

# Provider Update

## Notification of Prior Authorization Requirement for Non-Emergency Ambulance Transport for Individual Medicare Advantage, MMP, and D-SNP Members to and from Dialysis Treatment

To ensure alignment with the Centers for Medicare & Medicaid (“CMS”) payment methodologies and guidelines, Amerigroup\* Community Care will require prior authorization of non-emergency ambulance transport for individual Medicare Advantage members, Medicare-Medicaid Program members and D-SNP members to and from dialysis treatment. This letter serves as your advance notice of that requirement.

Effective July 1, 2016, prior authorization will be required for the following HCPC Codes and Modifier G hospital-based dialysis facility. Modifier G is a new requirement. Modifier J non-hospital-based dialysis facility is already subject to prior authorization.

Code	Description
A0426	Advanced Life Support Non-Emergency Transport
A0428	Basic Life Support Non-Emergency Transport
A0425	Ground Mileage Billed with A0426 or A0428

**Claims with Modifier G for hospital-based dialysis or Modifier J for non-hospital based dialysis with any of the above codes shall be suspended from further adjudication for Prior Authorization if there is no Prior Authorization in the system.**

Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool within Availity ([www.availity.com](http://www.availity.com)). Go to Auths and Referrals/Authorizations from the left navigation menu. Select Amerigroup Medicare Advantage from the drop down box. You will be directed to the Medicare Advantage Precertification site which includes the precertification submissions and inquiries link. Providers will find precertification requirements there as well via the Precertification look-up tool.

Contracted and non-contracted providers should contact Amerigroup if they are not able to access Availity.

### Background Information

Medicare payment is contingent upon a determination that a service meets a benefit category, is not specifically excluded from coverage, and the item or service is



“reasonable and medically necessary.” CMS provides guidelines for the review of medical necessity.

As of January 1, 2015, non-emergency ambulance transportation for dialysis services required prior authorization. However, not all providers have been following this requirement. Therefore, this notice is provided to you as a reminder and as confirmation that claims will be adjudicated consistent with CMS requirements.

Medicare does not pay for non-emergency transportation unless the member’s condition prohibits travel by any other means even **IF** another type of transportation is not available. CMS has defined when a non-emergency ambulance transport can be approved under the “medically necessary and reasonable” provision of the law.

**Note:** If the base rate for HCPCs A0426 or A0428 is not payable, the mileage HCPCs A0425 shall also be denied.

**How to Request a Prior Authorization:**

Call 1-866-805-4589 or Fax 1-888-235-8468 or

<https://providers.amerigroup.com/pages/home.aspx>

If a request for non-emergency ambulance transport is determined to be not medically necessary and reasonable and the member has no other means of transportation to dialysis treatment, Amerigroup customer service is prepared to help those members find alternate transportation on or after July 1, 2016 through My Advocate.

Members also can contact My Advocate directly at <https://myAdvocatehelps.com>.

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\*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.