

## **Network Notification**

Notice Date: May 2, 2019

To: Indiana Exchange Providers

From: CareSource

Subject: Retrospective Authorizations for Advanced Life Support (ALS)

Effective Date: June 15, 2019

## **Summary**

ce is appropriate, the definition of ALS trip Ina yound Winin Indiana Administrative Code

a Code (IC) 16-18-2-7 and the Indiana Emergency Medical Services Commission (EMSC)

836 1-1-1, ALS care is:

en in one of the following settings:

t the scene of an accident, act of terrorism, or illness

uring transport

t a hospital

vided by a paramedic or an advanced emergency medical technician

re advanced than the care usually provided by an emergency medical technician

nclude any of the following acts of care:

ibrillation

dotracheal intubation

enteral injection of appropriate medications

ctrocardiogram interpretation

ergency management of trauma and illness

es are subject to the following transportation guidelines and limitations:

bulance: A licensed ambulance service that is designed, equipped, and used only to

sport a covered person with a sickness or injury, provided it is staffed by emergency medical

nnicians, paramedics, or other certified first responders

bulette: Not an ambulance regardless of whether it meets certain criteria set above.

der, please submit your retrospective authorization request using the prior authorization form

CareSource.com > Providers > Tools & Resources > Forms

You can fax the form to 84	4-

432-8924.

## **Importance**

Submitting a retrospective authorization for ALS services will help ensure you receive payment for ALS services. Failure to submit a retrospective authorization for ALS services may result in a claim denial.

## **Questions?**

Please call Provider Services at **1-866-286-9949** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).

IN-EXCP-0136