

Nursing Facility Non-Emergency Ambulance Transportation Add-on Services Reference Guide



Authorization Requests for Non-Emergency Ambulance Transportation Add-On Service:

The Nursing Facility is responsible for providing routine non-emergency transportation for services. The cost of this transportation is included in the Nursing Facility Daily Unit Rate.

Superior is responsible for authorizing non-emergency ambulance transportation for a member when the use of an ambulance is the only appropriate means of transportation due to the member's medical condition (i.e., alternate means of transportation are medically contra-indicated). Current policy applies for when non-emergency ambulance transportation should be approved for nursing facility members.

Note: Transports of nursing facility residents/members for rehabilitative treatment (e.g., physical therapy) to outpatient departments or physician's offices for recertification examinations for nursing facility care are not reimbursable ambulance services by Superior.

Requesting Authorization for Non-Emergency Ambulance Transportation Add-on Services:

- Non-emergency transports for nursing facility members require prior authorization. This includes transportation for services not provided in the nursing facility, or if a member is being returned to a nursing facility following a hospitalization. However, if the transport of nursing facility members is for rehabilitative treatment, or to a physician's office for recertification of nursing facility care, this is not covered.
- Superior does not require the use of any specific forms. However, in order to prevent delay, use of the Superior Prior Authorization Form is recommended. Submitting a prior authorization form will help ensure all necessary referring and servicing provider information is provided correctly. This form can be found on Superior's website, under Provider Resources, Forms:
http://www.superiorhealthplan.com/files/2015/01/PriorAuthForm_01082015.pdf.
- Authorization requests may be submitted by fax to 1-800-690-7030 or through the Secure Provider Portal: <http://www.superiorhealthplan.com/for-providers/secure-web-portal/>.
- Non-emergency transport prior authorization and coverage of ambulance services are not based solely on the presence of a specific diagnosis.
- Non-emergency transport prior authorization will be approved when it is established that a member's condition is clinically considered severely disabled and transportation by any other means is contra-indicated.
- For long-term transportation requests, 3 months can be approved with a maximum of 6 trips (or 6 months with a maximum of 12 trips), if member requires monitoring by trained staff due to oxygen needs, airway maintenance, suctioning, and/or member is comatose, on life support, or ventilator dependent.
- All non-emergent air transportations (current or retrospective) must go to the Centene Company of Texas (CCTX) Medical Director.

- A Pre-Certified Nurse/Certified Registered Nurse (PCN/CRN)/Service Manager can approve non-emergent ground ambulance transportation **only** if the criteria below are met. All other requests for ground transportation must go to the CCTX Medical Director.
 - **Monitoring by trained staff because member requires:**
 - Oxygen
 - Cardiac, airway, and/or life support
 - Suctioning
 - **Monitoring by trained staff because member is:**
 - Comatose
 - Ventilator dependent
 - Poses immediate danger to self or others

Dual-Eligible and STAR+PLUS Medicare-Medicaid Plan (MMP):

- For dual-eligible members, having both Medicare and Medicaid, providers must submit non-emergency transport add-on services requests to the member's Medicare carrier.
- For STAR+PLUS MMP members, providers must submit non-emergent transport requests using the In-patient Prior Authorization Form:
http://www.superiorhealthplan.com/files/2015/03/SHP_TX_MMP_Inpatient_Prior_Authorization_03032015.pdf.