DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

Dear Physician/Practitioner:

The purpose of this letter is to inform you that the Medicare Fee-For-Service Program has started a three year **prior authorization model for repetitive scheduled non-emergent ambulance transports**. The goal of this program is to ensure that beneficiaries continue to receive medically necessary care while reducing expenditures and minimizing the risk of improper payments.

The new prior authorization process for repetitive scheduled non-emergent ambulance transports began on **December 1, 2014** and applies to independently enrolled ambulance suppliers garaged in the states of **New Jersey**, **Pennsylvania**, and **South Carolina.**

A repetitive ambulance service is defined as medically necessary ambulance transportation that is furnished 3 or more times during a 10-day period; or at least once per week for at least 3 weeks. Medicare may cover repetitive, scheduled, non-emergent transportation by ambulance if

- Medical necessity requirements are met, and
- The ambulance supplier, before furnishing the service to the beneficiary, obtains a written order from the beneficiary's attending physician certifying that those medical necessity requirements were met.[1]

What You Need to Know

It is important to keep in mind that the prior authorization model does not create new documentation requirements for physicians/practitioners or suppliers – it simply requires the documentation to be submitted earlier in the claims process. **As the ordering physician/practitioner, you are required to supply the ambulance supplier or beneficiary the physician certification statement as well as any other documentation that supports medical necessity for the repetitive scheduled non-emergent ambulance transports.**

The non-emergent ambulance prior authorization model applies to the following Healthcare Common Procedure Coding System (HCPCS) codes:

- A0426 - Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1, and
- A0428 - Ambulance service, Basic Life Support (BLS), non-emergency transport.

[1] Per 42 C.F.R. § 410.40(d)(2), the physician's order must be dated no earlier than 60 days before the date the service is furnished.

The ambulance supplier or beneficiary submits the prior authorization request with accompanying documentation to the appropriate A/B Medicare Administrative Contractor (MAC).

The prior authorization request must include **all relevant documentation to support Medicare coverage of the transport.** This includes, but is not limited to:

- Documentation from the medical record to support the medical necessity of repetitive scheduled non-emergent ambulance transport
    - Documentation must show transportation by other means is contraindicated
    - Vague statements, such as "patient is bed-confined", are insufficient
    - Diagnosis of disease or illness may not be enough without corroborating evidence/statements
    - Attestation statements concerning the patient's requirements for ambulance transportation are not sufficient without corroborating evidence in the medical documentation
- Physician Certification Statement (PCS), including the certifying physician's name, National Provider Identifier (NPI), PTAN and address
    - The PCS must be supported by the medical documentation
    - Bed-confinement or need for transportation cannot only be stated on the PCS
- Procedure codes
- Number of transports requested
    - The prior authorization decision, justified by the beneficiary's condition, may affirm up to 40 round trips per prior authorization request in a 60-day period
- Information on the origin and destination of the transports
- Any other relevant document as deemed necessary by the A/B MAC to process the prior authorization

For more information on coverage and documentation requirements, please refer to:

- Jurisdiction 11 Ambulance Information,
- Jurisdiction L LCD for Pennsylvania, or
- Jurisdiction L LCD for New Jersey.

Additional information about the model is available at http://go.cms.gov/PAAmbulance.

If your patient does not qualify for Medicare transportation services there are state and local services that may be able to help. Beneficiaries, case managers and care givers may receive help locating other transportation services, by contacting Eldercare (1-800-677-1116) or your local State Health Insurance Assistance Program (SHIP) at:

- New Jersey SHIP: 1-877-222-3737,
- Pennsylvania SHIP: 1-800-783-7067, or
- South Carolina SHIP: 1-800-868-9095.

If you have specific questions that are not addressed on this website please contact AmbulancePA@cms.hhs.gov.