



Non-Emergent Ambulance Transports Originating from an Emergency Department (ED)

As of **July 1, 2014**, Geisinger Health Plan (GHP) Medical Management coordinates prior authorization for all **non-emergent** ambulance transportation requests for GHP Members. Authorization requirements for non-emergent transports originating in an ED are listed below.

*Please note: **Prior Authorization IS NOT required in emergency situations**, nor in the case of transport to another ED or higher level of care.*

When to obtain authorization from GHP Medical Management

Non-emergent transports originating from ED that require GHP prior authorization include:

- ED to Skilled Nursing Facility (SNF)
- ED to Inpatient Rehabilitation
- ED to home
- ED to other ambulatory care facility

When authorization is NOT required

Transports originating from an ED that DO NOT require GHP prior authorization include:

- ED to ED
- ED to a higher level of care

Please note: Emergent transport and/or transport to another ED or higher level of care can be coordinated directly with the ambulance provider. GHP strongly encourages ED discharge personnel to use GHP participating ambulance providers in these instances. Find participating ambulance providers online using the provider search function at www.thehealthplan.com or call Alliance Logistic Solutions at: **(844) 558-2356 or (570) 558-2356**.

Non-Emergent Ambulance Transport Prior Authorization Process Overview

- The ordering provider completes the Non-Emergent Ambulance Transport Request form (on the reverse or page 2 of this info sheet) and faxes the completed form to GHP at: **(844) 545-0102 or (570) 214-2430**. The form is available to all providers online through the GHP plan central page at NaviNet.net (click on the *Resource Center* tab on the left navigation bar and look for *Ambulance Precertification* under the *Medical Management* section). You can also call GHP Medical Management at (844) 749-5860 or (570) 214-2459 for a copy of the form.
- GHP Medical Management reviews the form and supporting documentation to substantiate medical necessity, determine the appropriate Mode of transportation and verbally notify the requesting provider of the approval or denial of the service.
- GHP Medical Management relays the clinical information and authorization number to Alliance Logistic Solutions, who will coordinate appropriate transport and notify the requesting provider of transport details.



NON-EMERGENT AMBULANCE TRANSPORT REQUEST

FAX TO GHP: (844) 545-0102 or (570) 214-2430

PHONE GHP: (844) 749-5860 or (570) 214-2459

GENERAL INFORMATION (fill all fields and check all boxes that apply)

Authorization #:

(GHP internal use only)

Requestor Name:		Request Date:
Request Time:	Requestor Phone:	Requestor Fax:
Patient Name:		Patient DOB:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Patient Weight:	Patient Insurance ID #:

TRIP INFORMATION (fill all fields and check all boxes that apply)

Pickup Location Name:		Destination Name:	
Street Address (include unit/floor/room/apt #):		Street Address (include unit/floor/room/apt #):	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
Mode of Transportation Requested: <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER - describe:			
Transport Date:		Pickup Time:	Appointment Time:
<input type="checkbox"/> Round Trip	Time of Return (Will Call or Pickup Time):	<input type="checkbox"/> Recurring Transports	<input type="checkbox"/> Discharge <input type="checkbox"/> MD Office Visit
<input type="checkbox"/> Patient needs procedures or tests that cannot be performed at point of origin (e.g., hospital, SNF, residence, etc.)			
<input type="checkbox"/> Facility to Facility Transfer (e.g, hospital to hospital, hospital to ASC)		<input type="checkbox"/> Specialized services or care not available at first facility	
List services:			
<input type="checkbox"/> Destination is the closest appropriate facility; If not, describe:		<input type="checkbox"/> RT, RN, or MD flight crew required	
Describe why patient needs an ambulance and cannot be transported by other means:			

PATIENT INFORMATION (fill all fields and check all boxes that apply)

Current Diagnosis:		Attending Physician:
Special Circumstances:		
<input type="checkbox"/> Patient ambulates <input type="checkbox"/> Gets up from bed w/o assistance <input type="checkbox"/> Sits in chair/wheelchair <input type="checkbox"/> Immobile/hip precautions <input type="checkbox"/> SNF Part A patient <input type="checkbox"/> Required services are covered under patient's plan of care <input type="checkbox"/> Oxygen; Via: <input type="checkbox"/> Administers own oxygen; If so, what is medical reason:	<input type="checkbox"/> Meds infusing; If so, list meds: <input type="checkbox"/> IV running; If so, list type of IV and meds: <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Tracheostomy care <input type="checkbox"/> Ventilator <input type="checkbox"/> Sedated for ventilation <input type="checkbox"/> Tracheal suctioning needed <input type="checkbox"/> Sedated; If so, how:	<input type="checkbox"/> Psychological/behavioral transport <input type="checkbox"/> Involuntary; If so, committed by: Precipitating behavior: <input type="checkbox"/> Restrained; If so, type: <input type="checkbox"/> Patient suicidal <input type="checkbox"/> Patient homicidal <input type="checkbox"/> Additional attendant; who/why: <input type="checkbox"/> Lift Assist Needed