

ONLY COMPLETED FORMS CAN BE PROCESSED

Harvard Pilgrim reserves the right to request additional clinical information.
Incomplete forms or lack of supporting documentation may delay response time.

Please check the box below only if request meets the definition of "expedited."

- Expedited: Medicare defines expedited requests as those where "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

Patient Information	Person Completing Form
Patient name:	Name:
HPHC member ID #:	Phone #:
Date of birth:	Fax #:
Requesting Provider/Facility	Servicing Provider/Facility
Last name: _____	Last name: _____
First name: _____	First name: _____
Title (NP, PA): _____	Title (NP, PA): _____
HPHC provider ID #:	Address:
NPI #:	
Service start date: _____	HPHC provider ID # (if known)
Service end date: _____	
Origin:	Destination:
Diagnosis:	Tax ID #:
ICD-10 code: <input type="checkbox"/> A0130 <input type="checkbox"/> A0425 <input type="checkbox"/> A0426 <input type="checkbox"/> A0428 <input type="checkbox"/> A0430 <input type="checkbox"/> A0435	

Please attach any applicable clinical documentation.

If you have any questions about this process, please contact the Medicare Advantage Provider Service Center at **888-609-0692**.

(Continued)

Transportation

Type of Transportation Requested	Criteria (check all that apply)
<p>Non-Emergent Fixed-Wing Air Ambulance</p>	<p>Transportation is reasonable and necessary to ensure the member’s safe transfer to the nearest medical facility capable of furnishing medically necessary care, and <i>All</i> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ground or water ambulance transportation is medically contraindicated, or inappropriate to ensure the member’s safe transfer <input type="checkbox"/> Member’s medical condition is stable, and the member can be safely transported via air ambulance <input type="checkbox"/> Member requires medical attention/supervision during transport and ANY of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Suctioning, ventilator assistance, regulation of oxygen therapy <input type="checkbox"/> Isolation due to a communicable disease or hazardous material exposure <input type="checkbox"/> Requires a major orthopedic device (e.g., backboard, halo-traction, use of pins and traction) that significantly limits his/her ability to be safely transported by other means <input type="checkbox"/> Confined to bed (i.e., unable to get out of bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair) <input type="checkbox"/> Requires special assistance with positioning to avoid further injury (e.g., member cannot be safely positioned in a chair or standard vehicle due to recent or unstable fractures, severe pain, contractures, size, etc.) <input type="checkbox"/> Considered a danger to self or other <input type="checkbox"/> Other _____
<p>Non-Emergent Ground Transportation — <i>Member must also meet additional criteria for type of transportation requested</i> Ambulance or wheelchair</p>	<p>Traveling from (origin) one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home (place of residence includes Assisted Living, and SNF [custodial level of care]) <input type="checkbox"/> Acute care hospital, rehab or LTAC <input type="checkbox"/> Inpatient hospice <input type="checkbox"/> Skilled nursing or subacute <input type="checkbox"/> Dialysis facility <p>Traveling to (destination) one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home (place of residence includes Assisted Living, and SNF [custodial level of care]) <input type="checkbox"/> Acute care hospital, rehab or LTAC <input type="checkbox"/> Inpatient hospice <input type="checkbox"/> Skilled nursing or subacute <input type="checkbox"/> Dialysis facility <p>And meets <i>all</i> the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PCP or attending provider determines such transportation is reasonable and medically necessary (based on the patient’s medical condition) <input type="checkbox"/> Use of less restrictive methods of transportation (e.g., private car, taxi) is contraindicated or likely to endanger the member’s health <input type="checkbox"/> Non-emergent ground transportation is reasonable and medically necessary to ensure the member’s safe transport

Ambulance

Must meet criteria for non-emergent ground transportation and one of the following:

- Confined to bed before and after transport or must remain in a supine or prone position
- Unable to sit in chair or wheelchair for duration of transport
- Immobilized due to fracture, possibility of a fracture or in a body or Spica cast
- Unable to sit in a wheelchair due to **severe** lower extremity contractures
- Presence of a health condition that would be exacerbated by transport in a vehicle other than an ambulance
- Presence of a physical condition or limitation that requires transport via stretcher
- Requires maintenance of medical isolation precautions for an active infectious process
- Member requires a skilled service during transport (e.g., ventilator care, nursing), or oxygen therapy that cannot be safely self-administered

Wheelchair Van — *may be covered in lieu of ambulance transport*

Must meet criteria for non-emergent ground transportation and ***all*** of the following:

- Must be transported by wheelchair (wheelchair dependent)
- Unable to ambulate with or without assistance or with or without an assistive device
- Unable to transfer safely from wheelchair to private vehicle
- Cannot be safely transported by private car or tax

Clinical