

Medicare prior authorization demonstration— repetitive, scheduled non-emergent ambulance transport

Medicare is conducting a prior authorization demonstration for repetitive, scheduled non-emergent ambulance transport. This demonstration may affect people with Original Medicare.

Who does it affect?

This may affect people with Medicare if they meet all of these requirements:

- 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.
- The ambulance company who provides their transportation is located in **New Jersey, South Carolina, Pennsylvania, Maryland, Delaware, the District of Columbia, North Carolina, Virginia, or West Virginia.**

What happens?

The person's ambulance company (or the person) may send a request for prior authorization along with supporting documentation to Medicare before their fourth trip in a 30-day period.

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

The ambulance company and person will know earlier if Medicare is likely to cover the services.

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

What's the goal?

The goal 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 generally let the company and 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. 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?

If the person needs help locating transportation services, they can contact ElderCare or their local State Health Insurance Assistance Program (SHIP).

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

To get these phone numbers, they can visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts), or call 1-800-MEDICARE.

Where can the person get more information?

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

For more information on the demonstration, they can visit go.cms.gov/paambulance or email ambulancePA@cms.hhs.gov.

You have the right to get Medicare information in an accessible format. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE for more information.

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