

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

JUNE 29, 2018

AIR AMBULANCE SERVICE TO REQUIRE PRIOR AUTHORIZATION IN CERTAIN INSTANCES, EFFECTIVE AUG. 31, 2018

Effective with dates of service of Aug. 31, 2018, and beyond, air ambulance service, procedure code A0431, will require prior authorization for any non-emergent facility-to-facility transport before providing the service to Highmark members.

Highmark will revise its **List of Procedures/DME Requiring Authorization** by adding the following procedure code on Aug. 31, 2018:

Procedure Code	Description
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)

Note: Code A0431 will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, Aug. 31, 2018.

AIR AMBULANCE INITIATED THROUGH 911 DISPATCH FOR PATIENTS OUTSIDE FACILITY

If an air ambulance is dispatched through 911 for a patient who is outside of a facility, prior authorization is not required.

AIR AMBULANCE INITIATED FOR PATIENTS INSIDE FACILITY

Highmark requires prior authorization for any non-emergent facility-to-facility transport. The sending facility should contact the Utilization Management department at 1-800-547-3627 before transporting the patient.

If non-emergent facility-to-facility transport is needed outside of normal business hours, prior authorization is **not** required. The sending facility must seek authorization the next business day. Highmark will conduct a retrospective review for medical necessity prior to claim payment if there is no authorization on file.

Prior authorization is not required for facility-to-facility transports when services are not available at the sending facility, or if the patient's condition is such that the time or distance needed to transport the patient by land, or the instability of transportation by land or other obstacles, poses a threat to the patient's survival or seriously endangers their health. In these cases, retrospective review for medical necessity may be conducted prior to claim payment.

Non-emergency air ambulance transport is **not** covered for the convenience of the patient, family members or companions, or the treating provider.



Highmark reviews all air ambulance claims prior to payment. We highly recommend the submission of clinical or flight records associated with the air ambulance transport with the claim.

The **List of Procedures/DME Requiring Authorization** for Highmark is subject to change. During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

For more information on obtaining prior authorization or viewing the current list, please visit the Provider Resource Center and look under the **Claims, Payment & Reimbursement** option. The Resource Center is accessible via our Highmark NaviNet® system or under **Helpful Links** on our website.

In order for benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit.

Providers should use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services.

Providers who don't have NaviNet or access to the HIPAA transactions should call Clinical Services to obtain authorization for services.