



## Corporate Procedure

<b>Subject:</b>	Centene Trillium Post Authorization Requests		
<b>Procedure No:</b>		<b>Created Date:</b>	
<b>Authorized By:</b>	Claims	<b>Review Date:</b>	2/2/2022
<b>Department:</b>	Claims	<b>Effective Date:</b>	3/15/2022

### PURPOSE:

To accommodate claim requests from Oregon Providers for transports not prior-authorized by MTM. Trillium Community Health Plan allows post-authorization approval of non-emergency medical transportation for urgent trips and discharges when it is not possible to obtain prior authorization. The ordering facility contacts the rendering provider directly to arrange transportation.

Post authorization is allowed for non-emergency wheelchair, ambulance, secured transports and stretcher (BLS or non-BLS) transports. Ambulatory trips are to be coordinated through MTM.

### DEFINITIONS:

**Prior-Authorization:** Refers to transportation requests that are requested by the member or facility, allowing MTM to assess level of need and proper mode of transportation, then assign an appropriate provider.

**Post-Authorization:** Refers to transportation requests that are sent to MTM after the transport has occurred.

### RESPONSIBILITY:

1. The discharging facility will call transportation vendor directly (available vendor list provided) to set up a ride and submit to them the 405T form
  - a. DO NOT call Trillium (MTM) transportation for this process.
2. The transportation vendor requests a post authorization via phone, by calling the Trillium Transportation phone line at 1-877-583-1552 and submit the 405T and CMS 1500 claim form. Requests must be submitted within three business days of the date of service.
3. Eligibility will be verified for the date of service prior to assigning a post authorization Trip ID number.
  - a. If Member is eligible-go to next step
  - b. If member is not eligible, the transportation provider will be informed that the member is ineligible on the date of service and no post authorization will be available.

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4. Trip information will be entered into the NET Management System as necessary
  - a. Name (and title of caller if possible)
  - b. Phone number or pager number of caller
  - c. Room # (and nurse's station phone number if possible)
  - d. Basic medical condition
  - e. Special medical needs, i.e., oxygen (# of liters/min), IVs, suction, ventilator, etc. - the needs of patient determine whether it is a Basic Life Support (BLS) or Advanced Life Support (ALS) transport.
  
5. Trip ID will be assigned for billing purposes and will be assigned at the time of the call.

Ambulance providers will submit the 405t form along with the CMS 1500 claim form for payment. 405t form [ambulanceclaims@mtm-inc.net](mailto:ambulanceclaims@mtm-inc.net) put "405T" in the subject line.

Ambulance providers may submit claims to [ambulanceclaims@mtm-inc.net](mailto:ambulanceclaims@mtm-inc.net)

6. Ambulatory and Paralift claims can be submitted through the Online Access portal as normal.
7. Claims must be submitted within the normal timeline for claims submittal.

This procedure is reviewed on an annual basis for appropriateness and effectiveness.