

Physician Certification Statement (PCS) for Ambulance Transport

Step #1: Fax to (559) 600-7623 and include a facesheet and 5150 form if on a hold.

Step #2: Contact TransComm at (559) 600-7807 to schedule an ambulance transport.

Section 1 – Patient Information

Last Name:	First Name:	Date of Birth:
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Section 2 – Transport Information

Date:	From:	To:
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If outside of area (Fresno/Kings/Madera/Tulare), why is transport to a more distant facility needed?

Section 3 – Medical Necessity Information

Medical necessity is established when the patient's condition is such that the use of any other method of transportation would be contraindicated. In other words, no other transportation type could be used without endangering the patient's health. If the patient can be transported by any other means (e.g., litter van, wheelchair van, car, taxi, etc.) then medical necessity for an ambulance does not exist. It does not make a difference whether the other type of transportation is actually available in the locality at the time of service.

If patient **does NOT meet ambulance medical necessity**, please sign below to authorize billing to the requesting party.

Name:	Signature:	Date:
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If patient **does meet ambulance medical necessity**, select all that apply below:

Monitoring Requirements

- Airway monitoring
- Abnormal vital signs monitoring
- Cardiac monitoring
- Mental status monitoring due to abnormal behavior, altered mental status, CVA, medication, or syncope
- Orthopedic/medical device monitoring
- Palliative support related to hospice care

- Passive/manual restraint to prevent patient injury or medical device movement/tampering
- Flight risk due to dementia or altered mental status and unable to follow commands
- Flight risk due to 5150 hold (must include a copy of the 5150 form)
- Isolation/infection precautions due to: _____

Treatment Requirements

- Oxygen administration (medical attendant required to regulate)
- Suctioning as needed
- Restraints needed during transport
- IV meds or fluid
Describe: _____
- Other treatment/device not listed
Describe: _____

Describe in detail why the patient can only be transported by ambulance. Specifically, why a medical attendant in the back of the ambulance is necessary to monitor or treat the patient as indicated above.

Is the patient bed-confined? If so, describe why: Check one: YES or NO

"Bed-confined" means unable to stand, ambulate and sit in a chair.

Section 4 – Signature of Physician (for Medi-Cal) or other Healthcare Professional

I certify that the above information is accurate and complete based on my evaluation of this patient and demonstrates that the patient requires ambulance transport because other forms of transport would endanger the patient's health. 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. **(For all Medi-Cal patients, this form must be signed by a physician)**



Signature of Physician (for Medi-Cal) or other Healthcare Professional

Date

Print Name

NPI/License Number

- | | | |
|--|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Discharge Planner |

Medical Necessity Guidelines and PCS Requirements

Medicare and Medi-Cal require a Physician Certification Statement (PCS) for non-emergency ambulance transportation. This form has been designed to assist in the determination of the medical necessity for ambulance transport. Ambulance company employees are not allowed to complete any part of the PCS form.

Medical necessity is required to schedule an ambulance. If the patient does not meet medical necessity for ambulance transport, the patient may be financially responsible for the service. Medical necessity must be documented on the PCS before scheduling an ambulance transport.

Definition of medical necessity: Medical necessity is met when the patient's condition shows that "using other means of transportation would endanger the patient's health." If the patient is suffering from an injury or an illness (chronic or acute) and the patient requires monitoring, special positioning or treatment during an ambulance transport, then medical necessity is met. Please note each requirement must be substantiated with a documented reason. For example:

1. The PCS must show why the patient cannot travel unmonitored in a litter van/wheelchair van. Bed confined status alone does not indicate why the clinical skills of an EMT or Paramedic are needed during the transport.
2. If monitoring or positioning is required, the PCS must show why monitoring or positioning is needed to prevent endangerment of patient's health and/or safety during transport.
3. If transporting outside the area (Fresno/Kings/Madera/Tulare), the PCS must show why transport to a more distant facility is needed, such as:
 - A. A local hospital is unable/unavailable to accept patient.
 - B. The more distant hospital has specialty care needed for patient treatment.

NOTE: Transfers to a more distant facility for hospital convenience or inter-facility transfer agreements do not meet medical necessity and will not establish a reason for ambulance transport.

General Rules

The PCS must describe:

1. A patient condition that requires transport by an ambulance (i.e. Section 3a: Description of patient's current illness/injury; sample, "Post hip fracture, patient requires splint").
2. Why the patient needs monitoring, treatment or special positioning during the ambulance transport by a trained medical technician (i.e. Section 3b: Check all boxes that apply to the patient condition; sample, "Position Requirements - Stabilize/splint ortho injury and severe pain requiring positioning or immobilization").
3. Why the patient could not travel by other means (litter van, geri-chair van, wheelchair van, SNF transportation van or private car) without endangering the patient's health (i.e. Section 4: Describe why patient cannot sit unassisted; sample; "patient unable to sit on their own and requires assistance on the gurney and continued monitoring due to weakness").

These are situations when medical necessity is NOT met and the patient may be financially responsible for the ambulance transport:

1. Patient's condition would not ordinarily require an ambulance (i.e. routine or follow-up appointment with a doctor).
2. Patient is returning home or to SNF after hospital ER visit and the patient does not require care (monitoring, treatment, or positioning) during transport.
3. The ambulance was used because other means were unavailable (including litter van or wheelchair van) that would have been appropriate.
4. The patient could safely travel in a vehicle with a non medical person providing assistance (family member/friend).
5. The patient requires assistance onto a gurney but can remain on the gurney without assistance during transport.
6. Ambulance transport is the most convenient option.

If medical necessity for an ambulance transport is not established, the patient may be financially responsible for the bill.