Metropolitan Area EMS Authority
2900 Alta Mere Drive
Fort Worth, Texas 76116
www.MedStar911.org
911 – Emergency
(817) 927-9620 – Communications Center
(817) 923-3700 – Business Office
(817) 632-0537 – Fax

Texas Standardized Instruction Sheet

Section 1: Add insurance name, fax number and date of request

Section 2: Non-urgent and initial request

Section 3: Patient information (Note: Insurance ID number is required)

Section 4: Facility and contact person information with signature

Section 5: Start date and end date for both lines (Should be date of transport)

- Diagnosis and ICD code required

Section 6: Reason why the ambulance is required and destination of transport.

- After faxing the request with supporting clinical documentation to the insurer, forward all documentation to MedStar (817) 632-0537. Be sure to include the Fax Confirmation receipt.

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Preauthorization Contact List

1. The following insurance companies will accept the Texas Standardized Form
2. After faxing to the plan; fax the authorization form to MedStar at 817-632-0537

Insurance Name	Phone Number	Fax Number
Ambetter	1-877-687-1196	1-855-537-3447
Anthem Blue Cross MMP	855-878-1785 ext. 35278	888-235-8468
Blue Cross Blue Shield	# On Insurance Card	Must Call Plan
Care N Care	855-359-9999	888-965-1964
Medicaid - Blue Cross BS	1-888-292-4487	855-879-7180
Medicaid - Cook / CHIP Cook	800-862-2247	682-885-8402
Medicaid - Driscoll	877-324-3627	866-741-5650
Medicaid - First Care	800-431-7798	800-248-1852
Medicaid - Healthspring	877-562-4402	877-809-0787
Medicaid - Molina	866-449-6849	866-420-3639
Medicaid - Parkland	800-306-8612	800-240-0410
Medicaid - RightCare Scott & White	855-897-4448	512-383-8703
Medicaid - Superior	877-391-5921 ext. 42191	800-690-7030
Medicaid - United Health Community	866-331-2243	877-940-1972
Medicaid Aetna/CHIP Aetna	800-306-8612	866-835-9589
Medicare - Aetna	800-624-0756	Must Call Plan
Medicare - Superior MMP	800-218-7508	844-560-8993
Medicare - Healthspring	800-280-8888	Must Call Plan
Tricare Prime	800-444-5445	877-548-1547
Wellcare	855-538-0454	877-894-2034

If the patient's plan does not appear on this list it does not mean that a preauthorization is not needed. It simply means that we do not have the contact information for that payor. It is recommended that, before a nonemergency transfer is scheduled, that the sending facility contacts the healthcare plan to determine if a preauthorization is needed.

Rev. 02/07/2018

Texas Standard Prior Authorization Request Form for Health Care Services

NOFR001 | 0415 Texas Department of Insurance

Please read all instructions below before completing this form.
Please send this request to the issuer from whom you are seeking authorization. ***Do not send this form*** *to the Texas Department of Insurance, the Texas Health and Human Services Commission, or the patient's or subscriber's employer.*

Beginning September 1, 2015, health benefit plan issuers must accept the Texas Standard Prior Authorization Request Form for Health Care Services if the plan requires prior authorization of a health care service.

In addition to commercial issuers, the following public issuers must accept the form: Medicaid, the Medicaid managed care program, the Children's Health Insurance Program (CHIP), and plans covering employees of the state of Texas, most school districts, and The University of Texas and Texas A&M Systems.

Intended Use: Use this form to request authorization **by fax or mail** when an issuer requires prior authorization of a health care service. An Issuer may also provide an **electronic version of this form** on its website that you can complete and submit electronically, through the issuer's portal, to request prior authorization of a health care service.

Do not use this form to: 1) request an appeal; 2) confirm eligibility; 3) verify coverage; 4) request a guarantee of payment; 5) ask whether a service requires prior authorization; 6) request prior authorization of a prescription drug; or 7) request a referral to an out of network physician, facility or other health care provider.

Additional Information and Instructions:

Section I – Submission:
An issuer may have already entered this information on the copy of this form posted on its website.

Section II – General Information:
Urgent reviews: Request an urgent review for a patient with a life-threatening condition, **or** for a patient who is currently hospitalized, **or** to authorize treatment following stabilization of an emergency condition. You may also request an urgent review to authorize treatment of an acute injury or illness, if the provider determines that the condition is severe or painful enough to warrant an expedited or urgent review to prevent a serious deterioration of the patient's condition or health.

Section IV – Provider Information:
- If the Requesting Provider or Facility will also be the Service Provider or Facility, enter "Same."
- If the requesting provider's signature is required, you may not use a signature stamp.
- If the issuer's plan requires the patient to have a primary care provider (PCP), enter the PCP's name and phone number. If the requesting provider is the patient's PCP, enter "Same."

Section VI – Clinical Documentation:
- Give a brief narrative of medical necessity in this space, or in an attached statement.
- Attach supporting clinical documentation (medical records, progress notes, lab reports, etc.), if needed.

Note: *Some issuers may require more information or additional forms to process your request. If you think more information or an additional form may be needed, please check the issuer's website before faxing or mailing your request.*
Note: *If the requesting provider wants to be called directly about missing information needed to process this request, you may include the provider's direct phone number in the space given at the bottom of the request form. Such a phone call cannot be considered a peer-to-peer discussion required by 28 TAC §19.1710. A peer-to-peer discussion must include, at a minimum, the clinical basis for the URA's decision and a description of documentation or evidence, if any, that can be submitted by the provider of record that, on appeal, might lead to a different utilization review decision.*

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

Print Clear Form

SECTION I — SUBMISSION

Issuer Name:	Phone:	Fax:	Date:

SECTION II — GENERAL INFORMATION

Review Type: ☐ Non-Urgent ☐ Urgent		Clinical Reason for Urgency:	
Request Type: ☐ Initial Request ☐ Extension/Renewal/Amendment		Prev. Auth. #:	

SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	☐ Male ☐ Female ☐ Other ☐ Unknown
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:	

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name: Area Metro d/b/a MedStar; Tax ID: 75-2234266	
NPI #:	Specialty:	NPI #: 1710981774	Specialty: Ambulance
Phone:	Fax:	Phone: (817) 923-3700	Fax: (817) 632-0537
Contact Name:	Phone:	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version___)	Code
Base Rate	A0428 (BLS)				
Mileage	A0425				
Oxygen & Supplies	A0422				
BLS Disposable Supplies	A0382				

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☒ Other: Ambulance

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions:_____ Duration:_____ Frequency: _____ Other: _____

☐ Home Health (MD Signed Order Attached? ☐ Yes ☐ No) (Nursing Assessment Attached? ☐ Yes ☐ No)

Number of Visits: _____ Duration:_____ Frequency: _____ Other: _____

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)

Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

An issuer needing more information may call the requesting provider directly at: _____