



Enhanced Ambulance Service Preauthorization Requests

Providing Additional Clinical Criteria

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:

If you are not ready to upload your file(s) now, you can attach it later by searching for your preauthorization and uploading it then.

Attach Documents

1. Allowed file types are doc, docx, pdf, xls, ppt, jpg, jpeg, png, bmp, gif, txt
2. File limit of 25MB for each attachment
3. Maximum 5 attachments

Attachment  Upload

Attaching clinicals test document.docx (14.16 KB)

Congratulations! Your File has been uploaded!

Attachment  Upload

Next



Step 2:

Document Clinical

Click the **Document Clinical** button.

Authorization Request ✓ Request Form 2 Document Clinical 3 Submit Request

Patient: [redacted] Name: [redacted] DOB: [redacted] Gender: Female [show more](#)

Authorization: [redacted] 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) **Document Clinical**

Requested Units: 1

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

Attachments [Attach File](#)

[Submit Request](#)



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...”.

The screenshot shows the MCG authorization request interface. At the top, there is a progress bar with three steps: 1. Request Form (checked), 2. Document Clinical (highlighted in orange), and 3. Submit Request. The patient information section includes fields for Patient, Name, DOB, and Gender (Female). The authorization section shows the Type as Procedure Pre-authorization and Status as NoDecisionYet. The Geographic Regions are set to All. The Procedure Code is A0426 (CPT/HCPCS) with 1 requested unit. The description is 'AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)'. Below this, there is a section for selecting the member type, with the option 'This is a Medicare member with ...' highlighted by a red box. Other options include '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 ...'. There are buttons for Save, Cancel, Attach File, and Submit Request.

ENHANCED AMBULANCE SERVICE PREAUTHORIZATION REQUESTS



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.
 - Click the box next to “Going from...” and then one of the locations listed.
 - 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**.

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 ...
 - Going from one of the following appropriate destinations ...
 - Hospital
 - Member's residence to another medical facility or required service
 - Skilled nursing facility, rehabilitation facility or LTACH (long term acute care hospital)
 - Dialysis services
 - 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
 - If the condition contraindicating other means of transportation is "bed confined", the member must meet ...
 - Member is on restraints, at risk for self-harm or harm to others
- 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 ...

Attachments

Commercial Member

Step 5: In the second example, we will look at a request for a commercial member. 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...”

The screenshot shows the MCG Authorization Request interface. At the top, there is a progress bar with three steps: 1. Request Form (completed), 2. Document Clinical (current step), and 3. Submit Request. The patient information includes Patient ID, Name, DOB, and Gender (Female). The authorization details show Type: Procedure Pre-authorization, Status: NoDecisionYet, and Diagnosis Codes: E66.01(ICD-10 Diagnosis) primary. The procedure code is A0426(CPT/HCPCS) primary. The geographic region is set to All. The procedure code A0426 (CPT/HCPCS) is selected, with 1 requested unit and a description: AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1). The form includes a section for medical conditions with two checkboxes: 'This is a Medicare member with...' and '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 ...'. The second checkbox is highlighted with a red box. There are 'Save' and 'Cancel' buttons, an 'Attach File' button, and a 'Submit Request' button at the bottom.

ENHANCED AMBULANCE SERVICE PREAUTHORIZATION REQUESTS



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



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.

Authorization Request Request Form Document Clinical 3 Submit Request

Patient: [Redacted] Name: [Redacted] DOB: [Redacted] Gender: Female [show more](#)

Authorization: [Redacted] 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) [show more](#)
Requested Units: 1
Description: AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)

Attachments [Attach File](#)

| File Name | Description | Date | Open | Remove |
|--|--|-------------------|----------------------|------------------------|
| Attaching clinicals test document.docx | Attaching clinicals test document.docx | 3/23/2023 1:21 PM | Open | Remove |

[Submit Request](#)

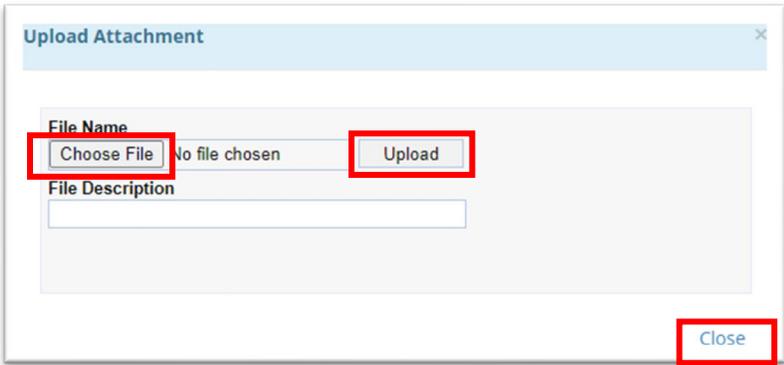
This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Attach File Pop-Up

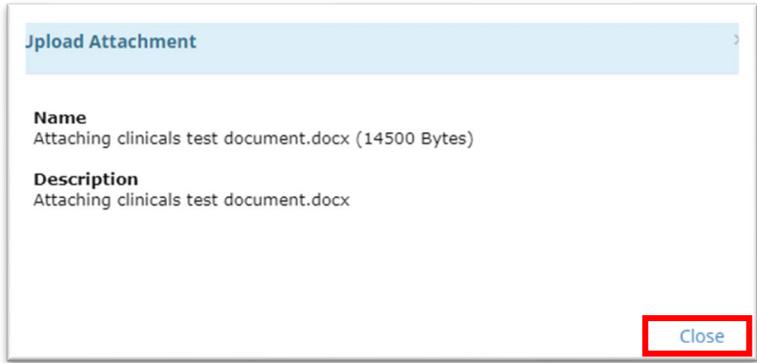
If you choose to upload documents at this point and click the **Attach File** button, a popup will appear.

Step 8:

- Choose the file.
- Click **Upload**.
- Add a description.



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



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.



Step 9:

Submit Request

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.

Authorization Request Request Form Document Clinical 3 Submit Request

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

Procedure Code: A0426 (CPT/HCPCS) [show more](#)
Requested Units: 1
Description: AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)

Attachments

| File Name | Description | Date | | |
|--|--|-------------------|------|--------|
| Attaching clinicals test document.docx | Attaching clinicals test document.docx | 3/23/2023 1:21 PM | Open | Remove |

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.



Step 10:

Approval/Pend Screen

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 [redacted] to [redacted] has been submitted on 2023-03-23T13:04:33 and can be identified by reference ID: [redacted]

GOOD NEWS! There is no need for an additional phone call or fax notification for this request. You can use reference ID [redacted] 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](#)