



Physician's Certification Statement

As mandated by 410.40(d) of the Code of Federal Regulations (Medicare). This form must be completed and forwarded to On Time Ambulance prior to ambulance transport.

For Non - Emergency Scheduled and Unscheduled Medical Transportation Services

Transport Date: _____ Certificate Expiration Date (Max 60 Day) _____

(PCS effective for 60 days for repetitive transports or for a single prescheduled or unscheduled transport only.)

Patient Name: _____ Medicare #: _____

Transported From: _____ Transported To _____

Physician: _____ License # or UPIN: _____

Option 1

In my professional medical opinion, this patient does not require transport by ambulance and can safely be transported by other means. The patient's condition is such that transportation by ambulance is not required because the means listed below is safe and acceptable:

Patient can safely support him/herself while seated in wheelchair and does not require monitoring by Trained personnel, therefore can be transported by wheelchair van service.

Patient is ambulatory and therefore can be transported by medical car service.

Or

Option 2

In my professional medical opinion, **this patient requires transport by ambulance and should not be transported by other means.** The patient's condition is such that transportation by medically trained personnel **is required.** Please indicate medical diagnosis that makes ambulance transport necessary _____

The HCFA definition of Bed-Confinement is: The inability to get up from bed without assistance: ambulate; and sit in a chair, including a wheelchair. **(ALL MUST BE MET)**

- Is your patient bed-confined as defined by Medicare (HCFA) Regulation? Yes No
- If the patient does not meet bed-confined criteria as defined above, can this patient be safely transported by wheelchair van? Yes No - If NO Please check the appropriate medical conditions listed below which would necessitate transport by ambulance and make all other means of transportation contraindicated based on patient's safety and health.

This patient: ****(A) - Must Be Defined in OTHER**

- | | |
|---|---|
| requires continuous oxygen & monitoring by trained staff | has decubitous ulcers & requires wound precautions (A) |
| requires airway monitoring or suctioning | requires isolation precautions (VRE, MRSA, etc.) (A) |
| requires restraints or sedation (A) | patient requires continuous IV therapy |
| comatose & requires trained monitoring | requires cardiac monitoring |
| is actively seizure prone & requires trained monitoring | is exhibiting signs of a decreased level of consciousness (A) |
| had to remain immobile because of a fracture/possibility of a fracture which has not been set | is on hip precautions & cannot sit safely (A) |
| patient is ventilator dependent | |
| contractures (A) | |
| Other (Explain) _____ | |

I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical record of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payers such as the Medicare Program. I understand that any intentional misrepresentation or falsification of essential information, which leads to inappropriate payments, may be subject to investigations under applicable federal/state laws.

Signature of Ordering Physician or Authorized Healthcare Professional

Date Signed

Printed Name



Physician's Certification Statement

Background:

As of February 24, 1999 HCFA requires A Physician Statement of medical necessity for ambulance transportation.

Definitions and Requirements

Emergency:

An Emergency is defined as: Services provided in a hospital emergency room after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Non-Emergency:

Patient's conditions not meeting the above definition for emergency are considered non-emergency. Section 410.40 (d)(1) states that a non-emergency will only be considered medically necessary if:

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

Or

- If there is a Physician's written order certifying that the beneficiary must be transported in an ambulance because other means of transportation are contraindicated.

PHYSICIAN CERTIFICATE OF MEDICAL NECESSITY

Scheduled:

For scheduled non-emergencies, Section 410.40 (d)(2) requires the ambulance supplier to obtain a written order from the attending physician, before transport, certifying the medical necessity requirements (listed above) are met. The physician's order must be dated no earlier than 60 days prior to transport, except as noted below.

- For repetitive dialysis patients, e.g. dialysis, radiation therapy, chemotherapy, etc. the physician certificate will be good for 60 days from the date it is signed.

Unscheduled Non-Emergency:

- For a resident of a facility under the care of a physician, the certification can be obtained up to 48 hours after the transport.
- No certification is required for a patient living at home or in a facility, but not under the direct care of a physician.

Exception

The regulation specifically states "We recognize 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 processing of the claim."

On Time provides ambulance, wheelchair van and medical car service. If you have any questions or need assistance scheduling transportation please feel free to contact us at the number listed below.