

Physicians Certification Statement for Ambulance Services (PCS)

Part 1: General Information

Patient's Name: _____
Date of Transport: _____

Part 2: Why is the Ambulance Necessary?

- Emergency Transport** - Indicate in narrative section reason for transport, i.e. What services available at receiving facility not available at sending facility.

Non-emergency Transport -This patient is:

- Bedconfined**, ie. Unable to get up from bed without assistance, ambulate and sit in a chair, including a wheelchair
- Able to tolerate a wheelchair but is **medically unstable** due to other conditions indicated in the narrative below
- Decreased level of consciousness**
- Requires **oxygen** due to _____
- Requires airway **monitoring** or **suctioning**
- Requires cardiac **EKG** monitoring or **IV** maintenance
- Comatose**
- Heavily **medicated**/chemically restrained
- Bedconfined** due to **paralysis**
- Has a **psychiatric** condition which requires supervision
- Is **combative** danger to self or others and needs to be restrained
- Has **decubitus ulcers** & unable to sit during transportation
- Requires **isolation** precaution (VRE, MRSA, etc.)
- Other Narrative:**

Part 3: Physician Signature

I certify that the above information is true and correct based on my evaluation of this patient, to the best of my knowledge and professional training. I understand that this information will be used by Medicare or Medicaid to support the determination of medical necessity for ambulance services.

Physician's Printed Name: _____ UPIN No: _____

Original Signature of Physician

Date Signed

Instructions For Completing: Physician's Certification Statement for Ambulance Services (PCS)

The PCS is standard documentation for **ALL** non-emergency ambulance transports. The general information at the top of the form, the condition justifying medical necessity and the physician's signature at the bottom of the form must be completed for **ALL** transfers.

Signature Required! A new law placed into effect February 24, 1999, requires Medicare patients to have a completed PCS signed by a physician, physician's assistant, resident physician, or a nurse practitioner prior to transport. This was later modified to allow a health professional, employed by the physician, to sign the form verifying the physician's orders. As of 4-1-02, a health professional employed by the physician, or the facility caring for the patient may sign the form verifying the physician's orders.

Part 1: General Information

This is the area for noting the patient's name and date of the transfer.

Interfacility Transport If a patient is being discharged to another hospital, Medicare and Medicaid must know the elevated care that will be provided by the second hospital that is not available at the originating hospital. A section is provided on page 1 for a narrative description of the elevated care.

Part 2: Why is the Ambulance Necessary? Medical Necessity

The critical information required on the PCS is a physician's certification of medical necessity and signature. The requirements vary slightly depending on the payer – Medicare, Medicaid, or private insurance. Note that even though some private insurance payers currently do not require all of this information, they soon will. Historically, Medicare has led the way in reimbursement requirements and amounts.

Medicare considers two reasons to justify medical necessity for non-emergencies:

- (1) A long-term medical condition rendering a patient bed-confined, or
- (2) A current physical or medical condition existing at the time of service that requires stretcher transportation.

Please select the appropriate box and corresponding medical condition (e.g. Emergency, Bed-Confined or Current Medical Condition) and be specific about the need to travel by ambulance. Medicare's conditions for stretcher transport are provided on page 1 of this form.

Part 3: Physician Signature

Finally, the attending physician, or physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, or discharge planner who is employed by the hospital or facility where the beneficiary is being treated and who has personal knowledge of the beneficiary's condition at the time the transport is ordered or the service was furnished must sign (the term "physician certification statement" will also be applicable to statements signed by other authorized individuals). By law, they must sign before the patient is transported. The physician's name must be printed above the signature to ensure the correct correlation of doctor and UPIN.