

## Prior Authorization Program: Repetitive, scheduled non-emergent ambulance transport

Medicare is conducting a prior authorization program for people with Original Medicare (Part A (Hospital Insurance) and Part B (Medical Insurance)) who get repetitive, scheduled non-emergent ambulance transport.

### Who does the program affect?

This program may affect people with Medicare if:

- They get repetitive, scheduled, non-emergency ambulance transportation, which means 3 or more round trips in a 10-day period or at least once a week for 3 weeks or more.
- They get this transportation from any ambulance company nationwide.

### What happens?

The person or the ambulance company may send a request for prior authorization along with supporting documentation to Medicare.

A Medicare contractor will review the information, and Medicare will cover this transportation if the contractor decides the services meet all of Medicare's requirements.

If the request isn't approved, the person or the ambulance company may submit another prior authorization request before submitting the claim with additional information that supports the need for the transportation.

**Note:** The Medicare benefit isn't changing. The program requires the same information that's currently necessary to support Medicare payment, just earlier in the process.

## **What's the program's goal?**

The goal of the prior authorization program is to make sure that people with Medicare continue to get medically necessary care while reducing costs and minimizing incorrect payments.

## **What does the person need to do?**

Generally, the ambulance company will send the request to Medicare, and Medicare will let both the company and the person know its decision within 10 business days of getting the request. If the person gets a favorable prior authorization decision and the transportation is covered, they should only need to pay the deductible and coinsurance. In limited situations, the person may need to submit the prior authorization request and supporting information.

Medicare covers ambulance services only when medically necessary.

**Note:** If all requirements aren't met, the person may be billed for ambulance services even if there isn't a signed Advance Beneficiary Notice of Noncoverage (ABN).

## **Where can a person get help with alternative transportation?**

They can contact ElderCare or their local State Health Insurance Assistance Program (SHIP) if they need help finding transportation services.

If the person has Medicaid or Program of All-inclusive Care for the Elderly (PACE), they can contact one of these programs to see if they qualify for help with transportation coverage.

## Where can the person get more information?

For more information on ambulance services, visit [Medicare.gov/coverage/ambulance-services](https://www.medicare.gov/coverage/ambulance-services), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

For more information on the prior authorization program, email [ambulancePA@cms.hhs.gov](mailto:ambulancePA@cms.hhs.gov).

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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