

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**

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

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****Supplier City, State, Zip****State Where
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 October 17, 2024



CGS®

A CELERIAN GROUP COMPANY



CENTERS FOR MEDICARE & MEDICAID SERVICES

JURISDICTION 15 PART B

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

Please answer and follow the instructions for each question below.

QUESTIONS

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:

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:

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:

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:

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:

JURISDICTION 15 PART B

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

QUESTIONS

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:

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:

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:

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

DOCUMENTATION

Condition and Associated Symptoms/
Rationale for Treatment Procedure