

## **Non-Emergent Ambulance Transportation Prior Authorization Requirement**

### **INTEGRITY for Duals and Dual CONNECT**

**Neighborhood News – January 2026**

Effective **January 1, 2026**, Neighborhood Health Plan of Rhode Island (Neighborhood) is now requiring prior authorization for certain non-emergent ambulance transportation services for members enrolled in **Neighborhood INTEGRITY for Duals** (HMO D-SNP) and **Dual CONNECT** (HMO D-SNP).

#### **Air Ambulance (Non-Emergent)**

Prior authorization is required for the following codes for all covered modifier combinations except those listed below:

- A0430
- A0431

#### **Modifiers - No Prior Authorization Required:**

- HH
- SH
- II
- HI
- IH

All other modifier combinations require prior authorization.

#### **Ground Ambulance (Non-Emergent)**

Prior authorization is required for:

- A0428
  - Modifier HR (Hospital to Residence)
  - Only when NOT billed with one of the qualifying diagnosis codes below

#### **Qualifying Diagnosis Codes - No Prior Authorization Required:**

- Z74.01 – Bed confined
- Z99.3 – Wheelchair dependent
- Z99.11 – Ventilator dependent

If A0428 with modifier HR is billed without one of the qualifying diagnosis codes above, prior authorization is required.

## Important Notes

- This update applies only to Neighborhood D-SNP products.
- Emergency ambulance transportation is not affected.
- Claims billed without required prior authorization will be denied.
- This requirement aligns with the D-SNP member benefit package.

Providers should use the [Prior Authorization Search Tool](#) to determine which Neighborhood services require prior authorization. For more information on non-emergent transportation services, please refer to the [Non-Emergency Ambulance Services Clinical Medical Policy](#). Neighborhood appreciates your partnership and ongoing dedication to providing high-quality care to our members.