



Xerox State Healthcare 2 Pillsbury Street Suite 200 Concord, NH 03301

MEMORANDUM

TO: All Ambulance Providers
FROM: Xerox and NH Medicaid
DATE: March 1, 2014
SUBJECT: New Service Authorization Requirements and Related Forms for “Scheduled and Routine Ambulance Transportation”

Please be advised that a new Ambulance Services rule (He-W 572) went into effect on December 1, 2013. However, the Department does not intend to implement the requirements of the rule until April 1, 2014 in order to allow time for completion of necessary system changes and the posting of new forms to the Xerox website. This rule is applicable only to recipients who are not in a Medicaid managed care plan.

The most significant change to the rule is the requirement that all non-emergency ambulance transportations (“scheduled and routine”) be authorized. Please also be aware that the use of scheduled and routine ambulance transportation is limited to recipients who are either bed-confined or have a condition such that all other methods of transportation are contraindicated.

Providers are responsible for becoming familiar with the details and requirements of the rule. The complete text of this rule can be found at:

http://gencourt.state.nh.us/rules/state_agencies/he-w500.html

The process for requesting service authorization for scheduled and routine transportation is as follows:

A complete authorization request must be submitted by the ambulance provider to the Department by faxing or mailing the two forms listed below to the number or address on the form:

- 1) Form 272AMB, “Scheduled and Routine Ambulance Transportation Authorization Request Form,” signed and dated by the ambulance provider; and
- 2) Form 272MN, “Medical Necessity for Ambulance Services Form,” signed and dated by the recipient’s attending physician, doctor of osteopathy, physician assistant, clinical nurse specialist, advanced practice registered nurse, registered nurse, licensed practical nurse or discharge planner employed by the facility where the recipient is being treated.

Authorization requests must be complete, legible and submitted prior to, or within 30 days of the service being delivered. These forms will be posted prior to April 1, 2014, and can be found on the NH MMIS Health Enterprises portal at:

<https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome>



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Additional changes to the rule include: (1) the removal of the requirement that a physician certification form be submitted for all emergency transportations, (2) clarification that provider records used to support claims include a patient care report or NH Medicaid run sheet, and (3) removal of the requirement to complete an ALS or BLS medical necessity form.

If you have any questions, please contact Jane Hybsch, RN, Administrator, Medicaid Medical Services Unit, at 1-800-852-3345, ext. 9423, or (603) 271-9423, or by e-mail at jhybsch@dhhs.state.nh.us.