

# Northstar EMS, Inc.

POB 2788, Tuscaloosa, Alabama 35403-2788

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## PHYSICIAN'S CERTIFICATION STATEMENT (PCS) FOR AMBULANCE TRANSPORT

Return this PCS to NorthStar EMS, Inc., POB 2788, Tuscaloosa, Alabama 35403 or Fax to 205-345-7911

DATE OF SERVICE/CERTIFICATION: \_\_\_\_-\_\_\_\_-\_\_\_\_ PHYSICIAN(s) (Full name): \_\_\_\_\_

PATIENT: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ (ROUND TRIP APPLIES)

**How will this patient's health be adversely affected if transported by wheelchair or private car?**

### Other reasons that support stretcher transport:

#### MENTAL ISSUES

- AMS (GCS= \_\_\_\_ [15] Mini Mental \_\_\_\_ [30] BIMS \_\_\_\_ (15)
- Persistent Vegetative State (GCS =<8)
- May exhibit aggressive behavior without warning
- Required chemical or physical restraints
- Risk of elopement if not under supervision
- Poor safety awareness making them unsafe in WC
- Threat to self or others
- Unable to follow commands

#### MEDICAL ISSUES

- Recent CVA (\_\_\_\_-\_\_\_\_-\_\_\_\_) [Need date of CVA]
- Residual CVA effecting patient today
- Sedated at time of transport
- Isolation Precautions (i.e. VRE, MRSA, etc. which could pose a threat)
- Peg Tube or Trach
- Decubitus (Stage III or IV) or Stasis Ulcers(s)
  - Coccyx  Hips(s)  Back  Buttocks
  - Sacral  OTHER \_\_\_\_\_
- Cardiac or Respiratory anomalies posing risk to patient (Explain above.)

#### PHYSICAL ISSUES (Wheel chair services do not have medically trained drivers. No trained personnel with a patient. Wheelchair units do have on-board oxygen.)

- Bedbound by CMS standards at time of service. Bedbound is defined as cannot get out of bed without assistance, cannot walk, and cannot sit in a wheelchair. (All 3 apply)
- Patient is unable to safely transfer, move themselves to a wheelchair, or is at risk of falling from wheelchair while in motion.
- Recent hip or leg fracture
- Requires O<sub>2</sub> (cannot regulate or adjust), IV Maintenance, infusing medication(s), or EKG during transport
- Hemiplegia  Paraplegia  Quadriplegia
- Muscle Atrophy making sitting up a hazard
- Poor trunk control due to wasting muscle. Cannot remain upright. Falling over may pose a threat to the health to the patient.
- Body Rigidity
- Flexion Precautions
- Morbid Obesity effecting safety in wheelchair \_\_\_\_lbs or \_\_\_\_kgs
- Becomes hemodynamically unstable suddenly
- Recent lower limb amputee (\_\_\_\_-\_\_\_\_-\_\_\_\_)
- Contractures  upper  lower

I certify that our institution or the sending and/or receiving institution has furnished care or other services to the above named patient in the past. In the event you are unable to obtain the signature of the patient or another authorized representative, I hereby sign on the patient's behalf, in accordance with 42 C.F.R § 424.36(b)(4).

A signed and completed PCS will not turn a non-covered service into a covered services NOR does it guarantee payment by CMS.

Attending Physician: \_\_\_\_\_

(Date) \_\_\_\_-\_\_\_\_-\_\_\_\_

Printed Name of Physician: \_\_\_\_\_

Please note that if this form is not completed and dated, it is not valid.

Other: \_\_\_\_\_ Title \_\_\_\_\_  
Cannot be signed by LPN at this time. May be signed by RN, CRNP, PA, and Discharge Planner or Social Worker working in the capacity of Discharge Planner

### **INSURANCE REQUIRES THIS SECTION BE COMPLETED ON ALL HOSPITAL TO HOSPITAL TRANSFERS**

Can your facility meet the needs of this patient?  YES  NO WHY NOT? \_\_\_\_\_

What specialist is not available at this facility, name type of specialist? \_\_\_\_\_

- YES  NO Is this an inter-facility transfer to a higher level of care?
- YES  NO Is this transfer an emergency?
- YES  NO Is this the closest appropriate facility that will accept AND meet the needs this patient?

Physician Signature ONLY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED)

(THIS SIGNATURE REPRESENTS INFORMATION FOR HOSPITAL TO HOSPITAL TRANSFERS ONLY. PCS SIGNATURE REQUIRED ON UPPER PORTION OF THIS FORM FOR NON EMERGENCY TRANSPORTS)

## INSTRUCTIONS FOR COMPLETION OF PCS

A PCS is required to be on file with the transportation supplier before any hospital to hospital claim or non-emergency transport claim is filed to Medicare and most other insurance carriers. It must indicate the current medical, physical or mental condition of the patient showing why a stretcher is required and **what will contraindicate transport by any other method or mode**. CMS states it is ultimately the providing physician's responsibility to complete the form.

**A "PCS", while being required, does not prove or disprove medical necessary and does not guarantee reimbursement from CMS. A PCS will not turn a non-covered service into a covered service. Medicare does not pay for transport to a physician's office.**

Medicare accounts for the majority of the transports and transfers; however, many other insurance carriers require the same information on transported patient so we recommend a PCS on all out-going stretcher patients and the Hospital to Hospital Transfer form for all patients being transferred.

Here is a way to phrase some things. Whereas we offer multiple phrases, the ones you choose must meet the patient's problem and reason for transfer. These are examples to help give you a few ideas.

This patient cannot travel by wheelchair van or private vehicle because...

- Would place patient's health in jeopardy due to risk of ....(resp failure, cardiac collapse, complications from on- going CVA, risk of aspiration, becoming hemodynamically unstable, aggressive or psychotic behavior, etc.)
- Excessive weight of patient would place the patient's health, organs, or limbs in jeopardy during transport. (Usually for patient 300 pounds or more.)
- Diminished upper body strength or muscle atrophy would place the patient at risk in a wheelchair or private vehicle. Stretcher only safe mode of transport.
- At risk of aspiration because of sedation following a medical procedure
- Threat to self or others, mentally unstable, elopement risk
- IV medication being administered
- Requires EKG monitoring for malignant arrhythmias
- Patient may deliver high risk neonate during transfer
- Decreased level of consciousness such that patient could not make emergency needs known (GCS)
- Condition may deteriorate during transport

On transfers, we realize that it requires an ambulance when discharging a patient from one hospital for admission to another hospital because the responsibility for the patient is a grave liability. However, Medicare does not care about the liability. They have set up criteria that are not necessarily reasonable. They require three things. 1) There must be substantial corroboration that the patient requires a stretcher; 2) it must be the closest appropriate facility; and 3) it must state what the receiving facility is going to provide this patient that your facility cannot provide. If all three are not validated in the PCS and Hospital to Hospital Transfer form, the patient may become responsible for the cost of the transfer.

It does seem that the YES and NO responses would suffice; however, insurance carriers, again, are not always reasonable.

Some answers to the first question on the Hospital to Hospital Transfer form could be...

- ✓ Can your facility meet the needs of this patient? YES
  - Patient wanted to see personal physician who does not have privileges at this facility. Patient's responsibility.
- ✓ Can your facility meet the needs of this patient? NO
  - No bed available or no physician available.
  - Patient wanted to see personal physician who does not have privileges at this facility
  - Facility has no full time cardiologist (nephrologist, endocrinologist, gastroenterologist, neurologist, cardiologist, psych facility, in-patient dialysis accommodations, long term care accommodations, etc.) Referring to closest appropriate facility.
  - No cardiac ICU. No Neonatal Intensive Care Unit (NICU).
  - No specialized (name specialty) surgeon available at this facility.
  - No in-patient dialysis facility to meet the needs of this patient.

Common errors:

- ❖ Stating the patient is going for "personal physician" when a transfer to the receiving facility for an upgrade would be necessary even if the receiving physician were not the personal physician.
- ❖ Marking BEDBOUND with **no qualifiers**.
- ❖ Failure to put the printed name of the physician. If Medicare cannot read the name, they will disregard the PCS.
- ❖ Form must be dated. CMS will not allow the supplier to date the form.
- ❖ The top and bottom portions of the PCS serve two (2) distinct purposes. They must be signed and dated separately.
- ❖ Marking AMS but failing to provide GCS or Mini Mental score
- ❖ An LPN cannot sign the PCS at this time.