

Clarification for Hospitals, Nursing Homes, and Physicians on Requesting Client Transports by Ambulance

Information posted April 5, 2013

Effective for dates of service on or after April 1, 2013, benefit and prior authorization criteria for nonemergency ambulance transports changed for Texas Medicaid providers that request nonemergency ambulance transports for Medicaid clients, such as nursing home, hospital, residential facility, and physician providers.

Reminder: *Texas law (Human Resources Code Chapter 32) states that a provider of nonemergency ambulance transport is entitled to payment from the nursing facility, health-care provider, or other responsible party that requested the service if payment under the Medical Assistance Program is denied because of lack of prior authorization, and the ambulance provider submits a copy of the claim for which payment was denied.*

Prior Authorization Approvals for Long-Term (61-180 Day) Requests to Stop Beginning February 15, 2013

The TMHP Ambulance Unit will stop issuing nonemergency long-term (61-180 day) approvals beginning February 15, 2013. Existing prior authorization approvals by Texas Medicaid will not be affected by this change.

Long-term prior authorization requests that are submitted on or after February 15, 2013, will still be processed; however, the approval will be issued for only up to 60 days if the client meets the criteria.

Prior Authorization Form and Request Type Changes

The [Nonemergency Ambulance Prior Authorization Request form](#) has been revised. Providers must use the revised Nonemergency Ambulance Prior Authorization Request form to request services that will begin on or after April 1, 2013. Providers should continue to use the current form for services that will begin on or before March 31, 2013.

Requests that are submitted on the old form will not be processed by TMHP and will be returned to the provider.

Beginning for dates of service on or after April 1, 2013, the requesting provider must indicate one of the following prior authorization periods on the Nonemergency Ambulance Prior Authorization Request form:

- One-time, nonrepeating
- Recurring

One-Time, Nonrepeating (1 Day)

One-time requests are for those clients who require only a one-time transport.

The request must be signed and dated by a physician, physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), or discharge planner with knowledge of the client's condition. Stamped or computerized signatures and dates are not accepted. Without a signature and date, the form will be considered incomplete.

Recurring (up to 60 Days)

Prior authorization requests for recurring transports are for those clients whose transportation needs are anticipated to last as long as 60 days.

The request must be signed and dated by a physician, PA, NP, or CNS. Stamped or computerized signatures and dates are not accepted. Without a signature and date, the form will be considered incomplete.

If a prior authorization request has been approved and additional procedure codes are needed because the client's condition has deteriorated or the need for equipment has changed, the requesting provider must submit a new Nonemergency Ambulance Prior Authorization Request form.

Exception Request

Clients may qualify for an exception to the 60-day prior authorization request if their physician has documented a debilitating condition that requires recurring trips over more than 60 days.

For exception requests, the provider must submit the following completed forms and documentation:

- [Nonemergency Ambulance Exception form](#)

Note: *The request must be signed and dated by a physician. Stamped or computerized signatures and dates will not be accepted. Without a physician's signature and date, the form will be considered incomplete.*

- Nonemergency Ambulance Prior Authorization Request form
- Medical records that support the client's debilitating condition and include, but are not limited to:
 - Discharge information.
 - Diagnostic images (i.e., magnetic resonance imaging (MRI), computed tomography (CT), X-rays).
 - Care plan.

Note: *It is not sufficient to say that the client has a debilitating condition without submitting additional documentation.*

Nonemergency Ambulance Transports

Nonemergency ambulance transports (ground, air, or specialized emergency medical services vehicle) may be a benefit of Texas Medicaid when the client meets the requirements for nonemergency transport.

Additionally, nonemergency ambulance transports may be a benefit of Texas Medicaid when alternate means of transport are contraindicated due to the client's medical or mental health condition.

Note: *Alternate means of transport are considered to be contraindicated if the client cannot be transported by any other means from the origin to the destination without endangering the client's health.*

Medical necessity must be established through prior authorization for all nonemergency ambulance transports.

Clients who do not meet medical necessity requirements for nonemergency ambulance transport may be able to receive transport through the Medical Transportation Program (MTP). MTP may be contacted toll-free at 1-877-633-8747 to request transportation services.

For more information on MTP, providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical Transportation Program Handbook* or visit the [MTP section of this website](#).

Texas Medicaid limits transports to those situations where the transportation of the client is less costly than bringing the service to the client.

Documentation Requirements for Nonemergency Transports

Prior authorization is required for all nonemergency ambulance transports, regardless of the type of transport.

To obtain prior authorization, providers must submit a completed Nonemergency Ambulance Prior Authorization Request form and documentation that is needed to support medical necessity. The Nonemergency Ambulance Prior Authorization Request form must not be modified. If the form has been altered in any way, the request may be denied.

Documentation that supports medical necessity must include one of the following:

- The client is bed-confined before, during, and after the trip, and alternate means of transport are medically contraindicated and would endanger the client's health. The client's functional physical and/or mental limitations that have rendered him/her bed-confined must be documented.

Note: *Bed-confined is defined as a client who is unable to stand, ambulate, and sit in a chair or wheelchair.*

- The client's medical or mental health condition is such that alternate means of the transport are medically contraindicated and would endanger the client's health.
- The client is a direct threat to himself/herself or others, which requires the use of restraints (chemical or physical) or trained medical personnel during transport for client and staff safety. When physical restraints are needed, documentation must include, but is not limited to:
 - Type of restraint.
 - Time frame of use of the restraint.
 - Client's condition.

Note: *The standard straps used in an ambulance transport are not considered a restraint.*

Prior authorization should be obtained only by the facility or the physician's staff for all of the following nonemergency transports:

- Hospital-to-hospital

- Hospital-to-outpatient facilities
- Round-trip transport from the client's home to a scheduled medical appointment

The Nonemergency Ambulance Prior Authorization Request form must be filled out by the facility or the physician's staff that is most familiar with the client's condition.

Important: *The ambulance provider must not assist in completing any portion of this form.*

If the request is for the provision of transportation for more than one day, the prior authorization department shall require a physician, health-care provider, or other responsible party to obtain a single prior authorization before an ambulance is used to transport a client in nonemergency circumstances.

The following rules apply to all nonemergency transports:

- Authorization will be evaluated based on the client's medical needs and may be granted for a length of time appropriate to the client's medical condition.
- A response to a request for authorization will be made no later than 48 hours after receipt of the request.
- A request for authorization will be immediately granted and will be effective for a period of not more than 60 days from the date of issuance if the request includes a written statement from a physician that:
 - States that alternative means of transporting the client are contraindicated.
 - Is dated no earlier than 60 days before the date on which the request for authorization is made.

The requesting provider, which may be a physician, nursing facility, health-care provider, or other responsible party, is required to maintain the supporting documentation, physician's orders, the Nonemergency Ambulance Prior Authorization Request form and, if applicable, the Nonemergency Ambulance Exception form. It is the responsibility of the requesting provider to supply TMHP with information that describes the condition of the client that necessitated ambulance transport.

For more information, call the TMHP Contact Center at 1-800-925-9126.