Repetitive Scheduled Non-Emergent Ambulance Transports

# RSNAT Checklist Tool

If the answer is "no" to any of the basic transportation requirement statements, prior authorization for RSNAT services may be denied, rejected, or receive a non-affirmed decision.

**Supplier Name:** **Date:**

| Basic Transportation Requirements | | |
|---|---|---|
| **Criteria** | **Yes** | **No** |
| Transport is non-emergent and repetitive | ☐ | ☐ |
| Documentation supports transportation by other means is contraindicated | ☐ | ☐ |
| Order for: 3 rounds trips (6 one-way) or more in a 10 day period or 1 round trip per week for 3 weeks | ☐ | ☐ |
| Physician Certification Statement (PCS) contains dates of service to coincide with the prior authorization request start date | ☐ | ☐ |
| PCS is signed with credentials from the attending physician and is within 60 days prior to transport | ☐ | ☐ |

Repetitive ambulance services provided must meet reasonable and medically necessary criteria defined by 42 CFR §410.40. Patients who can walk, take other means of transportation, have someone drive them, etc. and does not meet medical necessity may not qualify for RSNAT services and may receive a non-affirmed decision.

| Medical Necessity Requirements - "Paint the Picture" | | | |
|---|---|---|---|
| **Criteria** | **Yes** | **No** | **N/A** |
| PCS contains patient diagnosis/diagnoses, description of the patient's present medical condition, and why other means of transportation are contraindicated. | ☐ | ☐ | ☐ |
| Documentation demonstrates the patient is bed confined:<br>• Unable to get out of bed without assistance<br>• Unable to walk/ambulate<br>• Unable to sit in a wheelchair/chair for any length of time<br>** Is not the sole criterion for determining reasonable and medically necessary.* | ☐ | ☐ | ☐ |
| In the absence/presence of bed confinement, documentation demonstrates 1 or more of the following examples:<br>• Requires restraints chemical/physical to prevent injuries to self or others<br>• Needs advanced airway management or IV vasopressors<br>• Severe obesity requiring additional personnel/equipment for transport<br>• Contractures/fractures inhibiting mobility<br>• Chronic wounds/surgical wounds requiring limited to no movement<br>• Musculoskeletal/neurological issues impairing their mobility/support | ☐ | ☐ | ☐ |
| Additional documentation demonstrating medical necessity and why other means of transportation are contraindicated | ☐ | ☐ | ☐ |
| Ambulance run sheet documentation coincides and supports medical documentation for reasonable and medically necessary.<br>**Prepay claim reviews require a run sheet to be submitted with documentation* | ☐ | ☐ | ☐ |
| Medical documentation is specific to the patient and avoids use of vague/blanket or cloned statements or terms. | ☐ | ☐ | ☐ |
| Documentation is current and up-to-date and is an accurate picture of the patient within the last 60 days. | ☐ | ☐ | ☐ |
| Documentation for chronic conditions is current and demonstrates the patient is unchanged and/or worsening. | ☐ | ☐ | ☐ |
| All medical documentation supports statements made on the PCS. | ☐ | ☐ | ☐ |




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The RSNAT prior authorization request form needs to be completed in its entirety and legible. Incomplete forms or missing information on the form may result in a rejection or non-affirmed decision.

| Prior Authorization Request Ambulance Transport | | | |
|---|---|---|---|
| **Criteria** | **Yes** | **No** | **N/A** |
| Each patient requires a separate prior auth submission/approval. | ☐ | ☐ | ☐ |
| Does the patient have an affirmed prior auth decision from another ambulance supplier for the same certification period?<br>**If the answer is 'yes' cannot submit a prior auth request until it has been canceled by the other ambulance supplier.* | ☐ | ☐ | ☐ |
| Documentation supports level of service being requested: A0426 or A0428 (zeroes not the letter "o"). | ☐ | ☐ | ☐ |
| Start date on form matches or coincides with the dates of service listed on the PCS. | ☐ | ☐ | ☐ |
| Correct modifiers have been included. For example: RJ, JR, RH, HR, NJ. JN, etc. Refer to Medicare Claims Processing Manual Chapter 15 §30 (A). | ☐ | ☐ | ☐ |
| Number of trips requested is 80 one-way trips or less for a 60 day period. | ☐ | ☐ | ☐ |
| For chronic conditions: number of trips requested is 240 one-way trips for 180 day period.<br>**Must have 2 previously established prior auth requests which received a provisional affirmed decision* | ☐ | ☐ | ☐ |
| Initial submission for the requested dates of service for HCPC code and patient (10 days for medical review). | ☐ | ☐ | ☐ |
| Resubmission request contains the most recent unique tracking number (UTN) on the form—found on decision letter received (10 days for medical review). | ☐ | ☐ | ☐ |
| Expedited request must contain documentation indicating any delays could jeopardize the health and well being of the beneficiary (2 days for medical review). | ☐ | ☐ | ☐ |

## Information Tips

- The unique tracking number (UTN) does not follow the beneficiary/patient
- Ambulance suppliers submit prior authorization requests to the MAC responsible for the state where the ambulance is garaged
- If an ambulance supplier is unable to complete the number of trips during the certification period; the supplier is required to notify the MAC
  - Notify the CGS Provider Contact Center (PCC) at: 1.866.276.9558
- Another ambulance supplier can fill in for a non-emergent transport if the main ambulance supplier who received the provisional prior authorization is unable to provide services for a specific transport/trip
  - Ambulance supplier filling in needs to follow scheduled non-emergent guidelines as outlined in 42 CFR §410.40 and 410.41
  - Claim submitted by ambulance supplier filling in will be subject to prepay review
    - » UTNs are not transferrable between suppliers

## Non-Affirmed Decisions or Rejection Reasons

- Documentation does not support medical necessity
- Physician Certification Statement is missing information and/or not signed properly with credentials
- Documentation contradicts the PCS
- PCS is old and/or dated outside of requested dates of service
- PCS is missing
- Documentation does not support the level of transport
  - May be down coded from A0426 to A0428 or beneficiary can go by other means
- Prior authorization form is incomplete – information missing
- Requesting prior authorization for different HCPC codes other than A0426 or A0428
- Prior authorization form is illegible
- Requested number of trips exceeds the 40 round trips or 120 round trips for extended requests
- Start of 60-day date not provided on form
- More than 1 beneficiary is listed on the form

 

- Beneficiary already has a prior auth request in the system for same dates of service and HCPC codes

## Resources

- **42 CFR §410.40 (e) Medical Necessity Requirements:** https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.40
- **Claims Processing Manual Chapter 15 Ambulance:** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf
- **CMS Frequently Asked Questions:** https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Prior-Authorization-Initiatives/Downloads/AmbulancePriorAuthorization_ExternalFAQ_121517.pdf
- **Medicare Benefit Manual Chapter 10 §10.2.1:** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf
- **MLN Fact Sheet: National expansion of the repetitive scheduled non-emergent ambulance transport prior authorization model:** https://www.cms.gov/files/document/mln6805343-national-expansion-repetitive-scheduled-non-emergent-ambulance-transport-rsnat-prior.pdf
- **Repetitive Scheduled Non-Emergent Ambulance Transport Prior Auth Operational Guide:** https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Prior-Authorization-Initiatives/Downloads/AmbulancePriorAuth_OperationalGuide_123115.pdf

 