



# Transportation Authorization Update Form Now Available

Providers may now submit transportation authorization update requests via fax.

To request a **change or update** to an approved transportation authorization, please complete the attached Transportation Authorization Update Form and fax it to the Xerox Service Authorization Unit. You may also access the form at <https://medicaidalaska.com> (Documentation > Documents & Forms > Forms). When initially arranging patient travel, please continue to call the Xerox Service Authorization call center to request a new transportation authorization.

## Form Instructions

The Transportation Authorization Update Form may be used only when a change or update is medically necessary. If you do not know the service authorization number, please call the Service Authorization call center and speak with an agent.

**Step 1:** Complete the attached Transportation Authorization Update Form. You may submit multiple update requests on the same form.

**Step 2:** Fax the completed form to **877.438.8942**.

**Step 3:** Issue any updated vouchers to members. You do not need to wait for confirmation from Xerox to generate updated vouchers.

**Step 4:** After you receive a phone or fax confirmation from Xerox that the update has been completed, you or the member may contact the State Travel Office at 800.514.7123 to arrange a member's flight or ferry.

We appreciate your patience as we work through and improve the processes in Health Enterprise. Our goal is to provide you with timely and efficient service.

If you have questions regarding transportation authorization updates, please call the Service Authorization call center at 907.644.6800, option 5, or toll-free in Alaska at 800.770.5650 (option 1, 2) for assistance.





# TRANSPORTATION AUTHORIZATION UPDATE FORM

To request a change to an approved transportation authorization, please complete the following form and fax to Xerox. Issue any updated vouchers to members once you fax the completed form. Xerox Transportation Authorization Fax Number: **877.438.8942**

**Provider Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

Transportation Authorization Updates To Be Keyed				
<u>Recipient ID</u>	<u>Service Authorization Number</u>	<u>Updates Required/Approved</u>	<u>Medical Need for Change or Update*</u>	<u>Xerox Use Only: Updates Sent to STO? (Y/N)</u>
Sample: 0600XXXXXX	Sample: PXXXXXXXXX	Sample: Extend end date from 10/14/13 to 10/16/13 at header and for all lines. Add 2 units of A0150, A0150 TK, A0160, and A0160 TK for a new total of 4 units on each code.	Sample: Physician has scheduled labs and additional appointments on 10/14, 10/15 and 8:00 a.m. 10/16. Patient can return 10/16	

\*Changes or updates to approved transportation authorizations should only be requested when medically necessary. Providers may be responsible for expenses associated with extensions that are not medically necessary.

Provider Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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