

SUTTON COUNTY



**Physician's Certification Statement (PCS)**  
**Non-Emergency Ambulance Transportation**  
325-387-5132 office 325-387-3872 fax  
www.suttoncountyems.org

Patient's Name: \_\_\_\_\_ Medical Record Number \_\_\_\_\_

Transport From: \_\_\_\_\_ Transport To: \_\_\_\_\_

**NOTE: Lack of Alternative transportation services does not create a medical necessity for AMBULANCE services**

Check all appropriate boxes for the above named patient:

- Unable to get up from bed without assistance; ambulate; or sit in a chair, including a wheelchair, due to other conditions indicated in the narrative below.
- Dementia, Late state Alzheimer/s, Severe Altered Mental Status, decreased level of consciousness.
- Frail, debilitated, extreme muscle atrophy, risk of falling out of wheelchair while in motion.
- Requires oxygen, Liters per minute \_\_\_\_\_
- Requires airway monitoring or suctioning during transport.
- IV Maintenance required during transport.
- Comatose and requires trained personnel to monitor condition during transport.
- Seizure prone and requires trained personnel to monitor condition during transport.
- Medicated and needs trained personnel to monitor condition during transport
- Suffers from paralysis or contractures \_\_\_\_\_ Lower Extremities \_\_\_\_\_ Fetal
- Danger to self and others requires restraint. \_\_\_\_\_ verbal \_\_\_\_\_ chemical \_\_\_\_\_ physical \_\_\_\_\_ flight risk
- Has decubitus ulcers and requires wound precautions. \_\_\_\_\_ buttock \_\_\_\_\_ sacral \_\_\_\_\_ back \_\_\_\_\_ hip
- Requires isolation precautions or other special handling during transport.

Narrative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct based on my evaluation of this patient. 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 and observation by medically trained personnel is required. I understand this information will be used by the Centers for Medicare and Medicaid Services (CMS) to support the determination of medical necessity for ambulance services.

\_\_\_\_\_  
Printed name of physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of M.D., P.A., R.N., R.N.P., C.N.S., or Discharge Planner (see PCS instructions)

## Instructions - Physician's Certification Statement (PCS)

### When is the PCS required?

The PCS is required for all non-emergency transfers. Its purpose is to certify the medical necessity of non-emergency ambulance transportation. The presence of the signed physician certification statement does not, by itself, demonstrate that the transport was medically necessary and does not absolve the ambulance provider from meeting all other coverage documentation criteria. Ambulance company employees are not allowed to fill out this form. **PCS must be completed before transport can be provided.**

### Check boxes are provided for documenting the need for ambulance transportation.

The Check boxes are provided to assist the physician or authorizing party in describing the medical situation requiring the use of an ambulance. Check all that apply. Additional explanation in narrative form is desirable to properly describe the medical condition that requires ambulance transport.

Please read carefully the certification statement above the area for the physician's signature. In addition to certifying that the physician completing and signing the PCS has first hand knowledge of the patients medical condition and need for an ambulance, the physician acknowledges that the information on the PCS will be used by CMS to determine medical necessity for an ambulance transport.

### Authorized Signature Required

All PCS forms for all patients require a physician's signature. The only acceptable alternatives to a physician's signature are signatures of a Physicians Assistant, Registered Nurse Practitioner, Registered Nurse, and Certified Nursing Specialist a Discharge Planner or a resident at a teaching hospital.

### Definitions:

**Medical Necessity:** Medicare covers ambulance services if they are furnished to a beneficiary, whose medical condition is such that other means of transportation would be contraindicated, Lack of alternate transportation does not create a medical necessity for ambulance services. In addition, for non-emergency ambulance transportation, the definition of bed confined (see below) must be met to ensure that ambulance transportation is medically necessary.

**Bed Confined:** All three must be met before a patient is bed confined, however bed confinement is not the sole determinate of medical necessity.

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

CMS recognizes 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. The carrier in processing the claim will consider that documentation.

### To Schedule Transportation

1. Call Sutton County EMS at 325-387-5132 to schedule a transport. Have patients name, medical record number, name of facility and address where the patient will be transported to, discharge diagnosis, and any medical equipment that will be needed for transfer.
2. Have the original PCS form and a copy of the facility's face sheet; along with any other transfer paperwork ready for the crew when they arrive to pick up the patient.
3. Please keep in mind that Sutton EMS is the Emergency 911 service for Sutton County. Request for transfers will be performed on a first come first serve basis. Every effort will be made to transfer your patient at the time requested, however, calls for **Emergency service will take top priority**. Should an emergency request come in before your transfer is performed you will be notified of the delay and the transfer will be performed as soon as unit status allows.