



Network Notification

Notice Date: May 15, 2019
To: Indiana Providers
From: CareSource
Subject: Retrospective Authorizations for Advanced Life Support (ALS)
Effective Date: June 15, 2019

Summary

Effective June 15, 2019, Advanced Life Support (ALS) ambulance trips are required to have a retrospective authorization for services. The authorization request must be submitted within 72 hours of the date of service (DOS). Claims for ALS trips without an authorization for the DOS will be denied.

Impact

CareSource does not currently require an authorization to be submitted for ALS trips. To ensure the ALS service is appropriate, the definition of ALS trip maybe found within Indiana Administrative Code (IAC).

Per *Indiana Code (IC) 16-18-2-7* and the *Indiana Emergency Medical Services Commission (EMSC)* within *IAC 836 1-1-1*, ALS care is:

- Given in one of the following settings:
 - At the scene of an accident, act of terrorism, or illness
 - During transport
 - At a hospital
- Provided by a paramedic or an advanced emergency medical technician
- More advanced than the care usually provided by an emergency medical technician

ALS may include any of the following acts of care:

- Defibrillation
- Endotracheal intubation
- Parenteral injection of appropriate medications
- Electrocardiogram interpretation
- Emergency management of trauma and illness

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.

ALS services are subject to the following transportation guidelines and limitations:

- Ambulance: A licensed ambulance service that is designed, equipped, and used only to transport a covered person with a sickness or injury, provided it is staffed by emergency medical technicians, paramedics, or other certified first responders
- Ambulette: Not an ambulance regardless of whether it meets certain criteria set above.

As a reminder, please submit your retrospective authorization request using the prior authorization form located on CareSource.com > Providers > Tools & Resources > [Forms](#). You can fax the form to 844-432-8924.

Questions?

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