



MEDICARE PART B

August 17, 2015

Dear Ambulance Company:

The Medicare Fee-For-Service Program will begin a new prior authorization program later this year in your state for repetitive, scheduled non-emergent ambulance transportation. A repetitive ambulance service is defined as medically necessary (round trip) ambulance transportation that is furnished three or more times during a 10-day period, or at least once per week for three consecutive weeks. The prior authorization program applies to independently enrolled ambulance suppliers.

The purpose of the program is to reduce improper payments, while maintaining or improving quality of care. It is designed to ensure all relevant coverage, coding, and medical record(s) requirements are met before the service is rendered to the beneficiary and the claim is submitted for payment.

Upon implementation, participating ambulance suppliers and beneficiaries may begin submitting prior authorization requests. Prior authorization is voluntary. It does not create new medical record requirements. Instead, it requires the same information necessary to support Medicare payment be submitted earlier in the claim process. If a prior authorization request has not been submitted, claims identified as repetitive will be stopped for pre-payment review.

The Medicare benefit for non-emergency ambulance transports is limited. A patient must have a health problem to the degree that transport, such as a wheelchair van or private car, could put their health and safety at risk. Non-emergent transportation by ambulance is appropriate if either:

1. The beneficiary being transported has, at the time transport, a condition such that all other methods of transportation (taxi, private automobile, wheelchair van or other vehicle) are contraindicated; or
2. The beneficiary is bed-confined before, during and after transportation. Bed- confined means the beneficiary is:
 - a. Unable to get up from bed without assistance, and
 - b. Unable to ambulate, and
 - c. Unable to sit in a chair (including a wheelchair).

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

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

A prior authorization request package must include a valid Physician Certification Statement (PCS) signed by the beneficiary's attending physician within sixty (60) days of the requested first transport date, the prior authorization cover sheet (found on the Novitas-Solutions website), and all other medical records supporting medical necessity. For information on coverage criteria and record requirements, please visit our website at Novitas-Solutions.com and select your location to view your state's current Local Coverage Determination (LCD).

Novitas will be notifying beneficiaries of the program via mail. Novitas will also contact physicians, practitioners or healthcare providers via mail regarding the program and their responsibility of providing you with the medical records you need to submit with the prior authorization request. An example of the letters sent to physicians/practitioners, healthcare providers and beneficiaries will also be available on our website.

For further information on the prior authorization program, visit Novitas-Solutions.com and select your jurisdiction. Select Medical Review from the menu on the left side of the homepage, and then select Prior Authorization. You will find links to information on the program and submission requirements, frequently asked questions, checklists and the cover sheet. The site features contact information and educational opportunities, along with other tools to assist you with the prior authorization process. If you have any questions, please contact our Novitas Prior Authorization Contact Center at 1-855-340-5975 from 8:00 AM to 4:00 PM Eastern Standard Time (EST).

Should a beneficiary not qualify for the Medicare transportation benefit, there are state and local services that may be able to help. Ambulance suppliers, beneficiaries, case managers, and caregivers may receive help locating other transportation services by contacting Eldercare (1-800-677-1116), Medicare (1-800-633-8873), or the local State Health Insurance Assistance Program (SHIP).

Sincerely,

Novitas Prior Authorization Team