

SPECIAL eBULLETIN

REVISED JAN. 17, 2017

ATTENTION ALL PROVIDERS

CLARIFICATION: HIGHMARK REQUIREMENTS FOR PRIOR AUTHORIZATION FOR REPETITIVE SCHEDULED NON-EMERGENT AMBULANCE TRANSPORT

This bulletin clarifies information that was previously communicated in two Special Bulletins dated Nov. 1, 2016, and Dec. 15, 2016.

Effective Jan. 1, 2017, prior authorization of repetitive scheduled non-emergent ambulance transportation is required for Highmark Medicare Advantage plan members in Pennsylvania and West Virginia. A repetitive ambulance service is defined as medically necessary ambulance transportation that is furnished 3 or more times during a 10-day period; or at least once per week for at least 3 weeks. Repetitive ambulance services are often needed by beneficiaries receiving dialysis or cancer treatment. Ambulance services that do not meet the repetitive criteria above remain business as usual (e.g., discharges from hospital to home, SNF, assisted living, etc.).

Non-emergency services will still require a *Certificate of Medical Necessity* form from the treating provider. The treating provider will be responsible for obtaining prior authorization, and the ambulance provider is responsible for verifying that the service was authorized. The [Certificate of Medical Necessity](#) is accessible via the Provider Resource Center on the Provider Forms page. The form must be completed and submitted via **NaviNet**®; Fax: 888-236-6321; Phone: 1-800-547-3627.

Medical Necessity Criteria:

The member (beneficiary) must be bed-confined. This means he/she meets **all three** of the following criteria (CMS):

1. The member is unable to get up from bed without assistance.
2. The member is unable to ambulate.
3. The member is unable to sit in a chair or wheelchair.

OR

The member's condition is such that other means of transportation (access, wheelchair/stretching van, taxi, personal vehicle) could **endanger the member's health**, and ambulance is therefore medically necessary.

(continued)



Prior authorization is not required for:

- Commercial lines of business/plans
- Emergent transport
- Transportation that is covered under Part A: "Discharge to SNF or Rehab Facility"

Non-emergency ambulance transportation services that have not been authorized will not be covered. The ambulance company will receive notification of approval/denial via mail or they may call Highmark Provider Service to confirm that an authorization has been approved.