

Physician's Certification of Medical Necessity for Ambulance Transportation

Run # _____

**PCS form now required
by Medicare Medicaid
(DSHS) 8/1/06**

Section 1 - Beneficiary Information

Name: Last			First			MI			Certification Date(s) (for prescheduled transports date may be 60 day range.)		
Sex: M F		DOB:			SSN:			DATE:			
Medicare No.:				Part B? Y N		MEDICAID PIC#:					

Section 2 - Medical Necessity Information (to be completed by physician):

The Medicare definition of Medical Necessity for non-emergency ambulance transportation is: The inability to get up from bed without assistance and the inability to ambulate and the inability to sit in a chair or wheelchair. Does the patient's condition meet Medicare's definition of Medical Necessity? Y N

1. The Minimum safe level of transportation was or is:
 Auto, Cabulance, wheelchair transport or other convenient means.
 Any means other than a fully equipped BLS ambulance could have endangered the patient's health.
 Any means other than a fully equipped ALS ambulance could have endangered the patient's health.

2. Did the patient's physical condition require movement by stretcher? Y N

3. Other: Other means of transportation are contraindicated based on the following conditions requiring ambulance transport:

<input type="checkbox"/> Requires continuous oxygen (not self-administered)	<input type="checkbox"/> Cannot safety support themselves in a wheelchair
<input type="checkbox"/> Requires airway monitoring	<input type="checkbox"/> May tolerate a wheelchair, but is medically unstable (explain below)
<input type="checkbox"/> Is ventilator dependent	<input type="checkbox"/> Requires medical supervision during transport (explain below)
<input type="checkbox"/> Requires EKG monitoring	<input type="checkbox"/> Requires isolation precautions CVRE, MRSA, etc.
<input type="checkbox"/> Is comatose or obtunded, requiring trained monitoring	<input type="checkbox"/> Unable to get out of bed safely with one person assistance
<input type="checkbox"/> Is on hip precautions and cannot safely sit	<input type="checkbox"/> Other (explain below)

Explain / elaborate on conditions (not necessarily diagnoses) which necessitate ambulance transport:

What conditions contraindicate travel by wheelchair van?

Print physician's name:	UPIN:
Physician's signature:	DATE:

Can be signed for physician by a: Nurse Practitioner, Physician's Assistant or Clinical Nurse Specialist

RN signature:	DATE:
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RN acknowledges the physician's verbal order. RN signature must be countersigned by physician, RN signature not required if signed by physician.

I certify the above information represents an accurate assessment of the patient's medical condition(s). I understand this information will be used by the Health Care Finance Administration to help determine the medical necessity for ambulance service.

Please give this form to the ambulance staff at the time of service.
 If unable to provide the completed form, please fax to our office at 206-243-0756 after the physician signs the form.
 Tri-Med Ambulance billing toll-free phone number: 1-888-448-1232 ext. 1

When is a PCS form needed:

- For non-emergent transports only
- Only when Medicare and Medicaid are the payors for the ambulance transport
- Only when the patient is under the direct care of a physician in a facility, i.e. a skilled nursing facility or hospital.

Covered Services

Medicare's first consideration when paying for ambulance transportation is medical necessity, described on the front side of this form. A secondary consideration is "covered services". Medicare only pays for certain services. Below is a listing of covered and non-covered ambulance transports.

Appropriate Transportation for which PCS form would be required

- (non-emergent) Home to a hospital
- From a facility to the patients home, when home is within the locality of the facility
- Skilled nursing facility to hospital (if non-emergent)
- Hospital discharge to skilled nursing facility
- Hospital to hospital transfer if the appropriate level of care was not available at originating hospital.

Non Covered Services

- Transports for convenience
- Routine outpatient clinic or doctor's office visits
- Wheelchair van service

Please provide this form to Tri-Med Ambulance staff at the time of transport. If you have any questions about the PCS form, please feel free to contact our billing office toll-free at 1-888-448-1232 ext. 1.