AUTHORIZATION MANAGER TIPS

- **Ambulance**

INTRODUCTION

Use this tip when you submit ambulance authorization request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information in their request.

This document describes requests for air ambulance service, ground ambulance, and chair cars.

REQUIRED INFORMATION FOR CERTAIN PROVIDER TYPES

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Ground ambulance	**Request type**: Service Request **Place of service**: 41 – Ambulance – Land **Review type**: Initial **Add Servicing/Facility Provider**: Ambulance NPI or Provider ID **Diagnosis**: Add diagnosis code or description **Procedure**: A0426 After submitting, a new window opens. Populate details as follows: **Quantity**: Enter based on number of trips **Units**: Always select **units (unit equal trips)** **Frequency**: As prescribed **Start date**: Requested start date for trip **Notes** - Trip sheets are required for retro-requests - If the services have not happened, please complete the Pre-Authorization for Non-Emergent Ground Ambulance Transport form and attach it to your request
Air ambulance	**Request type**: Service Request **Place of service**: 42 – Ambulance – Air or Water **Review type**: Initial **Add Servicing/Facility Provider**: Ambulance NPI or provider ID **Diagnosis**: Add diagnosis code or description **Procedure**: A0430 After submitting, a new window opens. Populate details as follows: **Quantity**: Enter based on number of trips **Units**: Always select **units (unit equal trips)** **Frequency**: As prescribed **Start date**: Requested start date for trip **Notes** - Trip sheets are required for retro-requests

Chair car	**Request type**: Service Request **Place of service**: 41 – Ambulance – Land **Review type**: Initial **Add Servicing/Facility Provider**: Ambulance NPI or provider ID **Diagnosis**: Add diagnosis code or description **Procedure**: S0209 After submitting, a new window opens. Populate details as follows: **Quantity**: Enter based on number of trips **Units:** Always select **units (unit equal trips)** **Frequency**: as prescribed **Start date**: Requested start date for trip **Notes** - Trip sheets are required for retro-requests

RELATED RESOURCES

Visit our Authorization Manager page for additional resources, including our Authorization Manager Guide and a video on how to attach clinical documentation.