



Physician Certification Statement (PCS) for Non-Emergency Ambulance Transportation

HPP's Fax Transport # (267) 515-6627

Section 1 – Beneficiary Information

Last Name:	First Name:	Member ID #:	Member DOB: ____ / ____ / _____
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ICD 10/Diagnosis:

Section 2 – Transportation Information

Date of Transport: ____ / ____ / _____	ALS <input type="checkbox"/> BLS <input type="checkbox"/> SCT <input type="checkbox"/>
Transport From:	Ambulance Vendor Name:
Transport To:	Ambulance Vendor PROMISe ID #:

Section 3 – Medical Necessity Information

Describe patient's condition (not diagnosis) at the time of pickup and/or discharge that necessitates utilization of an ambulance.

Is the patient bed-confined as defined by CMS regulations?

If the patient does not meet bed-confined criteria, can this patient be safely transported by wheelchair van? Yes No

If "No", why? _____

Section 4 – Ordering Physician Information and Signature

Print name of the Physician ordering Ambulance services:	
Print the name of the Servicing Provider:	PROMISe ID #:
Physician/PA/Nurse/Discharge Planner Signature:	Date:

Note: Lack of Alternative Transportation services does not create a medical necessity for ambulance services.

Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal laws.

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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 nonemergency 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.