Non-Emergent Ground Transportation
Prior Authorization Request Form

Point32Health
Harvard Pilgrim Health Care TUFTS Health Plan

Check the member's benefit coverage before requesting prior authorization; coverage for this service varies by product.

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

Patient information:

Patient name: Date of birth: / /

Member ID #

Diagnosis

ICD-10 code (*if available*):

Person completing form:

Name: Phone: Fax:

Facility/person making request:

Contact name: Phone: Fax:

Ambulance provider:

Ambulance provider name: NPI # (*if known*):

Contact name: Phone: Fax:

Service start date: / / Service end date: / /

Number of units/trips: Frequency/week:

Reason for transport:

Hospital discharge: Yes No If *Yes*, time of transport:

Other:

Traveling from (origin):

Acute care hospital Long term acute care Inpatient rehab Inpatient hospice Skilled nursing or subacute
Dialysis facility Member's home

Traveling to (destination):

Acute care hospital Long term acute care Inpatient rehab Inpatient hospice Skilled nursing or subacute
Dialysis facility Physician's office or free standing facility* Member's home

* *No prior authorization required for emergent transport, hospital to hospital transport or wheel chair van transport (member must meet general criteria for non-emergent ground transport and wheel chair van transport).*

Type of transport:

HCPCS Code: Description:

Reason for non-emergent ground transport *(must meed medical necessity criteria, for example, the member is bed confined, the member cannot safely sit upright while seated in a wheelchair, the member requires oxygen and oxygen saturation level monitoring, et al.)*

Clinical details to support condition specified *(attach any supporting documents)*

CLEAR FORM