

**PHYSICIAN'S CERTIFICATION STATEMENT (PCS)**

Effective July 1, 1999, Medicare requires via 42 CFR Part 410.40(b) that ambulance providers obtain a PCS signed by the beneficiary's physician for the provision for non-emergency ambulance transportation. Please complete all sections of this form. This has been revised to allow nurses, hospital discharge planners, physician's assistants to sign. You have 21 days after transport to obtain a completed PCS. MetroAtlanta cannot file a non-emergency claim without a complete PCS. PCS is not required for transports FROM residences.

<b>SECTION 1: Beneficiary Information</b>		
<b>Name:</b>		<b>Date of Certification</b>
<b>Sex (check) <input type="checkbox"/> Male <input type="checkbox"/> Female</b>	<b>Date of Birth:</b>	<b>Beneficiary's SSN:</b>
<b>Medicare No.:</b>	<b>Part B? (check) <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	<b>Medicaid No.:</b>
<b>SECTION 2: Medical Necessity Information (To be completed by a medical practitioner)</b>		
<b>Medicare Definition of Medical (Ambulance) Necessity: Patient's condition is such that other means of transportation (car, wheelchair van, etc.) would be contraindicated.</b>		
<b>Medicare Definition of Bed-Bound: Unable to get up from bed without assistance, unable to ambulate and is unable to sit in a chair or wheelchair.</b>		
<b>*** NOTE: Bed-bound is not the sole reason for Medical Necessity ***</b>		
<b>↓ To What Degree, etc. <u>SPECIFICALLY</u> Why? ↓</b>		
<b>NOTES: Please be specific. "Unable to ambulate and/or stand" is not acceptable by Medicare:</b>		
<b>Print FIRST NAME, MIDDLE INITIAL, LAST NAME of the physician ordering ambulance transportation:</b>		
<b>Physician / Nurse / Hospital Discharge Planner / Physician's Assistant can sign</b>		
<b>Print Name, Title &amp; Credentials of Person Completing this Form:</b>		
<b>SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

I CERTIFY THAT THE ABOVE INFORMATION REPRESENTS AN ACCURATE ASSESSMENT OF THE PATIENT'S MEDICAL CONDITION(S) AND THAT, IN MY PROFESSIONAL MEDICAL OPINION, THIS PATIENT REQUIRES STRETCHER TRANSPORT BY AN AMBULANCE AND SHOULD NOT BE TRANSPORTED BY ANY OTHER MEANS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED BY THE HEALTH CARE FINANCING ADMINISTRATION TO SUPPORT THE DETERMINATION OF MEDICAL NECESSITY FOR NON-EMERGENCY AMBULANCE SERVICES.



Medicare pays for transportation in an ambulance with the following levels of care.

- BLS- Basic Life Support
- ALS- Advanced Life Support
- SCT- Specialty Care Transports

Medicare Definition of Medical (Ambulance) Necessity: Patient's condition is such that other means of transportation (car, wheelchair van, etc.) would be contraindicated. Medicare does not pay for Non Medical Transportation



Non Medical Transportation =•

- Ambulatory
- Wheel Chair
- Stretcher Patients with no acute medical issues

**INSTRUCTIONS:** Below are eight of the most commonly documented conditions that are associated with patients requiring transport by ambulance. These are often also difficult to accurately and completely document. Please make sure that the specific patient information that applies is included in your narrative description on the PCS form. If medical necessity is not established, then please refer to the Advance Beneficiary Notice that is below for patient notification of financial responsibility.

**Contractures:**

- The specific limb(s) and degree must be documented.
  - ❖ Upper extremities bilaterally
  - ❖ Lower extremities bilaterally
  - ❖ Upper and lower extremities on one side
  - ❖ Contractures in all extremities
  - ❖ Contracted into the fetal position

**Fractures & Joint Replacement:**

- Splinting and immobilization requirements must be documented.
- ❖ For possible hip fractures, the documentation should include a description of the patient's condition at the time of transport (i.e.: *patient fell from bed onto hip; patient complained of severe pain to hip and/or the leg was shortened and rotated in ward.*)
- ❖ For joint replacement/post fracture repair, if the patient is \_\_\_\_\_ (moves with a walker, cane) and/or is able to \_\_\_\_\_ upright in a chair or wheelchair or wheelchair, the ambulance transport is \_\_\_\_\_.
- ❖ Or for joint replacement/post fracture repair, describe in detail why the patient is non-weight bearing or unable to place pressure/ weight on the fracture site (i.e., *possibility of re-injuring the repair site exists*).

**Decubitus Ulcers:**

- Documentation must include:
  - ❖ The size and location of the ulceration.
  - ❖ The stage of the ulcer healing.
- ❖ Associative information explaining why a wheelchair or other means of transportation could not be used.
- ❖ Flap surgical repair with location and supporting information can also be accepted.

**Generalized Weaknesses:**

- **NOTE:** Generalized weakness and muscle atrophy are covered conditions for ambulance transport.
- ❖ Documentation must describe in detail the specific signs and symptoms that require an ambulance for transportation.
- ❖ Weakness due to terminal or debilitating cancer must be clearly documented and the patient condition described.

**CVA – Recent or Acute:**

- Documentation must specify if the CVA is recent and therefore must include the date of the CVA.
- ❖ If the CVA is a part of the patient's history, document the rationale for the ambulance transport.
  - ❖ Coma; non-responsive
- ❖ Contractures (when associated with CVA); specify the involved limbs and severity.
- ❖ Paralysis and associative, descriptive information that can help to determine medical necessity.

**Cardio-Respiratory Support:**

- Documentation should include the reason why the patient requires oxygen administration/cardio respiratory monitoring and the specific service that is unavailable at the originating facility for facility-to-facility transports.
  - ❖ Dyspnea
  - ❖ Respiratory arrest
  - ❖ Shock
  - ❖ Terminal, debilitating lung cancer
  - ❖ Mechanical ventilation

**Restraints:**

- Stretcher straps **are not** considered restraints. Restraints are physical or chemical.
- ❖ Documentation should describe "why" restraints were used to facilitate transport (i.e., *patient restrained because of combative, violent behavior and presented a danger to themselves or others*).
- ❖ For physical restraints, document the limbs restrained and the physician who ordered the use of restraints.
- ❖ For chemical restraints, document the medication used, time given, dosage and effect upon the patient (i.e., *unconscious, lethargic*).

**Patient and/or Physician Request:**

- **NOTE:** While patient choice is a recognized patient right under the BBA of 1997, Medicare does not cover transports that are made on the basis of patient and/or physician preference.
- ❖ If the originating facility is capable of treating without endangering the patient, then the transport is not medically necessary.
- ❖ Documentation must include the specific test, procedure, service or specialty that is not available at the originating facility (e.g.; CABG, neurosurgery, vascular surgery, long-term inpatient cardiac rehabilitation.).
- ❖ Documentation should also include transport reason beyond the nearest facility if known (i.e., cardiac catheter services unavailable at originating with possible interventional cardiology services needed).