



In Wellness and Health, Partners for Life.

PHYSICIAN CERTIFICATION STATEMENT (PCS)
FOR NON-EMERGENCY AMBULANCE TRANSPORTATION

Please print clearly and have physician sign where indicated below. Complete ALL sections of this form. See reverse for important information on completing this form.

SECTION 1 - Beneficiary Information

Name: Last Name First Name Member ID :
Diagnosis:
Date of Transport: If multiple transports required (Dialysis, Radiation, etc.) Check here to validate this PCS for Maximum of 60 Days. Initials

SECTION 2 - Transportation Information

Transport From: ALS BLS SCT
Transport To: Ambulance Vendor:
Is the service, treatment, or procedure for which patient is being transported available at originating facility? If yes, why is transport necessary?
Reason for Transport: (Include name of service, treatment, or procedure the patient needs at the receiving facility)

SECTION 3 - Medical Necessity Information - See Reverse for Definition of Medical Necessity

NOTE: LACK OF ALTERNATIVE TRANSPORTATION SERVICES DOES NOT CREATE A MEDICAL NECESSITY FOR AMBULANCE SERVICES.

Describe patient's condition (not diagnosis) at the time of pickup and/or discharge that necessitates utilization of an ambulance. (see reverse for CMS definition of medical necessity)

Is the patient bed-confined as defined by CMS regulations? (see reverse for definition)
If the patient does not meet bed-confined criteria, can this patient be safely transported by wheelchair van?
If No, why?

This Patient (check all that apply):

- Requires IV maintenance
Requires care/monitoring by trained personnel during transport
Requires immobilization due to a fracture or possible fracture
Is exhibiting signs of decreased level of consciousness
Has decubitus ulcers & requires wound precautions
Requires cardiac or other physiological monitoring
Requires a Balloon Pump
Is comatose & requires monitoring
Requires isolation precautions (VRE, MRSA, etc.)
Requires Oxygen (O2), Liters per minute
Additional nurse or physician required for transport
Is ventilator dependant
Requires airway maintenance or suctioning
Requires restraints (Other than seat belts)
Is seizure prone & requires monitoring
Weight limit exceeds wheelchair or stretcher van safety limitations
Harm to self/others

SECTION 4 - Ordering Physician Information and Signature

Print Name of Physician Ordering Ambulance Services:

I certify that the above information is true and correct based on my evaluation of this patient. I understand that this information will be used by Health Partners to support the determination of medical necessity for ambulance service.

Physician/PA/Nurse/Discharge Planner Signature Date

**BACKGROUND**

Effective February 24, 1999, Centers for Medicare and Medicaid Services (CMS) requires in 42 CFR Part 410.40(d) a Physician Certification Statement (PCS) from the patient's attending physician for non-emergency ambulance transportation. This form has been designed to assist the healthcare professional to determine if Medical Necessity has been met. Please complete all sections of this form and have an appropriate healthcare provider (as noted below) sign where indicated attesting to the Medical Necessity of ambulance transportation services.

**WHO MAY SIGN THE PCS**

This PCS should be signed by the patient's attending physician (or physician ordering transport). If unable to obtain the signature of the physician, this form may be signed by a member of the physician's medical support staff. Medical support staff is defined as: physician's assistant, nurse practitioner, clinical nurse specialist, registered nurse, or discharge planner who is employed by the hospital or facility where the patient is being treated, with knowledge of the patient's condition at the time the transport was ordered or services were furnished.

**DEFINITIONS**

**Medical Necessity:** Health Partners covers ambulance services if they are furnished to a member whose medical condition is such that other means of transportation would be contraindicated, irrespective if such other transportation is actually available. In addition, for non-emergency ambulance transportation, the definition of bed-confined (see below) must be met to ensure that ambulance transportation is medically necessary.

**Bed-Confined:** All three must be met before a patient is bed-confined, however bed confinement is not the sole determinant of medical necessity.

- i. The patient is unable to get up from bed without assistance; and
- ii. The patient is unable to ambulate; and
- iii. The patient is unable to sit in a chair, or a wheelchair.

**Emergency:** Services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- i. Placing the patient's health in serious jeopardy;
- ii. Serious impairment to bodily functions; or
- iii. Serious dysfunction of any bodily organ or part.

**Non-Emergency:** Services provided to a patient whose condition does not meet the above definition for emergency are considered non-emergency. In addition, all scheduled transports, and all transports to a non-acute healthcare facility, would be considered non-emergency.

**Scheduled:** Services that have been prior arranged 24 or more hours in advance of the transport.

**REQUIREMENTS FOR PCS**

For non-emergency ambulance transportation services provided to Health Partners members, the Code of Federal Regulations (CFR) 410.40(d)(2) requires ambulance providers to obtain a written order from the member's attending physician, certifying that the medical necessity requirements (listed above) are met, under the following circumstance:

**Scheduled:** For scheduled ambulance transportation services, the physician's order must be obtained BEFORE the provision of services and must be dated no earlier than 60 days before transport. A separate PCS is required for each transport except in the case of multiple scheduled transports for the same diagnosis, e.g. dialysis, radiation therapy, chemotherapy, etc. In these cases, the physician certificate will be valid for 60 days from the date it is signed.