CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 12829	Date: September 6, 2024				
	Change Request 13711				

SUBJECT: Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) Prior Authorization (PA) Model Operational Changes Regarding Expedited Requests and Review Timeframes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the A/B Medicare Administrative Contractors (MACs) and the Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB-SMAC) to remove the option to request an expedited PA review and to change the PA review timeframe from 10 business days to seven (7) calendar days under the RSNAT PA Model.

EFFECTIVE DATE: January 9, 2025

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: January 9, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to instruct the A/B Medicare Administrative Contractors (MACs) and the Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB-SMAC) to remove the option to request an expedited PA review and to change the PA review timeframe from 10 business days to seven (7) calendar days under the RSNAT PA Model.

CMS began operating the Medicare Fee-for-Service (FFS) RSNAT PA Model in New Jersey, Pennsylvania, and South Carolina on December 1, 2014, under the authority of Section 1115A of the Act. The model tested whether PA of RSNAT services covered under Medicare Part B lowered program spending, while maintaining or improving the quality of care. Section 515(a) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) added Delaware, the District of Columbia, Maryland, North Carolina, Virginia, and West Virginia to the model on January 1, 2016.

Section 515(b) of MACRA added paragraph (16) to section 1834(l) of the Social Security Act (the Act), which required that, beginning January 1, 2017, the Secretary expand the model nationally to all states, if an expansion meets the statutory requirements for expansion of Innovation Center models described in paragraphs (1) through (3) of section 1115A(c) of the Act. After determining that the model met all statutory criteria for expansion, CMS began expanding the model through multiple phases on December 1, 2021. The model became fully operational nationwide on August 1, 2022, as the final expansion phase was implemented.

The RSNAT PA Model currently has two types of PA review timeframes - standard and expedited. For standard reviews, the MAC makes every effort to review and postmark the notification of their decision to the ambulance supplier and the beneficiary within 10 business days. Requestors have the option to request an expedited PA review when the standard timeframe for making the decision could seriously jeopardize the life or health of the beneficiary. If the MAC agrees that the standard review timeframe would put the beneficiary at risk, the MAC makes reasonable effort to communicate a decision within two (2) business days of receipt of all applicable Medicare required documentation. As the model is for non-emergent services, CMS has always expected requests for expedited reviews to be extremely rare.

With this CR, CMS is making the following changes to the RSNAT PA Model:

- Removing the option to request an expedited PA review and
- Changing the standard PA review timeframe from 10 business days to 7 calendar days.

All other requirements under the RSNAT PA Model remain the same. More information on the model can be found on the RSNAT PA Model's website.

Removing Expedited PA Reviews

Since implementation of the model in December 2014, all expedited requests received have been converted to standard reviews due to not meeting the expedited criteria. In addition, PA is not required to render transports:

- Affirmed PA decisions can retroactively apply to transports already rendered.
- Ambulance suppliers have the choice to bypass PA and opt for standard prepayment medical record review after services have been rendered and after the claim has been submitted.
- Claims for the first three round trips (six one-way trips) are permitted to be billed without PA and without being subject to prepayment medical record review.

Thus, CMS has determined that RSNAT PA requests do not qualify for expedited reviews and is removing the expedited option. All PA requests will be reviewed under the standard review timeframe described below.

Changing the Standard PA Review Timeframe from 10 Business Days to 7 Calendar Days

The CMS Interoperability and PA final rule (89 FR 8758) (Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving PA Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program) creates, improves, or shortens PA timeframes for certain payers such as Medicare Advantage organizations and applicable integrated plans, CHIP FFS programs, Medicaid managed care plans, and CHIP managed care entities to respond to PA requests for covered items and services, excluding drugs.

While Medicare FFS is not an impacted payer under the CMS Interoperability and PA final rule, CMS is aligning the RSNAT PA Model review timeframe with the timeframe in the final rule. After receipt of all relevant documentation, the MAC will make every effort to review and postmark the notification of their decision to the ambulance supplier and the beneficiary within 7 calendar days for all RSNAT PA requests.

B. Policy: There are no policy changes associated with this instruction.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Re	Responsibility							
		A	A/B I	MAC	DME	Share	Other			
		A	В	ННН		FISS	MCS	VMS	CWF	
					MAC					
13711.1	The contractor shall conduct a medical record review and communicate a		X							RRB- SMAC
	written decision to the ambulance supplier and to the beneficiary within 7									

Number	Requirement	Re	spoi	nsibility						
		A	A/B I	MAC	DME	tainers	Other			
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	calendar days of receipt of all relevant documentation for initial or resubmission PA requests.				THE STATE OF THE S					
	Note: Weekends and federal/contractor holidays are included in the 7 calendar-day period.									
13711.1.1	The contractor shall ensure that the written decision is faxed, U.S. postmarked, or delivered electronically by the 7th calendar day. Note: Weekends and federal/contractor holidays are included in the 7 calendar-day period.		X							RRB- SMAC
13711.1.1.1	The contractor shall render an affirmative or non-affirmative decision to the ambulance supplier within the mandated timeframe even if the claims processing systems would unavoidably delay the delivery of the Unique Tracking Number (UTN). Note: The contractor should verbally communicate the decision to the ambulance supplier via telephone to meet the timeliness requirement if a written decision is not		X							RRB- SMAC
13711.1.1.2	possible in the mandated timeframe. The contractor shall alert the ambulance supplier that a decision is being provided, so that the service may be provided, but that the ambulance supplier should hold their claim and not submit it until such time as the UTN		X							RRB- SMAC

Number	Requirement	Responsibility								
		A	A/B I	MAC	DME	Other				
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	is received in writing.									
13711.1.2	The contractor shall use the system entry date for PA requests received via Electronic Submission of Medical Documentation (esMD) or contractor portals, and the mail room or fax receipt date for paper PA requests as the start date for the 7 calendar-day period.		X							RRB- SMAC
	Note: The receipt date for PA requests submitted by mail or fax and the system entry date for PA requests submitted by esMD or portal are considered day 1 of the 7 calendar-day period.									
13711.1.3	The contractor shall continue to send the written decision to the beneficiary in a timely manner.		X							RRB- SMAC
13711.1.4	The contractor shall update all applicable educational materials on the new review timeframe changing from 10 business days to 7 calendar days.		X							RRB- SMAC
13711.1.5	The contractor shall conduct provider education on the new review timeframe changing from 10 business days to 7 calendar days.		X							RRB- SMAC
13711.2	The contractor shall no longer accept expedited PA requests.		X							RRB- SMAC
13711.2.1	The contractor shall remove the "expedited" option from their PA request cover sheet and		X							RRB- SMAC

Number	Requirement	Responsibility								
		A	A/B I	MAC	DME	Other				
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	provider portal screens.									
13711.2.2	The contractor shall update all applicable educational materials on the removal of the expedited review option.		X							RRB- SMAC
13711.2.3	The contractor shall conduct provider education on the removal of the expedited review option.		X							RRB- SMAC

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spor	nsibility		
			A/ M/	_	DME	CEDI
		A	В	ННН	MAC	
13711.3	CR as Provider Education: MACs shall use the content in the CR to develop relevant education material. Provide a link to the entire instruction in the education content. You can also supplement with local information that would help your provider community bill and administer the Medicare Program correctly.		X			

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0