

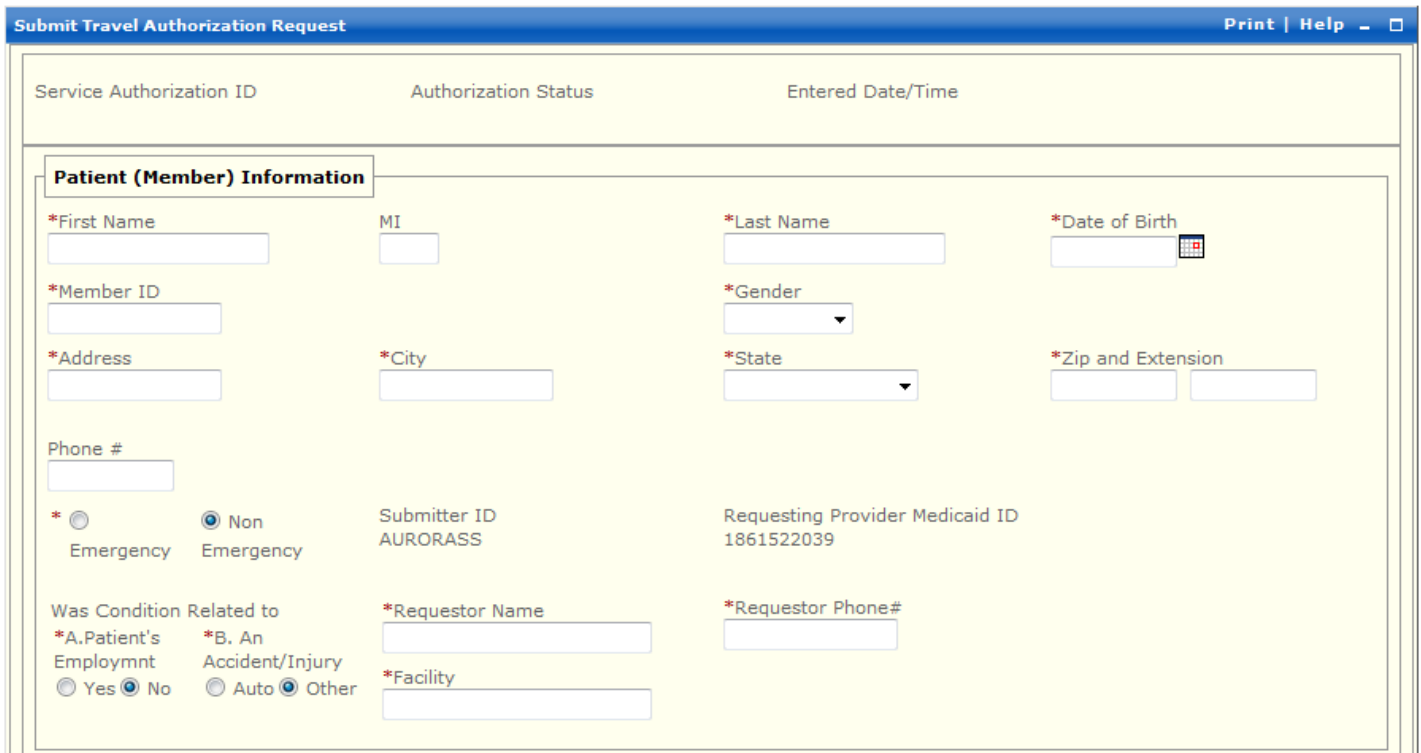
How to Submit a Non-Emergency Medical Transportation Authorization Request in Health Enterprise

All medically necessary, non-emergency transportation (air, water, or ground) and accommodations (e.g., hotel or meals) must be authorized by Conduent. The patient's Alaska Medicaid coverage must include transportation benefits. To request a transportation authorization through Health Enterprise:

1. Log in to Health Enterprise.
2. Select **Submit Transportation Authorization Request** from the **Authorizations** drop down menu.

Under Patient (Member) Information:

1. Enter the member's first and last name in the **First Name** and **Last Name** fields.
2. Enter the member's date of birth in the **Date of Birth** field or choose the date from the calendar.
3. Enter the member's Alaska Medical Assistance ID number in the **Member ID** field.
4. Select the member's gender from the **Gender** drop down menu.
5. Enter the member's address in the **Address** and **City** fields.
6. Select the appropriate state from the **State** drop down menu.
7. Select the **Non-Emergency** radio button.
8. Under **Was Condition Related to**, click the appropriate radio button to indicate whether the patient's condition is related to his or her employment or an accident or injury.
9. Enter the requesting provider's information in the **Requester Name** and **Requester Phone #** fields.
10. Enter the requesting provider's contact email address in the **Facility** field.



Submit Travel Authorization Request Print | Help

Service Authorization ID	Authorization Status	Entered Date/Time	
Patient (Member) Information			
*First Name	MI	*Last Name	*Date of Birth
*Member ID		*Gender	
*Address	*City	*State	*Zip and Extension
Phone #			
<input type="radio"/> Emergency <input checked="" type="radio"/> Non Emergency	Submitter ID AURORASS	Requesting Provider Medicaid ID 1861522039	
Was Condition Related to <input type="radio"/> A. Patient's Employment <input checked="" type="radio"/> B. An Accident/Injury	*Requestor Name	*Requestor Phone#	
<input type="radio"/> Yes <input checked="" type="radio"/> No	*Facility		

Under Patient Transportation:

1. Select the member's departure city from the **First Origin City-State-APC** drop down menu.
2. Enter the member's departure date in the **Departure Date** field or select departure date from the calendar.
Note: For multiple appointments across a time span within the eligible month, enter the date of the first appointment in the **Departure date** field and the date of the last appointment in the Return date field.
3. Click the **Round Trip** radio button. Do not select the **One Way** option.
4. Enter the member's return date in the **Return Date** field.
5. Select the member's destination city from the **Final Destination City-State-APC** drop down menu.
6. Enter the requested units next to the corresponding procedure code in the **Units** fields.
7. If no escort is required, leave the **No** radio button selected under "Does member need an escort?".

Patient

Transportation

First Origin

*City-State-APC

*Departure Date

Return Date

* Yes No
 One Round Way Trip

Final Destination

*City-State-APC

Escort

? Does member need an escort?
 * Yes No

Procedure Code	Modifier	Description	Units	Charges
A0100		G. Ground Taxi	<input type="text"/>	\$ <input type="text"/>
A0120		D. Other Transportation	<input type="text"/>	\$ <input type="text"/>
A0130		Wheelchair van	<input type="text"/>	\$ <input type="text"/>
A0140		AIR travel	<input type="text"/>	\$ <input type="text"/>
A0180		F. Lodging	<input type="text"/>	\$ <input type="text"/>
A0180	HD	F. Lodging	<input type="text"/>	\$ <input type="text"/>
A0190		G. Meals	<input type="text"/>	\$ <input type="text"/>

Under Escort Transportation:

If an escort is required, click the **Yes** radio button under “Does member need an escort?” the escort section will expand. Complete the escort section with the medically necessary escort’s information. This information is required at the time of the request.





1. Click the **Round Trip** radio button. Do not select the **One Way** option.
2. Select a reason code from the **Escort Reason Code** drop down menu.
3. Enter escort notes in the **Reason For Escort** field.
4. Enter the escort’s departure date in the **Departure Date** field or select departure date from the calendar.
5. Enter the escort’s return date in the **Return Date** field.
6. Enter the escort’s name in the **Escort Name** field.
7. Enter the escort’s date of birth in the **Escort Date of Birth** field or select date from the calendar.
8. If a second escort is medically necessary, enter the second escort’s name and date of birth in the **Escort Name (2)** and **Escort (2) Date of Birth** fields.
9. Enter the requested number of units for the escort’s transportation and accommodation next to the corresponding procedure code in the **Units** fields.

Escort

? Does member need an escort?
 * Yes No

Transportation

* One Way Round Trip

Escort Reason Code:
 Reason For Escort:
 Departure Date: 
 Return Date: 
 Escort Name:
 Escort Date of Birth: 
 Escort Name (2):
 Escort (2) Date of Birth: 
 Third Escort Name:

Procedure Code	Modifier	Description	Units	Charges
A0100	TK	J. Ground Taxi	<input type="text" value=""/>	\$ <input type="text" value=""/>
A0120	TK	K. Other Transportation	<input type="text" value=""/>	\$ <input type="text" value=""/>
A0140	TK	Air travel	<input type="text" value=""/>	\$ <input type="text" value=""/>
A0200		M. Lodging	<input type="text" value=""/>	\$ <input type="text" value=""/>
A0200	HD	L. Prematernal Home	<input type="text" value=""/>	\$ <input type="text" value=""/>
A0210		N. Meals	<input type="text" value=""/>	\$ <input type="text" value=""/>
T2001		Escort travel W/O recipient	<input type="text" value=""/>	\$ <input type="text" value=""/>

Under Medical Justification:

Each appointment must be entered under **Medical Justification**. If a patient has multiple appointments (for instance, dialysis visits), the provider should fill in the first and last visit in the appointment field, then detail the dates and times of the remaining appointments in the procedure notes field.

1. Click the blue **Add Appointment** button.
2. Enter the provider's name in the **Provider Name** field.
3. Enter the date of the appointment in the **Date** field or select appointment date from the calendar.
4. Enter the time of the appointment in the **Time** field.
5. Click the blue **Save** link next to **Add Appointment**.
6. Enter a description of the member's medical reason for travel in **Diagnosis Code Notes**.
7. Enter any additional notes or appointments in either the **Diagnosis Code Notes** field or the **Procedure Notes** field.

NOTE: Do not use the **Note** field to enter notes pertaining to the authorization request. Only enter necessary notes in either the **Diagnosis Code** or **Procedures Notes** field. Date each set of notes and click the small **Save** in the portlet.

8. Click **Submit** at the bottom of the page.

Medical Justification

Add Appointment

Provider Name	Date	Time
No Data		

Add Appointment [Save](#) | [Reset](#) | [Cancel](#)

<small>*Provider Name</small>	<small>*Date</small>	<small>*Time</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Add Diagnosis

Diagnosis Code	Date	Diagnosis Notes
No Data		

Add Diagnosis [Save](#) | [Reset](#) | [Cancel](#)

<small>Diagnosis Code</small>	<small>Date</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Diagnosis Code Notes</small>	
<input style="width: 95%;" type="text"/>	

Add Procedure

Procedure Code	Date	Procedure Notes
No Data		

Add Procedure [Save](#) | [Reset](#) | [Cancel](#)

<small>Procedure Code</small>	<small>Date</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Procedure Notes</small>	
<input style="width: 95%;" type="text"/>	

+ [Additional Service Line Item Information](#)

+ [Note](#) + [Reject Reasons](#)

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.

Submit
Save
Reset
Cancel

Once the request is submitted, Conduent will review and either approve or deny the request. A Conduent Service Authorization Representative will notify the provider that made the request that the request is approved. Providers may also view the status of submitted authorization requests in Health Enterprise. Once the transportation authorization request is approved, complete a Transportation Authorization Invoice (AK-04) for each provider that will be billing for services. For instructions on completing the AK-04, refer to "How to Request a Service Authorization for Transportation or Accommodation Services" available on the Provider Updates page at <http://manuals.medicaidalaska.com/docs/updates.htm>.