

# KEYSTONE MERCY

A Program of Keystone First and Mercy Health Plan



July 1, 2008

Dear Keystone Mercy Ambulance Provider:

This letter serves as notification that beginning with dates of services on August 1, 2008 and after, procedure code A0130 (Non-Emergency Transportation: Wheelchair Van) will be added to our Fee Schedule and will require prior authorization. To obtain prior authorization, please contact the Prior Authorization Department at 1-800-521-6622.

Procedure code A0130 will be reimbursed at \$50.00 each way.

If you have questions and/or additional concerns regarding this matter, please feel free to contact Nadine Scotton, Senior Ancillary Contract Representative, at (215) 937-8378.

Thank you for your participation in Keystone Mercy Health Plan, and for your commitment to our members.

Sincerely,

A handwritten signature in black ink that reads "Robert M. Corcoran".

Robert M. Corcoran  
Senior Manager, Ancillary Services