

JE REPETITIVE, SCHEDULED NON-EMERGENT AMBULANCE TRANSPORT (RSNAT) CHECKLIST

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy References

- [42 CFR §410.40](#)
- [Internet Only Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 10](#)
- [Internet Only Manual, Publication 100-04, Medicare Claims Processing Manual, Chapter 15](#)

Documentation References

- [RSNAT Documentation Requirements](#)
- [Ambulance Resources](#)

Medical Documentation

Coverage is possible when all of the following are met:

Physician Certification Statement (PCS)

Documentation from the medical record to support the medical necessity of the transports

Beneficiary identification, date of service, and provider of the service should be clearly identified on each page of the submitted documentation

Documentation provides detailed medical information, including but not limited to, objective description of the patient's signs/symptoms, relevant history, medical condition, mobility, functional, and mental status before and after the ambulance trip, as well as other on-scene information, assessment/exam, treatment/specific monitoring, patient's response to interventions, change in patient's condition, and any other special circumstances

Medical justification for transport and/or transfer

All records that justify and support the level of care

Information on the origin and destination of the transports

Signature log or signature attestation for any missing or illegible signatures within the medical record (all personnel providing services)

Any other relevant documentation as deemed necessary to support service