



MEDICARE PART B

August 20, 2015

Dear Medicare Beneficiary,

Medicare will begin a new prior authorization (pre-approval) process later this year in your state for scheduled repetitive non-emergent ambulance transportation. This type of transport occurs when the service is provided three or more times in 10 days or once per week for three consecutive weeks. Since our records show you have received these services in the past, we want to make you aware of the pre-approval program.

The Medicare benefit for ambulance transport is limited. Since this is a limited benefit, you must meet the medical need for the service based on your current health status. You must have a health problem for which other means of transport, such as a wheelchair van or private car, could put your health and safety at risk.

Medicare only covers non-emergent transports if either:

- A. You are confined to a bed, and other transport methods would endanger your health; or
- B. The transport requires trained staff to be present due to your current health status.

The pre-approval process will let you and the ambulance supplier know if Medicare will pay for your transports before you receive the services. You or the ambulance supplier can request pre-approval. However, the ambulance suppliers usually submit the requests. Both of you will receive a letter advising if the services are approved or not. The pre-approval process is not required. If the pre-approval process is not used, Medicare will ask the ambulance supplier for records if a claim is sent in after you were transported.

For more information, visit go.cms.gov/paambulance. If you do not qualify for Medicare transport services, there are state and local services you can contact. You, case managers, or caregivers may receive help locating other transport services by contacting Eldercare (1-800-677-1116), Medicare (1-800-633-8873), or your local State Health Insurance Assistance Program (SHIP).

Sincerely,

Novitas Prior Authorization Team