

Correction to 'Prior Authorization Requirements and Instructions Update for Ambulance Transportation Services'

Information posted June 21, 2019

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

This is a correction to the article titled "[Prior Authorization Requirements and Instructions Update for Ambulance Transportation Services](#)," which was published on this website June 4, 2019.

The article announced future changes to ambulance services prior authorization requirements and forms for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program effective July 1, 2019. The article also indicated that claims reprocessing would be included for procedure code A0420.

The correction is that the changes to prior authorization requirements and instructions for ambulance transportation services will become effective September 1, 2019.

The following will apply effective September 1, 2019:

Benefit Changes for Procedure Code A0420

Prior authorization is not required for procedure code A0420 (waiting time) for nonemergency ambulance transportation services. Paid transport is required to appear on the same claim form as procedure code A0420.

Medicaid and CSHCN Prior Authorization Forms

The following Medicaid and CSHCN ambulance services prior authorization forms will be revised and updated and the forms will be available on September 1, 2019. The revised forms will be fillable PDFs on the TMHP website under "Prior Authorization – (Medicaid or CSHCN) PA Forms – Prior Authorization," and on TMHP's Prior Authorization on the Portal:

- F00044: Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Non-emergency Ambulance Exception
- F00045: Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Non-emergency Ambulance Prior Authorization Request

The forms will be updated to remove procedure code A0420 as a code that requires prior authorization from the instructions page.

The forms will be updated with an effective date of September 1, 2019. TMHP will accept previous versions of the forms through September 30, 2019. Effective October 1, 2019, TMHP will only accept the new forms.

TMHP will return and mark as deficient previous versions of the forms, which include an effective date prior to September 1, 2019, received on or after October 1, 2019.

Claims Reprocessing for Procedure Code A0420

Affected claims submitted with dates of service from May 1, 2018, through August 23, 2019, will be reprocessed and may result in an additional payment or recoupment, which will be reflected on future Remittance and Status Reports. No action on the part of the provider is required.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.