STAT MEDICAL TRANSPORT

Physician's Medical Necessity Certification

Complete for non-emergency scheduled and non-emergency unscheduled ambulance transport(s).

PATIENT'S NAME		HEALTH INSURANCE CLAIM NUMBER (HIC)
TRANSPORT DATE	TRANSPORTED FROM	TRANSPORTED TO
PHYSICIAN'S PRINTED NAME		PHYSICIAN LICENSE OR UPIN #

In order for ambulance services to be covered, they must be medically necessary and reasonable. Medical necessity is established when **the patient's condition is such that transportation by any other means is contraindicated.** Please complete the questions below in order for the ambulance claim to be evaluated under Medicare coverage criteria.

The Healthcare Financing Administration has defined **"bed confinement"** as **(all three bullets must be met)**:

The patient is:
- Unable to get up from bed without assistance;
- Unable to ambulate; **and**
- Unable to sit in a chair or wheelchair.

1. Is the patient bed-confined as defined by the above definition? ☐ **Yes** ☐ **No**

2. If **No**, please check the **appropriate reason for ambulance necessity listed below.**

This patient:

☐ requires restraints to prevent harm and/or injury or requires sedation **(provide explanation in other)**

☐ requires cardiac monitoring

☐ requires continuous oxygen monitoring by trained staff
Note: patients who are generally mobile with portable oxygen would not require non-emergency ambulance transportation based solely on the need for oxygen.

☐ is a danger to self or others

☐ is a flight risk or there is a risk of elopement

☐ is not wheelchair-able or risks falling out of wheelchair

☐ has to remain immobile because of a fracture that had not been set or the possibility of a fracture

☐ is ventilator dependant

☐ requires continuous IV therapy

☐ requires continuous airway monitoring and/or suctioning

☐ is seizure prone or comatose & requires monitoring

☐ is morbidly obese requiring additional personnel / equip

☐ requires specialized handling or physical assistance in transferring.

☐ other, please specify, _____

_____

☐ 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 the means listed below is safe and acceptable:
- ☐ Can support themselves safely while seated in a wheelchair and does not require monitoring by trained personnel
- ☐ Is able to tolerate transportation by a sedan or automobile

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 and/or state laws.

PHYSICIAN SIGNATURE ***X***	DATE

IF A PHYSICIAN IS UNAVAILABLE, THIS FORM MAY BE SIGNED BY A PA-C, NURSE PRACTITIONER, RN, OR DISCHARGE PLANNER

AUTHORIZED HEALTHCARE PROVIDER AND TITLE	TELEPHONE NUMBER
AUTHORIZED SIGNATURE ***X***	DATE

Physician Certification is good for 60 days from the date of physician's signature

NOTICE TO MEDICARE BENEFICIARY
Advance Beneficiary Notice (ABN)

Provider notice:

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service. We believe that, in your case, Medicare is likely to deny payment for:

1. Ambulance Base Rate

2. Mileage, for the following reasons:

1. Medicare does not pay for transportation to a physician's office.
2. Medicare does not pay for transportation beyond the nearest appropriate facility.
3. Medicare does not pay for the convenience of the patient or the physician.
4. Medicare does not pay for non-emergency transports unless a signed physician certification is obtained. At this time, your physician, or designee with knowledge of your condition, has not provided the form.

Beneficiary agreement:

I've been notified by my provider that it believes that, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.

PATIENT SIGNATURE ***X***	PATIENT NAME (PRINT)	DATE
PATIENT UNABLE TO SIGN DUE TO:		
REPRESENTATIVE SIGNATURE	REPRESENTATIVE NAME & RELATIONSHIP TO PATIENT	DATE
WITNESS SIGNATURE	WITNESS NAME (PRINT)	DATE