



PCS FORM
CERTIFICATE OF MEDICAL NECESSITY
FOR AMBULANCE TRANSPORT
AMBULANCE TRANSPORT: 901-372-0200

Patient Name: Pickup Facility:
SSN: Address:
DOB: Destination Facility:
Male Female Address:

DATE OF SERVICE:

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 the use of any other method of transportation is contraindicated.

1 BED CONFINEMENT

DEFINED AS PATIENT BEING
(1) unable to get up from bed without assistance; AND
(2) unable to ambulate; AND
(3) unable to sit in a chair or wheelchair without assistance or restraint for duration of transport
PATIENT IS BED CONFINED

2 HOSPITAL TO HOSPITAL TRANSPORT

SERVICES NOT AVAILABLE
Equipment/Procedure Not Available:
Specialty Care Services Not Available:
Psychiatric Unit Intensive Care Unit Trauma Center Neuro
Burn Unit Other:

3 MEDICAL CONDITIONS AT TIME OF TRANSPORT REQUIRING SUPERVISION (NOT A DIAGNOSIS)

Grid containing sections: MENTAL STATUS / PSYCH CONCERN, WOUND, MORBID OBESITY*, PARALYSIS, OTHER CONDITIONS, SPECIAL REQUIREMENTS, and CONTRACTURES.

4 SIGNATURES

I certify that the above information is accurate based on my evaluation of this patient, and that the medical necessity provisions of 42 CFR 410.40(e)(1) are met, requiring that this patient be transported by ambulance.

Patient Physically/Mentally Incapable of Signing - If this box is checked, I also certify that the patient is physically or mentally incapable of signing the ambulance service's claim form and that the institution with which I am affiliated has furnished care, services, or assistance to the patient.

Signature of Physician* or Authorized Healthcare Professional Date Signed

Printed Name and Credentials of Physician or Authorized Healthcare Professional (MD, DO, RN, etc.)

*Form must be signed only by the patient's attending physician for scheduled, repetitive transports. For non-repetitive ambulance transports, if unable to obtain the signature of the attending physician, any of the following may sign.

- Physician Assistant Licensed Practical Nurse Nurse Practitioner Social Worker
Clinical Nurse Specialist Case Manager Registered Nurse Discharge Planner