

**PAR 679**

JURISDICTION 15 PART B

**PRIOR AUTHORIZATION: REPETITIVE, SCHEDULED  
NON-EMERGENT AMBULANCE TRANSPORT (RSNAT)**

All fields except PTAN are required. Incomplete or illegible handwritten requests may be returned.

Note: Use of this request document will require submission via fax, mail, or the electronic submission of Medical Documentation (esMD). To save time, use the myCGS Web portal to submit your request, upload your documentation electronically, track the status of your request, and receive a quicker response.

Request Type

UTN

Expedited Reason

Only required for Resubmissions & Expedited Resubmissions. Enter the UTN of most recent submission.

Note: Provide reason for expediting request if Expedited Initial or Expedited Resubmission Request Type is selected above.

HCPCS (max. of 2)

Modifier 1

Modifier 2

Start of 60-Day Period

Number of Transports Requested (round trip = 2 transports)

**AMBULANCE SUPPLIER INFORMATION**

Supplier Name

Supplier NPI

Supplier PTAN

Supplier Address

State Where

Supplier City, State, Zip

Ambulance is Garaged

**BENEFICIARY INFORMATION** (only one beneficiary per form)

Beneficiary Name

Medicare Beneficiary Identifier

Date of Birth

**CERTIFYING PHYSICIAN INFORMATION**

Certifying Physician Name

Certifying Physician NPI

Certifying Physician PTAN

Certifying Physician Address

Certifying Physician City, State, Zip

**REQUESTOR INFORMATION**

Requestor Name

Email

Date

Fax number (if a decision letter by fax requested)

Phone Number

FOR OFFICE USE ONLY

KY Fax: 1.615.664.5934

OH Fax: 1.615.664.5937

Mail to: CGS  
PO Box 20203  
Nashville, TN 37202

For additional information, please visit our website at: <https://www.cgsmedicare.com/partb/pa/rsnat.html>

Originated February 25, 2022  
Revised July 25, 2022



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Please answer and follow the instructions for each question below.

**QUESTIONS**

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**Q1.** Is a Provider Certification Statement (PCS) present? **Yes** **or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**Q2.** Does the PCS contain a physician signature with credentials that meet CMS signature regulations? **Yes** **or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**Q3.** Is the physician's signature on the PCS dated and not prefilled? **Yes** **or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**Q4.** Is the date of the physician's signature on the PCS prior to the 'Start of the 60 Day Period' listed on the PA Request Form? **Yes** **or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**Q5.** Does the Referring Physician name on the PA Request Form match the certifying physician on the PCS? **Yes** **or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**QUESTIONS**

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**Q6.** Does the PCS contain a reason why transport by any other means is contraindicated? **Yes or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**Q7.** Does the PCS or supporting documentation contain the origin and destination of the transport? **Yes or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**Q8.** Does the supporting documentation indicate that transport services are medically necessary? **Yes or No**

**Note: If answer is No, the service may not be considered reasonable and necessary due to insufficient documentation.**

**Comments:**

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**DOCUMENTATION**

Condition and Associated Symptoms/  
Rationale for Treatment Procedure