Enhanced Ambulance Service Preauthorization Requests
Providing Additional Clinical Criteria

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Summary of Changes

Once the base set of preauthorization request screens is completed, additional clinical information will be requested. If the clinical criteria are met, approval will be issued at the end of the transaction. Otherwise, the request will be on hold pending further review.

Step 1:	During the transaction, you will have several opportunities to attach documentation. Certain transactions require documentation to be attached at the first collection point to optimize the enhanced experience. We highly recommend attaching documents when you see the following screen:

	Document Clinical
Step 2:	Click the **Document Clinical** button.

Step 3:	**Identify Type of Member – Medicare vs. Commercial** Click the box next to the statement that applies to the patient who needs the ambulance services. **Medicare Member** In the first example, we will look at a request for a Medicare member. Click the box next to "This is a Medicare member with…".

Step 4:	After selecting Medicare member, you will be shown additional statements that apply to Medicare members with check boxes next to them. Click all that apply. Be sure to indicate:
	
	• Where the member is traveling from.
	    o Click the box next to "Going from..." and then one of the locations listed.
	    o If the location is not listed, the ride is not a covered service.
	• The member's condition (must select at least one item from the list).
	
	Once all boxes are selected, click **Save**.

Commercial Member

In the second example, we will look at a request for a commercial member.

Step 5: Click the box next to "This is a Commercial member (not Medicare or Medicaid) that is going to one of the following appropriate designations **AND** as at least one of the following medical conditions…"

Authorization Request ✔ Request Form ▶ 2 Document Clinical ▶ 3 Submit Request

mcg

Patient : ▮▮▮▮ **Name :** ▮▮▮▮▮▮ **DOB :** ▮▮▮ **Gender :** Female   ⌄ show more

Authorization : ▮▮▮▮ **Type :** Procedure Pre-authorization **Status :** NoDecisionYet   ⌄ show more

Diagnosis Codes : E66.01(ICD-10 Diagnosis) primary **Procedure Codes :** A0426(CPT/HCPCS) primary

Geographic Regions All   ▾   🗑 Clear

Procedure Code: A0426 (CPT/HCPCS)

Requested Units: 1

Description : AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)

M20200048 - Non-Emergent Transportation, Ambulance - (AC)

The healthcare resource is/was needed for appropriate care of the patient because of …
☐ This is a Medicare member with

☐ This is a Commercial member (not Medicare or Medicaid) that is going to one of the following appropriate destinations **AND** has at least one of the following medical conditions …

✔ Save   ✖ Cancel

Attachments   🔗 Attach File

✔ Submit Request

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Step 6:	Once clicked, you will be shown additional statements that apply to commercial members with check boxes next to them. Click all that apply. Be sure to indicate:
	
	• Where the member is traveling from.
	    ○ Click the box next to "Going from..." and then one of the locations listed.
	    ○ If the location is not listed, then it is possible this is not a covered benefit. Please continue and enter the member's clinical condition so the request can be reviewed further.
	• Click the box next to the statement that begins "The member's condition at the time of the transport is…." and the member's clinical condition (must select at least one item from the list).
	
	Once all boxes are selected, click **Save**.

Geographic Regions All ▾ 🔧 Clear

Procedure Code: A0426 (CPT/HCPCS)

Requested Units: 1

Description : AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)

M20200048 - Non-Emergent Transportation, Ambulance - (AC)

The healthcare resource is/was needed for appropriate care of the patient because of ...
- ☐ This is a Medicare member with ...
- ☑ This is a Commercial member (not Medicare or Medicaid) that is going to one of the following appropriate destinations **AND** has at least one of the following medical conditions ...
   - ☑ Going from one of the following appropriate destinations ...
      - ☐ Facility to facility transfer (includes acute care hospitals, skilled nursing facilities, rehabilitation facilities and long term acute care hospitals ☑
   - ☑ The member's condition at the time of the transport is the determining factor in whether medical necessity is met. Transportation by any other means (such as taxi, private car, wheelchair van or other type of vehicle) is contraindicated by the medical condition of the member and stretcher services are needed if the member's clinical condition includes ...
      - ☐ Unable to sit for transport without severe pain or risk to recent orthopedic injury ☑
      - ☐ Dementia or a psychiatric illness where ambulance transportation is necessary for safety issues ☑
      - ☐ Frail, debilitated, extreme muscle atrophy with risk of falling out of wheelchair while in motion ☑
      - ☐ Comatose, unconscious or in shock ☑
      - ☐ Seizure prone and requires trained personnel to monitor condition during transport ☑
      - ☐ Suffers from paralysis: (Hemi, Semi, Quad) ☑
      - ☐ Existence of decubitus ulcers or other wounds requiring extreme caution ☑
      - ☐ Chemotherapy or radiation therapy with medical necessity for ambulance documented in medical record (such as extreme weakness or debility, etc) ☑
      - ☐ Dialysis round trip transportation with medical necessity ☑
      - ☐ Required oxygen (that member could not self-manage) during transport ☑
      - ☐ Member is on restraints, at risk for self-harm or harm to others ☑
      - ☐ If the condition contraindicating other means of transportation is "bed confined", the member must meet ...

✔ Save ✖ Cancel

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Step 7:	**Attach File(s)** Once the clinical information is documented, you will return to this screen. If you have not already attached medical records or other supporting documentation, or if you think of something else you would like us to consider, you may use the **Attach File** button on this screen. If you added a document earlier in the request, you do not need to attach it again.

	Attach File Pop-Up
Step 8:	If you choose to upload documents at this point and click the **Attach File** button, a popup will appear. • Choose the file. • Click **Upload**. • Add a description.

Upload Attachment   ×
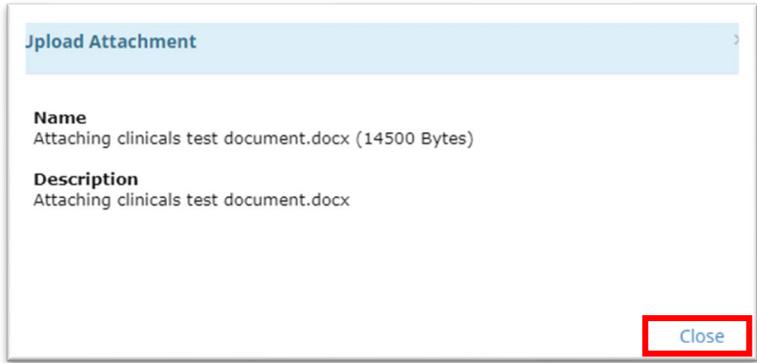
File Name
[Choose File] No file chosen   [Upload]
File Description
[   ]
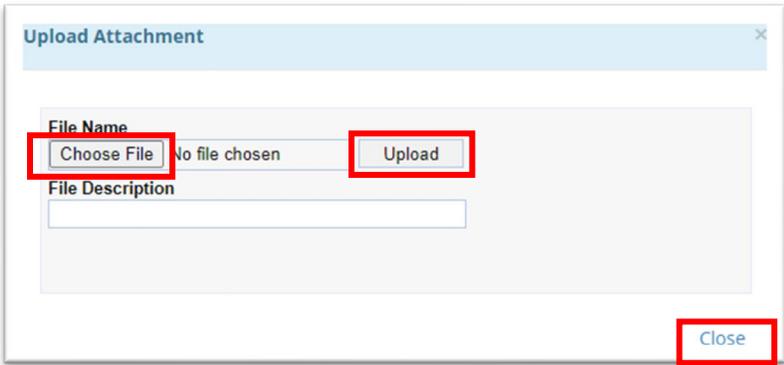
Close

A new window will display showing the document you have added.

Upload Attachment

Name
Attaching clinicals test document.docx (14500 Bytes)

Description
Attaching clinicals test document.docx

Close

Click **Close**. If you have additional documents to submit, click the **Attach File** button again and attach the next document. Repeat until all documents are attached.

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	Submit Request
Step 9:	Once the clinical information is entered and all documents are attached, click the **Submit Request** button to finish the transaction. **Note:** Failure to click **Submit Request** will automatically cause the request to pend for review. Using the **Submit Request** button may result in an immediate decision.

	Approval/Pend Screen
Step 10:	If all clinical criteria are met, you may see a screen showing "Your case has been approved." Otherwise, the screen will indicate that your case is pending further review.

Submission Confirmation

Your preauthorization request has been successfully submitted for review.

Your case has been approved

A preauthorization request from ▇▇▇▇▇▇▇▇▇▇ to ▇▇▇▇▇▇▇▇ has been submitted on 2023-03-23T13:04:33 and can be identified by reference ID: ▇▇▇▇▇▇

GOOD NEWS! There is no need for an additional phone call or fax notification for this request. You can use reference ID ▇▇▇▇▇▇ to obtain updates on this request in the **preauthorization search page.**

This preauthorization request does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Done

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