Medicare prior authorization demonstrations—repetitive, scheduled, non-emergent ambulance transport & non-emergent hyperbaric oxygen (HBO) therapy

Medicare is conducting two prior authorization demonstrations – one for repetitive, scheduled non-emergent ambulance transport and one for non-emergent hyperbaric oxygen therapy (HBO). These demonstrations may affect people with Original Medicare.

Demonstration	Prior authorization of repetitive, scheduled non-emergent ambulance transport	Prior authorization of non-emergent HBO therapy
Who does it affect?	This may affect people with Medicare if they meet all of these requirements: • They get repetitive, scheduled, non-emergency ambulance transportation, which means 3 or more round trips in a 10-day period or at least once a week for 3 weeks or more. • The ambulance company who provides their transportation is located in **New Jersey**, **South Carolina**, **Pennsylvania**, **Maryland**, **Delaware**, **the District of Columbia**, **North Carolina, Virginia**, or **West Virginia**.	This may affect people with Medicare if they meet all of these requirements: • They get non-emergency HBO therapy. • The facility that provides their therapy is in **Illinois**, **Michigan**, or **New Jersey**. • They have one of these 5 conditions: 1. Chronic refractory osteomyelitis (unresponsive to conventional medical and surgical management). 2. Osteoradionecrosis (as an adjunct to conventional treatment). 3. Soft tissue radionecrosis (as an adjunct to conventional treatment).

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Who does it affect? (continued)		4. Actinomycrosis (only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment). 5. Diabetic wounds of the lower extremities in people who meet these conditions: • They have Type 1 or Type 2 diabetes and a lower extremity wound that's due to diabetes. • They have a wound classified as Wagner grade III or higher. • They've failed an adequate course of wound therapy (as defined in the National Coverage Determination (NCD)).
What happens?	The person's ambulance company (or the person) may send a request for prior authorization along with supporting documentation to Medicare before their fourth trip in a 30-day period. A Medicare contractor will review the information, and Medicare will cover this transportation if the contractor decides the services meet all Medicare requirements. The ambulance company and person will know earlier if Medicare is likely to cover the services. **Note:** The Medicare benefit isn't changing. The demonstration requires the same information that's currently necessary to support Medicare payment, but earlier in the process.	The person's facility (or the person) may send a request for prior authorization to Medicare before the person gets these services. To do this, they must submit medical records to show that the HBO therapy is medically necessary. A Medicare contractor will review the information, and Medicare will cover these services if the contractor decides that the services meet all Medicare requirements. The facility and person will know earlier if Medicare will likely cover the services. **Note:** The Medicare benefit isn't changing. The demonstration requires the same information that's currently necessary to support Medicare payment, but earlier in the process.

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What's the goal?	The goal is to make sure that people with Medicare continue to get medically necessary care while reducing costs and minimizing incorrect payments.	The goal is to make sure that people with Medicare continue to get medically necessary care while reducing costs and minimizing incorrect payments.
What does the person need to do?	Generally, the ambulance company will send the request to Medicare, and Medicare will generally let the company and person know its decision within 10-20 business days of getting the request. If the person gets a favorable prior authorization decision and the transportation is covered, they should only need to pay the deductible and coinsurance. In limited situations, the person may need to submit the prior authorization request and supporting information. Medicare covers ambulance services only when medically necessary. If all requirements aren't met, the person may be billed for ambulance services even if there isn't a signed Advance Beneficiary Notice of Noncoverage (ABN).	Generally, the facility will send the request to Medicare, and Medicare will generally let the facility and person know its decision within 10-20 business days of getting the request. If the person gets a favorable prior authorization decision and the service is covered, they should only need to pay the deductible and coinsurance. In limited situations, the person may need to submit the prior authorization request and supporting information. If the facility doesn't think Medicare will cover the services, they may ask the person to sign an Advance Beneficiary Notice of Noncoverage (ABN). If this happens, and the person chooses to sign the ABN, they're responsible for paying if Medicare doesn't pay.
When's it effective?	This demonstration runs: • New Jersey, South Carolina, and Pennsylvania: December 1, 2014 – December 1, 2018. • Maryland, Delaware, the District of Columbia, North Carolina, Virginia, and West Virginia: January 1, 2016– December 1, 2018.	This demonstration runs: • Michigan: April 13, 2015 – February 28, 2018. • Illinois and New Jersey: August 1, 2015 – February 28, 2018.

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Where can the person get more information?	**If the person needs more information on ambulance services**, they can visit Medicare.gov/coverage/ambulance-services.html, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. **If the person needs help locating other transportation services**, they can contact ElderCare Locator or their local State Health Insurance Assistance Program (SHIP). **If the person has Medicaid or Programs of All-inclusive Care for the Elderly (PACE)**, they can contact Medicaid or PACE to see if they qualify for help with transportation coverage. To get these phone numbers, they can visit Medicare.gov/contacts, or call 1-800-MEDICARE.	**If the person needs more information on HBO therapy**, they can visit Medicare.gov/coverage/hyperbaric-oxygen-therapy.html or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
Where can I get more information?	For more information, visit go.cms.gov/paambulance. If you still have questions, email ambulancepa@cms.hhs.gov.	For more information, visit go.cms.gov/pahbo. If you still have questions, email hbopa@cms.hhs.gov.

You have the right to get Medicare information in an accessible format. You also have the right to file a complaint if you feel you've been discriminated against. Visit CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html, or call 1-800-MEDICARE for more information.

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