NOVITAS SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE

March 3, 2016

An Important Message from Medicare:

Medicare began a prior authorization program for repetitive scheduled non-emergent ambulance transportation services in New Jersey and Pennsylvania in December, 2014 and in Delaware, Maryland and the District of Columbia in January, 2016. Repetitive ambulance service means a beneficiary has three or more round trips in a ten-day period or at least one round trip per week for three weeks or more. When the program began, Medicare beneficiaries who had legal representative payees on file through Social Security Administration (SSA) were excluded from the prior authorization process. Starting April 01, 2016, the program will include beneficiaries with a legal representative payee on file. Our records show you may have a legal representative payee and you have received scheduled repetitive non-emergent ambulance services.

Prior authorization is voluntary. Prior authorization means Medicare will review medical records before the services are provided to make sure you meet Medicare's coverage requirements for the scheduled repetitive services. If you use these services on or after April 01, 2016, the prior authorization process can be used to make sure you meet Medicare's coverage requirements for ambulance transport services. If the prior authorization process is not used, the claims will be stopped for review to determine if the services meet coverage requirements.

Your Medicare benefits will remain the same. This means Medicare still covers repetitive scheduled non-emergency ambulance transports if all coverage requirements are met, and you meet the medical need for the service. You must have a health problem in 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 ambulance transports if either:

A. You are confined to a bed and medical records support your condition that other transport methods would endanger your health; or
B. Regardless of bed-confinement, ambulance transport requires trained staff to be present due to your current health status.

You or the ambulance company can request prior authorization; however, the ambulance company usually submits the request. The Medicare Contractor will send you and the ambulance company a letter

to let you know if your transports are covered before you receive the services. The decision letter will generally be sent within 10-20 business days.

If your request is not approved, you or the ambulance company may send another request with more information that supports your medical need for services. If you continue to use services without prior authorization, the ambulance company may submit the claim to Medicare and bill you for denied charges even if you did not sign an Advance Beneficiary Notice of Noncoverage (ABN). Denied claims may be appealed by you or the ambulance company.

For more information, visit http://go.cms.gov/PAAmbulance. If you do not qualify for Medicare transport services, there are state and local services that may help you with your transportation needs. You, case managers, or caregivers may receive help locating other transport services by contacting Eldercare (1-800-677-1116) or your local State Health Insurance Assistance Program (SHIP). You may visit shiptacenter.org to obtain the SHIP phone number for your state or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have Medicaid or Programs of All-Inclusive Care for the Elderly (PACE), you may contact those programs to see if you qualify for help with transportation coverage.

For information about Social Security's Representative Payee Program, please go to www.ssa.gov/payee/.

If you have additional questions, visit Medicare.gov or call 1-800-MEDICARE.

Sincerely,

Novitas Prior Authorization