



Subject: Ambulance Services

Scope: All Pennsylvania Unison Health Plan Products

Effective January 1, 2007, Unison Health Plan will no longer utilize Consolidated Ambulance Network (CAN) to manage covered Ambulance Services for the Unison Health Plan products. Unison Health Plan will manage these services internally.

Ambulance providers should accept dispatching requests for those covered ambulance services that do not require prior authorization as described below directly from Unison participating providers. For a listing of participating ambulance providers and their telephone numbers for dispatching, please visit our website at www.unisonhealthplan.com.

Unison will manage emergent and covered non-emergent ambulance transport based on the following procedures:

1. Emergency Services – No Prior Authorization Required

Emergency Services, including emergent transportation performed by either a Unison-participating or non-participating ambulance provider, does not require prior authorization by Unison. An Emergency Service is generally any service that is necessary to evaluate or stabilize a condition that the prudent layperson would believe could place the person's health in jeopardy or result in serious impairment of a bodily function or serious dysfunction to a bodily organ or part. Unison employs the prudent layperson standard for coverage of emergent transport. For instance, a Unison member who is stabilized in an emergency room of a facility but requires immediate transport to another facility for admission to the appropriate level of care would be deemed an Emergency Service and prior authorization would not be required. In such cases, Unison will make payment at the emergent level of care.

2. Non-Emergency Services (Facility to Facility)

Participating Ambulance Providers– No Prior Authorization

Non-emergent covered transportation between facilities, identified with modifiers on the attached list, does not require prior authorization when performed by a Unison-participating ambulance provider. For a listing of participating providers and their telephone numbers for dispatching, please visit our website at www.unisonhealthplan.com. Ambulance providers should accept dispatching requests for those covered ambulance services that do not require prior authorization as described on the attached list directly from Unison participating providers.

Non-Participating Ambulance Providers– Requires Prior Authorization

This type of transport does require prior authorization by Unison if performed by a non-participating ambulance provider. Requests for prior authorization of these types of non-par ambulance services should be made to Unison’s Utilization Management Department at 1-800-366-7304 for Unison MedPLUS, Unison Kids (CHIP) and Unison aB and at 1-877-333-3457 for Unison Advantage. Requests should be made during standard business hours only (8am to 5pm).

3. Non-Emergency Services (other than Facility to Facility)

Participating and Non-Participating Ambulance Providers – Requires Prior Authorization.

All non-emergent transportation requests, with the exception of facility to facility transports as described in #2 above, require prior authorization. Requests should be made to Unison’s Utilization Management Department at 1-800-366-7304 for Unison MedPLUS, Unison Kids (CHIP) and Unison aB and at 1-877-333-3457 for Unison Advantage. Requests should be made during standard business hours only (8am to 5pm).

Ambulance providers should accept dispatching requests for those covered ambulance services that do not require prior authorization as described above directly from Unison participating providers. For a listing of participating ambulance providers, please visit our website at www.unisonhealthplan.com.

Claims for ambulance services should be submitted electronically or billed on a red and white CMS-1500 or UB 92 claim form with the appropriate service code and modifier in accordance with plan rules stated above to the following address:

Unison Administrative Services
PO Box 1018
Monroeville, PA 15146.

**Thank you for your cooperation. Please contact Provider Services at
1-800-600-9007 with any questions.**

**Non-Emergent Facility to Facility Transport Grid (Origination/Destination Points)
No Prior Authorization for Participating Ambulance Providers**

MODIFIER	ORIGINATION POINT	MODIFIER	DESTINATION POINT
D	Diagnostic or therapeutic site	H	Hospital
D	Diagnostic or therapeutic site	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
E	Nursing Home	H	Hospital
E	Nursing Home	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
G	Hospital-Based Dialysis Facility (hospital or hospital-related)	H	Hospital
G	Hospital-Based Dialysis Facility (hospital or hospital-related)	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
G	Hospital-Based Dialysis Facility (hospital or hospital-related)	N	Skilled Nursing Facility (*)
H	Hospital	D	Diagnostic or therapeutic site
H	Hospital	G	Hospital-Based Dialysis Facility (hospital or hospital-related)
H	Hospital	H	Hospital
H	Hospital	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
H	Hospital	J	Non-Hospital Based Dialysis Facility
H	Hospital	N	Skilled Nursing Facility (*)
I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)	H	Hospital
I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)	N	Skilled Nursing Facility (*)
J	Non-Hospital Based Dialysis Facility	H	Hospital
J	Non-Hospital Based Dialysis Facility	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
J	Non-Hospital Based Dialysis Facility	N	Skilled Nursing Facility (*)
N	Skilled Nursing Facility (*)	G	Hospital-Based Dialysis Facility (hospital or hospital-related)
N	Skilled Nursing Facility (*)	H	Hospital
N	Skilled Nursing Facility (*)	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
N	Skilled Nursing Facility (*)	J	Non-Hospital Based Dialysis Facility
N	Skilled Nursing Facility (*)	N	Skilled Nursing Facility (*)
P	Physician's Office	H	Hospital
P	Physician's Office	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
R	Residence	H	Hospital
R	Residence	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
S	Scene of accident or acute event	D	Diagnostic or therapeutic site
S	Scene of accident or acute event	H	Hospital
S	Scene of accident or acute event	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)
S	Scene of accident or acute event	J	Non-Hospital Based Dialysis Facility
S	Scene of accident or acute event	N	Skilled Nursing Facility (*)
S	Scene of accident or acute event	P	Physician's Office
S	Scene of accident or acute event	S	Scene of accident or acute event
X	Intermediate stop at physician's office enroute to the hospital	H	Hospital
X	Intermediate stop at physician's office enroute to the hospital	I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transport)