

# Physician Certification Statement (PCS) for Ambulance Transportation

## SECTION I - PATIENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Patient Transported FROM: \_\_\_\_\_

Patient Sticker (If available)

Patient Transported TO: \_\_\_\_\_

Reason for Transport: \_\_\_\_\_

## SECTION II - QUALIFYING DOCUMENTATION

Qualifying documentation supporting reasons that non-emergency ground transport, other than by ambulance is contra-indicated. Supporting documentation for any boxes checked must be contained in the patient's medical records and may be requested by the EMS agency.

### Select all that apply:

- Bed Confined (**\*All three must be met to qualify for bed confinement**)
  - 1. Unable to Ambulate
  - 2. Unable to get out of bed without assistance
  - 3. Unable to safely sit up in a wheelchair
- Confused, combative, lethargic, comatose
- Contractures
- Danger to self or others - (monitoring, seclusion, flight risk, etc.)
- DVT requires elevation of lower extremity
- Interfacility Transport - Patient transported for higher level or specialized care not available at sending facility.  
**MUST** list reason(s) for transfer or care not available at sending facility:  
\_\_\_\_\_  
\_\_\_\_\_
- IV medications/fluids required during transport
- Moderate to severe pain on movement
- Morbid obesity requires additional personnel/equipment to handle
- Non-healed fractures
- Orthopedic device (backboard, halo, use of pins in traction, etc) requiring special handling in transit
- Restraints (physical or chemical) anticipated or used during transport
- Risk of falling off wheelchair or stretcher while in motion (not related to obesity)
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Special handling/isolation/infection control precautions required
- Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen enroute
- Unable to maintain erect sitting position in a chair for time needed to transport due to moderate muscular weakness and de-conditioning
- Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks

## SECTION III - PHYSICIAN'S AUTHORIZATION

I certify that the information contained above represents an accurate assessment of the patient's medical condition on the date(s) of service.

\_\_\_\_\_  
Signature of Physician or Healthcare Professional\*

\_\_\_\_\_  
Print Physician or Healthcare Professional Name\*

\_\_\_\_\_  
Date

\*This authorization must be completed and signed by the attending physician for scheduled repetitive transports. For unscheduled or scheduled non-repetitive transport, the authorization may be signed by the attending physician, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, or discharge planner (employed by the facility where the beneficiary is being treated) who has personal knowledge of the beneficiary's condition at the time of ambulance transport is ordered or furnished.