

How Medical Transportation Works Through Insurance

A quick guide for patients, families, and resource coordinators

Important: Transportation benefits vary by plan. The fastest first step is to call the insurance company using the number on the back of the insurance card and ask whether the plan covers transportation to medical appointments.

What to ask when calling insurance

- Do I have transportation benefits for medical appointments?
- How do I schedule a ride, and what phone number or website should I use?
- How many days in advance do I need to schedule?
- What rides are covered: doctor visits, dialysis, lab work, x-rays, pharmacy, therapy, dental, vision, or specialist visits?
- Are rides free, or is there a copay?
- Can a caregiver, child, or aide ride with me?
- Do you provide wheelchair, stretcher, or non-emergency ambulance transportation if medically needed?
- What should I do if the ride is late or does not show up?
- Do you offer gas mileage reimbursement if a family member drives me?

General scheduling rule

Most non-emergency medical transportation needs to be scheduled ahead of time. For South Carolina Medicaid transportation, the normal rule is to call at least **3 business days before the appointment**. Many private insurance and Medicare Advantage plans also require advance notice, often **2 to 3 business days**, but each plan can be different. Urgent trips, hospital discharges, and certain time-sensitive medical needs may sometimes be accepted with less notice, but they are not guaranteed.

Type of coverage	Usually covers?	How far ahead to schedule	Who to call
Private insurance	Varies by plan. Some plans cover rides; many do not unless the plan has a transportation benefit or case-management program.	Usually 2-3 business days if covered. Ask the plan.	Number on back of insurance card. Ask for Member Services or Transportation Benefits.
South Carolina Medicaid / Healthy Connections	Yes, non-emergency medical transportation is available for covered medical appointments when the member has no other ride.	At least 3 business days before the appointment. Cancel at least 24 hours ahead when possible.	Call the Medicaid transportation broker/Modivcare or the health plan/member services number.
Original Medicare	Usually does NOT cover routine rides to appointments. It may cover emergency ambulance and limited medically necessary non-emergency ambulance if strict medical requirements are met.	Ambulance/non-emergency ambulance rules are different. A doctor order and medical necessity may be required.	Call Medicare, the ambulance provider, or the doctor. For routine rides, also check local senior/disabled transit programs.
Medicare Advantage	Some plans include non-emergency transportation as an extra benefit, often with trip limits.	Often 2-3 business days, but plan rules vary.	Number on back of Medicare Advantage card. Ask for transportation vendor and trip limits.

South Carolina Medicaid transportation

South Carolina Medicaid, also called Healthy Connections Medicaid, has non-emergency medical transportation for eligible members who need help getting to covered medical care. Transportation may be used for doctor appointments, dialysis, x-rays, lab work, pharmacy/drug store trips, and other medical appointments when covered and approved.

Typical timing: Call at least **3 business days before** the appointment. Calls are generally handled Monday-Friday during business hours. If the ride must be cancelled, call at least **24 hours in advance** when possible. Urgent trips or hospital discharges may be accepted with less than 3 days notice, but the person should call as soon as possible.

Information usually needed: Medicaid ID number, patient name and date of birth, pickup address, phone number, appointment date/time, doctor/facility name, facility address, reason for appointment, special needs such as wheelchair access, and whether an escort/caregiver must ride along.

Private insurance

Private insurance is very plan-specific. Some plans have a transportation benefit, especially certain managed care plans, employer plans, or plans with care management. Other plans do not cover routine rides. The person should call the number on the back of the card and ask for Member Services, Transportation Benefits, Case Management, or Care Coordination.

Typical timing: If the plan covers rides, ask for the exact scheduling rule. Many plans require 2-3 business days notice. Same-day rides are uncommon unless the plan has an urgent-care process.

Medicare

Original Medicare: Original Medicare generally does not pay for routine rides to doctor visits. It covers emergency ambulance transportation when medically necessary, and in limited cases may cover non-emergency ambulance transportation if a doctor orders it because another type of transportation would endanger the patient's health.

Medicare Advantage: Some Medicare Advantage plans include non-emergency medical transportation as an extra benefit. These plans may cover a limited number of one-way or round-trip rides each year. Rules vary by plan, vendor, appointment type, distance, and whether the ride is medical, pharmacy-related, dental, vision, therapy, or another covered service.

Typical timing: Many Medicare Advantage transportation benefits require advance scheduling, commonly 2-3 business days. The member must call the plan or transportation vendor listed in their member materials.

What rides usually qualify

- Primary care or specialist appointments
- Dialysis and recurring treatments
- Lab work, x-rays, imaging, and testing
- Therapy, behavioral health, or approved treatment visits
- Pharmacy trips if the plan specifically allows them
- Hospital discharge rides when approved
- Wheelchair/stretchers/non-emergency ambulance only when the plan approves that level of need

Common reasons rides are denied or delayed

- Calling too late for a routine appointment
- Appointment is not covered by the insurance plan
- Address or provider information is incomplete
- Member has already used all allowed rides for the year
- Ride type requested is higher than approved, such as wheelchair or stretcher transport without prior authorization
- Transportation is requested for a non-medical errand that the plan does not cover

Simple phone script

“Hi, I need help getting to a medical appointment. I am calling to ask if my insurance covers transportation. If it does, how do I schedule a ride, how many days in advance do I need to call, and what information do you need from me?”

If the appointment is soon

- Call the insurance plan anyway and say the appointment is urgent or time-sensitive.
- Ask whether urgent trips, hospital discharge rides, or dialysis/treatment rides can be scheduled with less notice.
- Ask the doctor's office if they can mark the appointment as medically urgent or help coordinate transportation.
- Ask if the plan offers mileage reimbursement for a family member or friend who can drive.
- If insurance cannot help in time, try local paratransit, senior transportation, disability transportation, churches, nonprofits, or community ride programs.

Source notes

This guide is based on current public information from South Carolina Department of Health and Human Services, Modivcare South Carolina member resources, Medicare.gov ambulance coverage information, and Medicare Advantage transportation benefit guidance. Always verify with the person's current insurance plan because transportation benefits can change and vary by plan.