



**TO: Ambulance Providers**

**RE: Non-Emergency Ambulance Coverage For HUSKY B and Charter Oak Clients**

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The purpose of this bulletin is to notify Ambulance providers that limited non-emergency ambulance coverage is available for HUSKY B and Charter Oak clients. This coverage has been in effect for Charter Oak and HUSKY B clients since January 1, 2012.

If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center at 1-800-842-8440.

Non-emergency ambulance services are covered for Charter Oak and HUSKY B clients, when medically necessary and when billed with the following modifiers: HH “Hospital to Hospital”, HN “Hospital to Skilled Nursing Facility” and NH “Skilled Nursing Facility to Hospital”. Coverage is in effect for dates of service January 1, 2012 and forward. A prior authorization is not required for these services.

Non-emergency ambulance claims should be submitted directly to HP for processing. Please submit all claims that are greater than one year from the date of service with a request to override timely filing to HP Written Correspondence, PO Box 2991, Hartford, CT 06104. Any payment received from the HUSKY B or Charter Oak clients for these services must be returned to the client.

**Please note that non-emergency transportation, with or without modifiers (HH, HN, and NH) for HUSKY A, C, D, and limited coverage groups continues to require a prior authorization.**

