

## Ambulance Prior Authorization Requirements

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### Prior Authorization:

For services requiring Prior Authorization (PA), the ambulance provider must request authorization from the MDHHS Program Review Division (PRD). The request must include the following information:

- Beneficiary's name and Medicaid ID number
- Diagnosis
- Point of pick-up and destination
- Services(s) to be provided
- Explanation as to why the ambulance transportation is medically necessary
- Explanation as to why the beneficiary cannot be transported by other means
- Name, address, and National Provider Identifier (NPI) of the ambulance provider
- PA requestor's name

Based on the documentation provided, PRD will approve or deny the PA request. The ambulance provider may not bill MDHHS for prior authorized services until PRD approves the PA request.

### Special Situations:

Some special ambulance situations require an approved PA before billing to Medicaid. The approved PA will need to be reported on the claim for the following situations:

- If more than two ambulance transports are needed for the same beneficiary on the same date of service, the third transport will require PA.
- Except in situations when an emergency response is required, out-of-state/beyond borderland ambulance transports require PA.
- Non-emergent air ambulance transports require an order from the beneficiary's attending physician and must have an approved PA.

### Billing Tip:

When the same beneficiary receives more than two ambulance transports on the same date of service and additional transports of an emergent nature are necessary, ambulance providers can secure PA after the transport has been rendered.