



# First Class Ambulance Services

"First Class Patient Care"

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

|                                |  |
|--------------------------------|--|
| <small>Last, First, MI</small> | <small>Place sticker here (if available)</small> |
| Patient Name: _____            | Transportation Date: _____                       |
| DOB: _____ Gender: _____       | Authorization Number: _____                      |

Sending Facility: \_\_\_\_\_ Origin Room: \_\_\_\_\_

Receiving Facility: \_\_\_\_\_ Dest Room: \_\_\_\_\_

Physician Name (First, Last): \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Explanation of why Patient requires Non-Emergency Ambulance Services

*Ambulance transportation is medically necessary only if other means of transport are contraindicated or would be potentially harmful to the patient. To meet this requirement, the patient must be either "bed confined" or suffer from a condition such that transport by means other than ambulance is contraindicated by the patient's condition.*

1) Describe the **Medical Condition**(physical and/or mental) of this patient at the time of the ambulance transport that requires the patient to be transported by ambulance: \_\_\_\_\_

2) Is this patient "bed confined" as defined below?  Yes  No  
To be bed confined the patient must be (1) unable to get up from bed without assistance, (2) unable to ambulate, and (3) unable to sit in a chair or wheelchair.

3) Can this patient be safely transported by car or wheelchair van (i.e., patient tolerates being seated during transport without a medical attendant or monitoring).  Yes  No

4) Please check then circle any of the following conditions that apply to the patient:

- Patient is: AMS, Unresponsive, Combative, Danger to self/others, Bariatric, in need of Services/Treatments at another facility
- Medical Attendant required: Oxygen, Cardiac Monitoring, IV Meds/Monitoring, Suction/Airway control
- Special Handling: Isolation, Unable to sit-decubitus ulcers or wounds, Orthopedic device (backboard, halo, brace, wedge, etc.)
- Other: \_\_\_\_\_

I certify that the above information is true and correct based on my evaluation of the patient, and represent that the patient requires transport by ambulance and that other forms of transport are contraindicated. I understand that this form will be used to support the determination of medical necessity. Ambulance services are hereby ordered.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Physician
- PA
- RN
- Discharge Planner
- CNS
- NP

Ambulance providers are required by federal regulations (Code of Federal Regulations, §410.40, Coverage of Ambulance Services) to obtain a physician certification statement (PCS) from the attending physician for non-emergency ambulance trips (scheduled or non-scheduled) before submitting a claim to Medicare. A PCS is required in advance for non-emergency scheduled or repetitive ambulance services. The date on the PCS can be no more than 60 days prior to the date the ambulance transportation occurs.

The information on the PCS is used to help establish the medical necessity for the ambulance transportation, although it is not the only criterion. Under Medicare guidelines, ambulance transportation must be medically necessary and reasonable. Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated, meaning transportation by other means would endanger the individual's health. Vague and general information is of little or no value. Past medical conditions may contribute to the need for the ambulance transportation but are not sufficient alone to justify that transport. Detailed information specific to the patient at the time the ambulance was ordered or the transport was furnished is needed to determine the medical necessity.

### **What is a Physician Certification Statement?**

The Physician Certification Statement (PCS) is the written order certifying the medical necessity of non-emergency ambulance transports.

- The regulations governing PCS requirements are specified in the Code of Federal Regulations at 42 CFR 410.40(d). These regulations are the basis for Medicare guidelines.
- There is no specific Medicare-approved form for PCS. Regardless of the form you choose to use, the information on the form must comply with Medicare guidelines.

### **What information must be on the PCS?**

Patient's name, Date(s) of ambulance transport, Patient's medical problem/condition necessitating the ambulance transport. Information on the PCS must include a specific explanation as to why other means of transportation would endanger the patient's health, Signature of an authorized individual and the date signed. **Note:** Medicare requires that services provided/ordered be authenticated by the author. The signature for each entry must be legible and should include the practitioner's first and last name. For clarification purposes, we recommend you include your applicable credentials (e.g., D.O. or M.D.).

PCS requirements and types of ambulance transport:

#### **Repetitive Ambulance Services**

- The regulations governing PCS requirements for repetitive, scheduled, non-emergency ambulance services are specified at 42 CFR 410.40(d)(2)
- Repetitive trips may be scheduled or unscheduled
- A repetitive ambulance service is defined as medically necessary ambulance transportation that is furnished three or more times during a 10-day period or at least once per week for at least three weeks
- Dialysis and respiratory therapy are types of treatments for which repetitive ambulance services are often necessary
- The requirement for obtaining a PCS for repetitive, scheduled, non-emergency ambulance services is based on the quantitative standard (three or more times during a 10-day period or at least once per week for at least three weeks). Regularly scheduled ambulance services for follow-up visits, whether routine or unexpected, are not considered 'repetitive' for purposes of this requirement unless one of the quantitative standards is met.

#### **Non-emergency, Scheduled, Repetitive Ambulance Services**

- CMS requirements for obtaining a PCS for non-emergency, scheduled, repetitive ambulance services are contained in the Title 42 of the Code of Federal Regulations, section 410.40(d)(2). The requirements state:  
"(2) Special rule for nonemergency, scheduled, repetitive ambulance services.  
Medicare covers medically necessary nonemergency, scheduled, repetitive ambulance services if the ambulance provider or supplier, before furnishing the service to the beneficiary, obtains a written order from the beneficiary's attending physician certifying that the medical necessity requirements of paragraph (d)(1) of this section are met. The physician's order must be dated no earlier than 60 days before the date the service is furnished."

#### **Requirements for Non-emergency Unscheduled Ambulance Services and Non-emergency Scheduled, Non-repetitive Ambulance Services**

- Ambulance suppliers must obtain a PCS before submitting claims for this type of ambulance transport
- The PCS can be obtained from the patient's attending physician up to 48 hours after the ambulance transport
- If the ambulance supplier is unable to obtain a signed PCS from the patient's attending physician, a signed certification statement may be obtained from one of the following authorized individuals: PA, NP, CNS, RN, Discharge planner who has personal knowledge of the beneficiary's condition at the time the ambulance service is ordered or furnished
- Medicare regulations for PAs, NPs and CNSs apply and all applicable state licensure laws apply
- If the ambulance supplier is unable to obtain the required certification within 21 calendar days following the date of the transport, the ambulance supplier must document its attempts to obtain the requested certification and may then submit the claim. Acceptable documentation includes a signed return receipt from the U.S. Postal Service or other similar mail service that demonstrates that the ambulance supplier attempted to obtain the required signature from the beneficiary's attending physician or other authorized individual.

**Emergency Transports** An emergency response is defined as a BLS or ALS-1 level of service provided in immediate response to a 911 call or the equivalent. -A PCS is not required if the transport is an emergency transport. The patient's diagnosis and whether the transport is documented as an 'emergency' due to the patient's condition is not relevant to this determination.