Operational Guidance for Prior Authorization for Non-Emergency Transportation by Ambulance

Medicaid managed care organizations (MCOs) are required to cover emergency and medically necessary non-emergency ambulance services. Nonemergency ambulance transport is defined as ambulance transport provided for a Medicaid client to or from a scheduled medical appointment, to or from a licensed facility for treatment, or to the client's home after discharge when the client has a medical condition such that the use of an ambulance is the only appropriate means of transportation. Facility-to-facility transports are considered emergencies if the required treatment for the emergency medical condition, as defined in 1 TAC §353.2 (relating to Definitions), is not available at the first facility and the MCO has not included payment for such transports in the hospital reimbursement.

Prior-Authorizations for Non-Emergency Ambulance Transportation

According to Human Resources Code (HRC) §32.024 (t), a Medicaid-enrolled physician, nursing facility, health-care provider, or other responsible party is required to obtain authorization before an ambulance is used to transport a client in circumstances not involving an emergency. Other responsible parties include staff working with a health care service provider submitting prior authorizations on behalf of the provider or facility. Please note that administrative staff will still be required to submit physician or physician extender orders with the prior authorization unless the physician or physician extender sign the prior authorization form. An ambulance provider may not request a prior authorization for non-emergent ambulance transports. This section of HRC applies to both fee-for-service and managed care, inclusive of managed care for nursing facility members. Prior authorizations by MCOs must be approved in the timeframe prescribed in the managed care contracts and/or or the Uniform Managed Care Manual (UMCM).

Coverage Determinations and Appeals Processes

Requirements for prior authorizations, coverage determinations and appeals processes for services provided through Medicaid managed care are included in Government Code 533 and managed care contracts. MCOs use utilization management criteria to review non-emergency ambulance transportation. Appeals for denials of medical necessity follow standard provider appeals provisions of the MCO contracts. If the individual has fee-for-service (FFS) Medicaid coverage, then the provider must follow the process outlined in the Texas Medicaid Provider Procedures Manual (TMPPM).

OPERATIONAL GUIDANCE FOR MCOs

Prior Authorizations for Medicaid Members Not Residing in a Nursing Facility (NF)

For non-emergency transportation services rendered to a member, ambulance providers may coordinate the prior-authorization (PA) request between the Medicaid-enrolled physician, health-care provider, or other responsible party and the managed care organization (MCO). Ambulance providers may assist in providing necessary information such as NPI number, fax, and business address. The prior-authorization request must be signed and submitted by the Medicaid-enrolled physician, health-care provider, or other responsible party to the MCO. The MCO should provide an approval or denial for the prior authorization to the requesting entity, as well as the ambulance provider. The ambulance provider is ultimately responsible for ensuring that a prior authorization has been obtained prior to transport; non-payment may result for services provided without a prior authorization or when the authorization request is denied by the MCO.

Prior Authorizations for STAR+PLUS Members Residing in a NF
Nursing facility providers must follow the steps below to obtain prior authorizations for non-emergency ambulance transportation for STAR+PLUS members:

1. A physician or physician extender writes an order for non-emergency transport.

2. NF staff should contact the member's MCO member services line, utilization management department, or service coordinator to find an ambulance company that is in-network.

3. NF staff contacts the ambulance company to get their necessary information to complete the prior authorization form. Necessary information supplied by the ambulance company is limited to company name, fax number, NPI, and other business information.

4. The ambulance provider will document the request was initiated by NF staff and include name, time, and date.

5. The NF must sign and submit the form to the MCO for approval, along with documentation to support medical necessity. The MCO will provide notice of approval/denial to the NF and ambulance provider. If a request for recurring transports is approved, the MCO will include the number of one way transports in the approval.

6. The ambulance company and NF will coordinate the scheduling of the appointment.

Please note that all MCOs will accept the Texas Department of Insurance Standard Prior Authorization form; however, each MCO may have its own forms and methods for submission for prior authorizations, but the steps should remain the same for communication between NF and ambulance providers.

NEXT STEPS
HHSC staff will set up a meeting with MCOs and other stakeholders including ambulance, hospital and nursing facility provider associations regarding this operational guidance.

CONTACT INFORMATION
Questions related to non-emergency ambulance services for STAR+PLUS Members residing in a NF should be directed to:

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REFERENCES
1. Human Resources Code 32.024(t).

2. 1 TAC § 354.1111. Available at: http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=P&p_rloc=131389&p_tloc=&p_ploc=1&pg=4&p_tac=&ti=1&pt=15&ch=354&rl=1113
3. TMPPM. 5.1.8. Prior Authorization for Nonemergency Ambulance Transport. Available at: http://www.tmhp.com/pages/medicaid/Medicaid_Publications_Provider_Manual.aspx
4. Medicaid Managed Care Contracts. Available at: http://www.hhsc.state.tx.us/medicaid/managed-care/forms.shtml