

Provide Patient Hospital I.D. Sticker here
or
Complete Section 1

Physician Certification Statement (PCS) For Ambulance Transport

Fax to EMS Dispatch (559) 600-7623

Please print clearly and have physician sign where indicated below. Complete ALL sections.
See reverse for instructions and definitions.

Date of Transport:

Section 1 - Beneficiary Information

Last Name:

First Name:

Date of Birth:

SSN:

Discharged
From:

Emergency
Room

In-Patient
Floor

Section 2 - Transport Information

Transported
From:

Transported
To:

Reason for Transport: (include service, treatment, or procedure)

Can service, treatment or procedure be provided at sending facility? Yes No

Prior Authorization Number:

If authorization number provided, form is complete. No additional signature or information needed.

Return Trip? Yes No

Section 3 - Medical Necessity Information

Bed confined is defined as a patient who is unable to get up from bed AND unable to ambulate AND unable to sit in chair.

Is the Patient Bed confined?

Yes No

Diagnosis:

What is patient's condition that requires an ambulance transport?

Check all that apply:

Monitor

- EKG/Cardiac, IV maintenance or other physiological monitoring
- Monitoring of NG tube, GI tube, Foley catheter, or saline/hep lock
- Quadriplegic or Paraplegic with special needs
- Care/Monitoring by trained personnel or specialized equipment (describe below)
- Other: _____

Treatment

- Immobilization due to fracture or possible fracture
- Wound precautions due to decubitus
- Continuous oxygen (not self administered) or Ventilator dependent

Patient Risk

- Risk due to seizure, comatose, contractures or obtunded status
- Isolation precautions (CVRE, MSRA, etc.)
- Psychological monitoring or restraints (flight risk)
- Fall risk due to weakness

Section 4 - Signature of Physician or Healthcare Professional

I certify that the above information is complete and correct based on my evaluation of this patient and represent that the patient requires medical transport and that other forms of transport are contraindicated. I understand that this information will be used by Medicare or Medi-Cal to support the determination of medical necessity for transport services. I represent that I have personal knowledge of the patient's condition at the time of transport.



Physician's Signature (for Medi-Cal) or Healthcare Professional

Date

PRINT NAME

NPI / UPIN / License Number

***For Medi-Cal, form must be signed by a physician. For Medicare, if unable to obtain the signature of a physician, any of the following may sign (please check appropriate box):**

- Physician Assistant Nurse Practitioner Discharge Planner Clinical Nurse Specialist Registered Nurse

Instructions and Definitions - Physician's Certification

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. The presence of the signed physician certification statement does not, by itself, demonstrate that the transport was medically necessary and does not absolve the ambulance provider from meeting all other coverage documentation criteria. Ambulance company employees are not allowed to fill out this form or complete missing information. *PCS must be completed before transport can be provided.*

Who May Complete a PCS?

Medicare and Medi-Cal require a signature that is legible and identifiable.

This PCS should be signed by the patient's attending physician (or the physician ordering transport). If the patient has Medi-Cal, the form must be signed by a Physician. If the patient has Medicare and unable to obtain the signature of the physician, this form may be signed by a member of the physician's medical support staff (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).

Check boxes are provided for documenting the need for ambulance transportation.

The check boxes are provided to assist the physician or authorizing party in describing the medical situation requiring the use of an ambulance. Check all that apply. Additional explanation in narrative form is desirable to properly describe the medical condition that requires ambulance transport. Please read carefully the certification statement above the area for the physician's signature.

Definitions

Medical Necessity: Medicare and Medi-Cal cover ambulance services if they are furnished to a beneficiary whose medical condition is such that other means of transportation would be contraindicated. Lack of alternate transportation does not create a medical necessity for ambulance services. In addition, for nonemergency ambulance transportation, the definition of bed confined (see below) must be met to ensure that ambulance transportation is medically necessary. The patient may be held liable for non-medically necessary services.

Bed Confined: Bed confinement is not the sole determinate of medical necessity; however, all three criteria must be met before a patient is bed confined:

- a. The beneficiary is unable to get up from bed without assistance; and
- b. The beneficiary is unable to ambulate; and
- c. The beneficiary is unable to sit in a chair or a wheelchair

Exception to Bed Confined

"[CMS] recognize[s] that it is standard and accepted medical practice in both hospitals and nursing homes to take steps to ensure that beneficiaries are up and out of bed as often as their condition permits. Such beneficiaries are not bed-confined. It is incumbent upon health care professionals responsible for the care of individual beneficiaries to determine what is safe for those beneficiaries. If it is determined that it is unsafe for a particular beneficiary to be unmonitored during transport, then the documentation submitted for that particular transport should support the need for ambulance transportation. That documentation will be considered by the carrier in processing the claim."

Private Insurance covers scheduled ambulance transports if the sending facility obtains a prior authorization number. Please write the authorization number on the form and provide it to the dispatch center upon scheduling transportation.

To Schedule Transportation

1. Call Fresno County EMS Dispatch center at (559) 600-7800 to schedule a transport. Be ready to provide patient's name, Medical Record number, name of requesting physician, name of facility and address where the patient will be transported to, discharge diagnosis, and any medical equipment that will be needed for transfer.
2. Have a copy of the PCS form and a copy of the facility's Face Sheet along with any other transfer paperwork ready for the crew when they arrive to pick up the patient.
3. Keep a copy of the PCS form in the patient's hospital medical record.

Additional copies of this form can be downloaded from: www.americanambulance.com

Questions about ambulance rates or insurance coverage can be answered by calling (559) 443-5991.

American Ambulance
2911 E. Tulare
Fresno, CA 93721
Billing Office (559) 443-5961
EMS Dispatch (559) 600-7800