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CareAdvantage Provider Notice

**Subject: CareAdvantage non-emergency medical transportation
prior authorization requirement, effective January 15, 2009**

Effective with date of service January 15, 2009, prior authorization is required for CareAdvantage non-emergency medical transportation claims (HCPCS codes A0426 and A0428). Prior authorization requests must be accompanied by documentation that is in accordance with the Center for Medicare and Medicaid Services (CMS) coverage criteria for authorization and payment as established in 42, CFR, section 410.40.

CMS non-emergency medical transportation criteria may be found at:

http://www.cms.hhs.gov/AmbulanceFeeSchedule/downloads/cfr410_40.pdf

HPSM prior authorization forms may be found online at www.hpsm.org.

Completed prior authorizations forms can be submitted to HPSM via fax at 650-616-2079 or via US Mail to:

Health Plan of San Mateo
Attn: Health Services Dept.
701 Gateway Blvd. #400
South San Francisco, CA 94080

If you have any questions, please contact HPSM.

Call Provider Services at 650-616-2106 or Health Services at 650-616-2070.