



COVID-19 FAQ

9. Is CMS pausing the Scheduled, Non-Emergency Ambulance Transport Prior Authorization Model during the COVID-19 pandemic?

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Revised Date: 7/14/20

Answer:

Yes, but that pause ends on August 3, 2020. By means of background, in March 2020, CMS announced that *certain* claims processing requirements for the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model would be “paused.” At that time CMS stated that this would be the case, “until the Public Health Emergency (PHE) for the COVID-19 pandemic has ended.” This pause did **not** mean that ambulance services were not expected to or were prohibited from still participating in the prior authorization submission process for purposes of obtaining the Unique Tracking Number (UTN). In fact, CMS specifically noted that “ambulance providers may continue to submit new prior authorization requests during the pause,” and that “CMS will continue to review prior authorization requests that have already been submitted.” Furthermore, CMS noted that “claims submitted with an affirmed UTN will be excluded from future medical review.” However, CMS also noted: “claims will not be stopped for pre-payment review if prior authorization has not been requested.” This meant that a claim submitted *without* an affirmed UTN **will be** processed and paid.

On July 7, 2020, CMS announced that for dates of service August 3, 2020 and beyond, the prior authorization model will return to normal operation, regardless of the status of the PHE. By returning to the fully operational model, this also opens the door for the post-payment review of any claims that were submitted without the affirmed UTN. In the past, any claims submitted without an affirmed UTN would be subject to pre-payment review. That pre-payment review was stopped during the pause and replaced with the prospect of a post-payment review of any scheduled repetitive transports billed to (and paid by) Medicare without an affirmed UTN. CMS has now authorized the MACs to initiate these post-payment reviews. See the [CMS Prior Authorization webpage](#) for additional information.

Therefore, effective August 3, 2020, the entire prior authorization demonstration project will be up and running following the processes in place prior to the PHE. Remember to utilize the prior authorization process to seek the UTN and bill claims accordingly. Also, if you submitted claims without the affirmed UTN, be prepared for post-payment audit of paid claims. Below, please see our previous guidance related to the “pause” in this program.

- “Pausing” certain elements of the Prior Authorization process does **NOT** relieve the ambulance service of meeting other Medicare coverage criteria such as obtaining a physician certification statement and complying with Medicare’s AOB signature requirements. Although many ambulance services might have difficulties getting information from facilities and physicians to support the medical necessity to comply with

the prior authorization submission requirements, any claims submitted without obtaining an affirmed UTN must still have a PCS, as these PCS requirements have not been modified or relaxed. If a claim is submitted and paid for which a valid PCS form does not exist (including “obtained prior to the transport” for scheduled/repetitive transports), the claim will likely be deemed an overpayment on post-payment medical review.

- While this “pause” in the prior authorization process facilitates immediate payment for dialysis transports by circumventing some of the prior authorization requirements, it comes at a cost: future scrutiny of paid claims with significant overpayment demands if Medicare coverage criteria are not met.

- Palmetto GBA, on a webcast on April 3, 2020, stated that they strongly recommend that ambulance services continue to use their existing Prior Authorization processes if possible. Other statements made by Palmetto GBA on that webcast include that as of the date of that webcast:
 - If you submit a claim for which an affirmed UTN was provided, and that affirmed UTN is not on the claim, the system will reject that claim
 - If you choose to submit claims for which a UTN has not been issued, those claims will be paid but will be subject to post-payment review, once the Public Health Emergency (PHE) has ended
 - The documentation requirements have not changed
 - No changes to the PCS requirements
 - No changes to the signature requirements