



Non-Emergent Ambulance Transport Authorization Requirement Update 2022

AmeriHealth Caritas VIP Care, Medicare Advantage Dual Special Needs Plan, will be updating the origin and destination modifier combinations that will require prior authorization for coverage of certain types of scheduled, non-emergency ambulance trips. AmeriHealth Caritas VIP Care initially implemented a prior authorization requirement in January of 2020 in order to ensure that non-emergent ambulance transportation is covered only if medically necessary. Although there are some newly added modifier combinations, which will require authorization **effective July 1, 2022 (denoted with *)**, this update will reduce the overall number of modifier combinations requiring prior authorization and will now only include transports billed with the following modifier combinations:

- DN Diagnostic/therapeutic site other than P/H to a skilled nursing facility*
- EG Residential/domiciliary/custodial facility to a hospital-based dialysis facility
- EJ Residential/domiciliary/custodial facility to a non-hospital-based dialysis facility
- GE Hospital-based dialysis facility to a residential/domiciliary/custodial facility
- GN Hospital-based dialysis facility to a skilled nursing facility
- **GR** Hospital-based dialysis facility to a residence*
- JE Non-hospital-based dialysis facility to a residential/domiciliary/custodial facility
- JN Non-hospital-based dialysis facility to a skilled nursing facility
- JR Non-hospital-based dialysis facility to a residence*
- ND Skilled nursing facility to a diagnostic/therapeutic site other than P/H
- NG Skilled nursing facility to a hospital-based dialysis facility
- NJ Skilled nursing facility to a non-hospital-based dialysis facility
- RG Residence to a hospital-based dialysis facility*
- RJ Residence to a non-hospital-based dialysis facility*

In making this update, AmeriHealth Caritas VIP Care is following Centers for Medicare and Medicaid Services (CMS) standards. CMS indicates that ambulance transport is covered if the transport is medically reasonable and necessary, which means meeting the following requirements¹:

- Due to the beneficiary's condition, the use of any other method of transportation is contraindicated; and
- The purpose of the transport is to obtain a Medicare-covered service or to return from obtaining such service.

The ambulance transport is not covered if some means of transportation other than ambulance could be used without endangering the beneficiary's health, regardless of whether the other means of transportation is actually available.





Prior authorization can be requested from AmeriHealth Caritas VIP Care in one of the following ways:

- Completing and faxing the Prior Authorization Form to 1-855-859-4111. The form is available on our website at <u>www.amerihealthcaritasvipcare.com</u> under Provider Resources.
- Online request through the NaviNet Provider Portal.
- Calling our Prior Authorization department at 1-855-294-7046.

In addition, certain modifier combinations have been set to auto-deny in accordance with CMS guidance. These modifier combinations include²:

DD, DE, DP, DR, DS, ED, EE, EP, ER, ES, GD, GG, GI, GJ, GP, GS, GX, HD, HG, HP, HS, HX, ID, IE, IJ, IN, IP, IR, IS, IX, JD, JG, JI, JJ, JP, JS, JX, NI, NN, NP, NS, PD, PE, PG, PJ, PN, PP, PR, PS, PX, RD, RE, RP, RR, RS, SD, SE, SG, SJ, SN, SP, SR, SS, XD, XE, XG, XJ, XN, XP, XR, XS, and XX

Routine Transport Benefit:

Please note, our members also have access to non-emergent transportation services as a supplemental benefit to their plan. This includes 100 one-way trip(s) to authorized plan-approved locations every year (e.g., doctor's offices, pharmacy, and hospital). Rides are via non-ambulance and should be scheduled through MTM by calling 1-877-659-6137.

If you have any questions about this notice, please feel free to contact Provider Services at 1-800-521-6007.

¹Medicare Learning Network Medical Ambulance Transports publication ²https://med.noridianmedicare.com/web/jeb/topics/modifiers