

interChange Provider Important Message

Attention: Non-Emergency Ambulance Providers

The purpose of this Important Message (IM) is to notify non-emergency ambulance providers that for date of service (DOS) 1/1/2018 and forward, you can submit claims that previously required prior authorization (PA), but a PA was not obtained in advance to delivering the services, such as due to a denial by a third party insurer such as Medicare, or due to a recipient retroactively being granted eligibility.

The Department reminds ambulance providers that it is the responsibility of the ambulance provider to maintain and, upon request furnish to Medicaid, complete and accurate documentation of the member's condition to demonstrate that the transport by ambulance meets the criteria for medical necessity (per Connecticut General Statue Section 17b-259b). If the documentation does not describe the member's condition in such detail to easily conclude that the member would be at risk if transported any other way, then Medicaid may not allow payment. In addition, all payments are subject to audit by the Department of Social Services Office of Quality Assurance.

If non-emergency transportation services are rebilled to the Department it is the responsibility of the provider to refund any payments furnished by the HUSKY member prior to billing Connecticut medical Assistance program (CMAP).