

MEDICAID

AMBULANCE AND MEDICAR COVERAGE GUIDELINES

As of October 1, 2007, all Medicaid patients including LTC patients, now require prior approval for all NON-emergency transportation. This includes ALS and BLS ambulances as well as Medicars. Facilities and patients should take the appropriate steps to insure payment by calling First Transit at: (866) 503-9040 for prior approval. The only transportation that does not require prior approval is for transportation from hospital to hospital and emergencies into an ER.

Prior Approval

Prior approval by the Department of Healthcare & Family Services is required in all instances, except for those listed below, prior to the provision of transportation services to and/or from a source of medical care.

Prior approval is not required for:

- Emergency ambulance services with a valid diagnosis
- Ambulance service from one hospital for admission to a second hospital to receive inpatient services which are not available at the sending hospital; or
- Ambulance services for Medicare eligible clients, when the trip is allowed by Medicare.

Approval will be given for the least expensive mode of transportation which is adequate to meet the client's needs. The Department of Public Aid reserves the right to determine the mode of transportation and to assist the client in obtaining a provider.

Approval Procedures

- A request for transportation is initiated to the local Public Aid Office by a client or source of medical care. Local office staff determines the client's eligibility status, the mode of transportation and contacts the provider to furnish the needed service.
- The local office will prepare Form DPA 2239, Transportation Prior Approval Request. A copy of the approval request will be forwarded by the local office to the provider for billing charges. The provider is to keep this copy for their own records.
- All patients with more than 3 transports to the same location must have a standing order. The form must be sent to First Transit within 4 days of initial transport.

MEDICAID AMBULANCE and MEDICAR (Wheelchair) COVERAGE GUIDELINES	
ORIGIN / DESTINATION	IS IT COVERED?
Hospital to Home, Home to Treatment Center	✓ YES , if Medical Necessity is met. Must have prior approval.
Hospital to Skilled Nursing or Nursing Facility	✓ YES , if Medical Necessity is met. Prior approval needed.
Hospital to Hospital	✓ YES , if Medical Necessity is met.
Patient's Home to Hospital	✓ YES , if Medical Necessity is met. If non-emergency, must have prior approval.
From Skilled Nursing or Nursing Facility to Hospital	✓ YES , if Medical Necessity is met.
Nursing Facility or Skilled Nursing Facility to Hospital or Treatment Facility (i.e., Clinic, Therapy center)	✓ YES , if Medical Necessity is met. Prior approval needed.
Patient's Home to Skilled Nursing Facility	✓ YES , if Medical Necessity is met. Prior approval needed.
To and/or From Dialysis with Origin or Destination at a Nursing Home	✓ YES , if Medical Necessity is met. Prior approval needed.
Patient's Home to Nursing Facility	✓ YES , if Medical Necessity is met. Prior approval needed.
Patient's Home to Physician's Office	✓ YES , if Medical Necessity is met. Must have prior approval.