

BACKGROUND

Effective February 24, 1999, Centers for Medicare and Medicaid Services (CMS) requires in 42 CFR Part 410.40(d) a Physician Certification Statement (PCS) from the patient's attending physician for non-emergency ambulance transportation and interfacility transfers.

This form has been designed to assist the healthcare professional to determine if Medical Necessity for stretcher transport has been met. Please complete ALL sections of this form and have the appropriate healthcare provider (as noted below) sign where indicated attesting to the medical necessity of ambulance transportation.

WHO MAY SIGN PCS:

The regulation states that the PCS must be signed by the patient's attending or ordering physician. The regulation further states - however, when the patient's physician is unavailable, medical support personnel such as physician's assistants, nurse practitioners, clinical nurse specialists, registered nurses, or discharge planners who are employed by the hospital or facility where the patient is being treated, and who are involved in the care of the patient may also sign the PCS. This person must have knowledge of the patient's condition at the time the transport was ordered.

In cases of repetitive patient transport as defined by CMS - "three or more stretcher transports during a ten day period or one or more transport per week for three weeks" - the PCS **must** be signed by the physician, other signatures are not allowed.

MEDICAL NECESSITY:

Medicare defines medical necessity as ambulance stretcher transportation only when the patient's **medical** and **physical** condition are such that all other means of transportation are contraindicated.

PATIENT'S WHO ARE BED CONFINED:

If a patient is bed confined the medical necessity requirements are met, **HOWEVER**, the documentation of bed confinement without supporting **medical** and **physical** condition information will cause the claim to be denied by CMS as not medically necessary.

In order for the patient to be considered bed confined as defined by CMS **all three** of the following must be true and must be supported by **documentation**.

- 1) The patient is unable to get up from bed without assistance; and
- 2) The patient is unable to ambulate; and
- 3) The patient is unable to sit in a chair, or a wheelchair

PATIENT'S WHO ARE NOT BED CONFINED

The following is a statement and explanation from the regulation:

"[CMS] recognize[s] 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 documentation submitted for that particular transport should support the need for ambulance transportation. That documentation will be considered by the carrier in processing the claim."