without charge. Certification of medical necessity by the attending physician is required for air ambulance, land ambulance, or wheelchair car services.

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Connecticut ^o	Prior authorization is required except in emergencies and for designated diagnoses and medical conditions.		Transportation is provided through organizations contracted by the state when it cannot be provided through the client's own resources or by a volunteer agency. The organization will authorize, arrange and provide transportation through subcontracts for private automobile, bus, taxi, livery, invalid coach, train, travel agent, and air transportation.
Delaware ^o			Necessary transportation to and from Medicaid-covered care includes ambulance, taxicab, common carrier, and other appropriate means.
District of Columbia ^o	Emergency ambulance services are provided by the D.C. Fire Department.		

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Florida ^o	Prior authorization is generally required except in emergencies.	Services are available from public, private, and commercial sources.	Coverage excluded: (a) transportation by ambulance for ambulatory patients; (b) ambulance service to a physician's private office; (c) transportation to pharmacies; and (d) transportation of nursing home patients to a physician's office to fulfill utilization control requirements.

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Georgia ^o	Emergency ambulance services are provided only when medically necessary and the recipient's physical condition contraindicates use of other methods of transportation.	Non-emergency transportation when necessary to and from providers is provided when recipient has no other transportation resources and if certain medical conditions are met.	Prior approval is required for: (a) transportation of more than 150 miles one way from institution to institution; (b) transportation by air ambulance; (c) all ambulance transportation of more than 50 miles out-of-state; and (d) services not an emergency nature but requiring services of an EMT and life sustaining equipment provided in the ambulance. Services are not covered in the following circumstances without prior justification: (a) recipient is ambulatory; (b) recipient's condition would not ordinarily require movement by stretcher; (c) ambulance was used solely because other means of transportation were unavailable; (d) recipient was transferred to another facility at his/her request; (e) transportation of a recipient pronounced dead at the scene before the ambulance was called (if the recipient was pronounced dead after the ambulance was called by before

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Georgia ^o (continued)			<p>obstetrical delivery; (g) the recipient requested transportation to a more distant hospital/health care facility to receive services of a specific physician of the recipient's choice; (h) non-emergency ambulance transportation of a convalescent type; (i) ambulance service to the physician's office or physician directed clinic; (j) transportation by helicopter. Prior approval is required for: (a) taxi transportation unless medically justified; (b) out-of-state travel, meals, and lodging; (c) out-of-local service area taxi including out-of-state taxi service used in conjunction with in-state or out-of-state commercial bus, train, or airplane; (d) any transportation involving meals and lodging for more than five days; and (e) transportation by commercial airline. Minibus, non-emergency stretcher, and wheelchair van services are limited to 15 miles one way for recipients in urban counties</p>

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Georgia ^o (continued)			in urban counties and 100 miles for those in rural counties. Services are limited to 24 non-emergency one-way trips per recipient per year. Not covered services include but are not limited to: (a) transportation provided by individuals living in the same household with the recipient; (b) transportation in the recipient's vehicle, driven by the recipient or another person; (c) transportation for educational purposes, vocational training, or other non-medical activities; (d) meals and lodging for volunteer drivers; and (e) medical supplies such as oxygen and intravenous fluids.

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Hawaii ^o		Prior authorization is required for: (a) non-emergency ground and air ambulance services; (b) an attendant during air travel; and meals and lodging.	Covered are: (a) air and ground ambulance services; (b) inter island transportation by common air carrier; (c) medical taxi services; (d) transportation by special non-emergency vehicles such as HandiCabs; (e) services of an attendant during air travel; (f) meals and lodging for the recipient and an attendant; and (g) oxygen and similar lifesaving measures. Medical taxi services are limited to trips to and from a physician's office, clinic, hospital, or airport and the patient's home.
Idaho ^o	Prior authorization is required except in emergencies.		Included services are: (a) ambulance services; (b) public transit; (c) charter services (including air ambulance); and (d) private vehicles. Transportation to medical facilities for the performance of excluded procedures is not covered.

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Illinois ^o	Ambulance, taxicab, and other transportation require prior authorization except in emergencies.		Ambulance service may be provided without prior authorization to transfer a patient from one hospital to another and for clients residing in long term care facilities.
Indiana ^o	Emergency ambulance and trips to/from a hospital for inpatient admission/discharge are exempt from the numeric cap and do not require prior authorization.		Covered transportation includes:(a) taxicab, train, or bus services; (b) ambulance services; (c) intrastate wheelchair/non-ambulatory services; (d) intrastate commercial ambulatory services provided in vehicles such as vans, taxis, and buses; (e) transportation provided by a family member; and (f) airline and air ambulance services.

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Iowa ^A			Ambulance service is covered as under Medicare. The program provides for the least expensive mode of transportation suitable to the patient's medical needs when payment is not available from other sources and when the following conditions are met: (a) the source of care is located outside the town or city limits of the community in which the recipient lives or the recipient lives in a rural area and must travel to a city or town to receive necessary medical care; or (b) the specific type of medical care required by the recipient is not available in the community of residence or the recipient has been referred by the attending physician to a specialist in another community. Services of an escort are covered when necessary.

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Kansas ^o	Emergency transportation is covered without prior authorization.	Non-emergency ambulance service requires prior authorization for trips exceeding 100 miles one way and is covered only to the appropriate facility nearest to the patient's home or between institutions.	Non-ambulance medical transportation is limited to trips over 50 miles one way unless the trip: (a) is for emergency care; (b) provides alternative to institutional care; (c) is for an EPSDT child; or (d) is for a pregnant woman to receive prenatal services. For non-ambulance medical transportation: (a) waiting time is allowed only when the provider is not a member of the recipient's household; (b) subsistence is allowed for the recipient and one attendant; and (c) prior authorization is required except in emergencies.

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Kentucky ^o	Emergency ambulance service is covered when transporting to the nearest appropriate facility.	Non-emergency ambulance service is covered when transporting to a hospital, clinic, physician's office, or other health facility with prior authorization.	Ambulance service is covered when other transportation is contraindicated. Non-ambulance transportation to and from medical care providers except pharmacies may be preauthorized on the basis of medical necessity. Post-authorization may be obtained if the need for transportation arose and was fulfilled outside normal working hours, provided that payment has not been made.
Louisiana ^o	One-way emergency transportation to the nearest appropriate hospital is covered if a physician verifies that it is medically necessary.	Non-emergency transportation is covered for the least expensive appropriate means when needed to secure services covered by Medicaid when it is established that the transportation is not available from other sources or programs. Non-emergency transportation requires two days of advance notice by the beneficiary.	

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Maine ^o			Prior authorization is required for certain services.
Maryland ^A			Ambulance and wheelchair van transportation services are furnished upon a physician's order to and from a hospital, between nursing homes when there is an emergency closing of a nursing home, or when a patient needs a level of care not available at the facility requesting the transfer. Prior authorization is required unless the service is covered and approved by Medicare. The state no longer pays general transportation providers directly but assures transportation to and from medically necessary services by awarding transportation grants to local health departments and other entities in the counties, municipal corporations, and nonprofit organizations. The grantees must screen transportation requests and must arrange, purchase, or provide transportation.

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Massachusetts ^A	Coverage is limited to the recipient's locality except when the needed care is not locally available. When medically appropriate, emergency ambulance service is covered—the emergency must be supported by hospital records.	Non-emergency ambulance service is covered when medically appropriate—a medical necessity form must be completed by the attending physician or his designee.	Chair car service is covered when medically appropriate—the practitioner's completion of medical necessity form and/or prior authorization by the program are required. Taxi service is covered when medically appropriate—a physician's or dentist's prescription justifying need for such service and prior authorization by the program are required. Dial-a-ride service is covered when medically appropriate— prescription and authorization are the same as for taxi service. Airplane, train, boat or bus transportation is covered when medically appropriate—prior authorization is required except for rapid transit and local buses. Private transportation is covered when medically appropriate— this requires prior authorization and is covered only if public transportation suitable to the recipient's medical needs is unavailable. Services provided through

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Michigan ^A	Ambulance services are covered in emergencies or when less costly transportation is medically inappropriate.		Air or water ambulance services to or from a hospital are covered when: (a) ordered in writing by a physician; (b) road travel would endanger the recipient's life; (c) hospitalization involves surgery or treatment, not merely diagnosis; and (d) local facilities do not provide the necessary care and services required for the recipient's condition.
Minnesota ^A	Air ambulance transport is covered for life-threatening conditions that do not allow for the use of another means of transportation.		Services must be medically necessary. Transportation must be to or from a covered service. Transportation between providers is covered with limitations specified by the program.

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Mississippi ^A	An emergency is defined as any ambulance service determined to be medically necessary as certified by a physician, EMT, or law enforcement official at the scene of an accident. Emergency ambulance services are further limited to trips to or from a hospital or nursing home.	Other transportation to obtain medical care requires certification through provider arrangements with the State Department of Human Services and the State Department of Health.	
Missouri ^{AO}	Ambulance service is provided to the nearest appropriate hospital or emergency room only when an emergency medical situation exists and only when the patient cannot be safely transported by any other means. Emergency air ambulance service may be covered under certain circumstances as specified by the state.		

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Montana ^o	Ambulance services are covered when emergency treatment is required or when a less expensive means of transportation would endanger the patient's health.	Specialized non-emergency transportation is covered with prior authorization for physically handicapped individuals to obtain medically necessary Medicaid services.	Transportation and per diem costs are covered with prior authorization for transportation of a recipient and a necessary attendant; per diem costs are limited to meals and lodging. Out-of-state travel is covered with prior authorization when medical care cannot be reasonably obtained within the state.
Nebraska ^o	The state's Medicaid program covers medically necessary ambulance services that are provided during an emergency or while the recipient is receiving emergency medical care.	Transportation may be covered for trips necessary to obtain medical treatment when no other means of transportation are available.	Transportation for parents, caretakers, or attendants is also covered for individuals when no other means of transportation is available. Ambulatory room and board is covered under conditions specified by the program.

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Nevada ^{AO}	Emergencies do not require prior authorization.		Transportation requires prior authorization and is covered only to obtain Medicaid-covered services at the nearest appropriate location, and is limited to the least expensive of the following modes suitable to the patient's condition: (a) air ambulance; (b) ambulance; (c) Medi-car; (d) taxi; (e) bus or airline; or (f) private car. Services of an attendant are covered if medically necessary, but meals, lodging, waiting time, stairs, plane loadings, and in-town mileage are not.

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New Hampshire ^{AO}			<p>Ambulance service must be certified as medically necessary by a physician, and a Medicare certificate of medical necessity must be attached to each invoice. It is covered to and from the nearest appropriate facility the same as for Medicare when ordered by a physician or other qualified person and other methods are medically inadvisable. Coverage does not extend to use for a patient's convenience or transportation to and from a physician's office. Wheelchair van service must be certified as medically necessary by the recipient's attending physician or by the director of nursing at the recipient's nursing home. Wheelchair-bound recipients can use this service for up to 24 one-way or round trips per year to and from hospitals, clinics, nursing homes, rehabilitation centers, and physicians' offices. Up to two hours of waiting time is permitted per round trip.</p>

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New Hampshire ^{AO} (continued)			by a medical service provider to the provider's location of service is not required.
New Jersey ^{AO}			Covered are: (a) ambulance service when other transportation is medically contraindicated; (b) invalid coach service when the patient cannot use public conveyances—prior authorization is required, except that post authorization may be substituted in extenuating circumstances; and (c) aircraft transportation when found to be medically or economically preferable—prior authorization is required. Transportation by public conveyance (taxi, train, bus, etc.) is not funded directly by Medicaid but may be secured under arrangements with county welfare agencies.
New Mexico ^O	Emergency transportation is reviewed retrospectively to determine the necessity.		Out-of-state transportation services are available only when services cannot be obtained in state or the physician provides adequate justification.

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New York ^{AO}	Prior authorization is required for all transportation services except in emergencies.		Included are ambulance, invalid coach, taxicab, common carrier or other appropriate means, the patient's meals and lodging, and a medically or otherwise necessary attendant to accompany the patient, including the attendant's meals, lodging and salary, except that no salary is paid to a member of the patient's family. Ambulance services must be recommended by the patient's attending physician, physician's assistant or nurse practitioner except in emergencies. For invalid coach or ambulette services, the recommendation of a dentist, optometrist, or podiatrist may be substituted for that of the attending physician in a request for prior authorization. Payment for transportation is made to the vendor, or to the recipient if made as an administrative expenditure. Payment for an attendant's transportation is

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North Carolina ^{AO}	Emergency transportation to a physician's office is covered when required to stabilize a patient's condition en route to the nearest facility.		Medically necessary ambulance service is provided when a recipient's condition is such that transportation by other means would endanger the recipient's health. The Medicaid program has also arranged for county-disbursed transportation.
North Dakota ^O			Coverage includes expenses for transportation provided by: (a) common carrier; (b) ambulance; and (c) private vehicle.
Ohio ^O	Certification is not needed for emergency transportation to a hospital. Air ambulance service is covered if needed to save time in order to prevent death or severe impairment when there is no qualified local facility.	Non-emergency air ambulance service is subject to a three-bid prior authorization process.	Ambulance and ambulette-wheelchair vehicle services are covered when certified medically necessary by a physician and the patient's condition contraindicates transportation by a common carrier. Prior authorization is required for ambulance and ambulette service: (a) beyond 50 miles one way or 100 miles round trip; or (b) to locations other than for emergency hospital care.

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Oklahoma ^{AO}			<p>Coverage includes the least expensive means of transportation, commensurate with the patient's needs, for the recipient to receive medical services away from his or her place of residence when service is not available in the immediate vicinity. Ambulance transportation is provided only when medically necessary. Bus service is authorized for necessary treatment provided in a medical facility. Payment by private car is authorized only if public transportation is not available or the client lives in a rural area where services are not available, or the client must travel outside the local community to receive services. Distances are limited by map mileage. Other transportation requires prior authorization. Local transportation is available through volunteer groups, benevolent organizations and common carriers as organized by county offices.</p>

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Oregon ^o	Emergencies do not require prior authorization.		Coverage is limited to the least expensive of the following that is available and that is suited to the recipient's medical needs: (a) regular public transportation; (b) public transportation for non-ambulatory recipients; (c) wheelchair car/van, stretcher car/van, taxi, etc., provided by private carrier; (d) basic life-support ambulance; and (e) air ambulance. An extra attendant is covered if need is documented. Except for emergencies, all transportation requires prior authorization.

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Pennsylvania ^A			Ambulance service is provided only to the nearest appropriate facility when the patient's condition precludes other transportation. If more than one person is ambulated in the same trip, payment is made only for the patient whose destination is the farthest. Mass public transportation, commercial paratransit, taxi, volunteer, and recipient-supplied transportation are contracted or otherwise arranged as medically appropriate. Total transportation costs of over \$50 per month require approval.

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Rhode Island ^o			Coverage is limited to: (a) services provided by ambulance companies listed by the state's Department of Health and certified to participate in Medicare for non-ambulatory patients; and (b) transportation provided by NFs for their ambulatory patients within the per diem reimbursement rate which recognizes the cost of maintaining vehicles for this purpose. Prior authorization is required for ambulance transportation of non-ambulatory NF patients and for ambulance transportation outside the state.

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South Carolina ^o			Ambulance service must be medically necessary. The following are not covered unless the diagnosis and justification establish that the patient is completely non-ambulatory: (a) trips to or from a doctor's office; (b) service for recipients whose illness or injury is not medically necessary; (c) recipients pronounced dead at the scene; (d) trips between the patient's home and an outpatient department for continuing
South Carolina ^o (continued)			treatment; (e) service to or from a nursing home to a hospital outpatient department for routine medical service; and (f) service from a hospital to a nursing home that is outside the locality of the hospital. Prior authorization is required for payment to common carriers, CAP agencies, volunteers, and taxi services, as well as for transportation beyond 25 miles from the state border.

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South Dakota ^o			Included services are: (a) ambulance service when the use of other methods of transportation is medically contraindicated; (b) wheelchair van transportation when the recipient is wheelchair-bound; (c) airline, bus, or other commercial carrier transportation; and (d) mileage, meals, and lodging for friends or relatives when necessary to transport a recipient to a provider and back home.
Tennessee ^o	Emergency ambulance transportation is provided for a one-way trip to the nearest hospital if an injury or acute medical condition likely to cause death or severe injury or illness is present.	Non-emergency ambulance transportation is provided if the recipient's condition contraindicates the use of other methods of transportation. A physician, paramedic, emergency medical technician, registered nurse, or licensed practical nurse must present written documentation of the need for transportation.	A recipient's transportation to and from a provider to receive necessary Medicaid-covered care is provided. To the extent possible, such transportation is furnished by volunteers providing transportation to persons in the recipient's community.

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Texas ^o			Coverage includes: (1) Medicare-certified ambulance service provided by air, ground, or boat when other transportation is contraindicated; and (2) private and public transportation by contract when transportation is unavailable free or from other sources. Mileage expenses of volunteer transportation providers are covered.
Utah ^o			Included is transportation by: (a) ground, air, and water ambulance; (b) taxicab; (c) special services such as ambucar and servicar; and (d) bus service through contract with the Utah Transit Authority.

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Vermont ^A	Prior authorization is required except in cases of medical emergency.		Coverage is provided for the least expensive means of transportation suitable to the medical needs of the recipient provided by enrolled transportation providers to and from necessary medical services when transportation is not otherwise available. Ambulance transportation is generally covered when all of the following conditions are met: (a) the provider is Medicare-certified and participating; (b) other transportation is medically contra-indicated; (c) the service is ordered by a physician or certified by the receiving facility physician as medically necessary; and (d) the patient is transported to or from an appropriately located hospital, nursing home, or treatment facility. Prior authorization is required for ambulance service to an out-of-state hospital. Transportation is provided to and from medical service providers and community mental health clinics if no

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Virginia ^o		Non-emergency transportation is administered by local health department jurisdictions.	Services, generally requiring prior authorization, are provided by or through: (a) taxi services; (b) wheelchair van; (c) non-emergency ambulance; (d) emergency ambulance; (e) volunteer drivers; (f) air ambulance; (g) mass transit; (h) transportation agreements; and (i) special emergency transportation.
Washington ^A			Approval is required for all transportation services except ambulance services. Services may be provided through direct vendor payments or as an administrative service through contractual arrangements between the state agency and local governments, transit authorities, non-profit or private enterprises.
West Virginia ^o			Prior authorization is required for transportation by ambulance, common carrier or other means.

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Wisconsin ^A		Prior authorization is required for non-emergency transportation by air, water, or ambulance and non-emergency transportation by a Wisconsin-certified provider to another state.	Transportation is provided when it is necessary for a recipient to receive covered medical services and is available by ambulance, specialized medical vehicle, public carrier, or private automobile. Transportation by a non-certified public carrier or by private motor vehicle requires county agency or tribal agency approval. The following may be covered under certain circumstances: (a) related travel expenses, including the cost of meals, commercial lodging, and an attendant, (b) waiting time; and (c) a second ambulance or specialized medical vehicle attendant.
Wyoming ^{AO}	Air and ground ambulance service is limited to emergencies except in certain specified situations.		Transportation services, limited to conveyance to and from Medicaid-covered services, must be made by the least costly mode of transportation available consistent with a recipient's condition. Other transportation services require authorization.

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