



230 E. Ridgewood Avenue Paramus, NJ 07652  
Phone: (844) 488-1234 Fax: (973) 255-2247

## Physician's Medical Necessity Certification

Complete for non-emergency scheduled and non-emergency unscheduled ambulance transports. (This applies to Repetitive Transports and/or One-Time Transports.)

PATIENT'S NAME		MEDICARE NUMBER
TRANSPORT DATE	ADDRESS TRANSPORTED FROM	ADDRESS TRANSPORTED TO

In order for ambulance services to be covered, they must be medically necessary and reasonable. Medical necessity is established when **the patient 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.

### SECTION A: Bed Confinement

#### The patient is: (Check all applicable options)

- Unable to get up from bed without assistance;
- Unable to ambulate; unable to bear weight on legs, **and**
- Unable to sit in a chair or wheelchair. Reason:
  - Patient unable to maintain trunk stability safely for duration of transport in a moving vehicle
  - Patient suffers from decubitus ulcers or wound on sacrum or buttocks that is a stage 3 or greater.

All three check boxes above must be checked in order for the patient to be considered bed confined as defined by The Health Care Financing Administration. Is the patient bed-confined as defined by the above definition?  Yes  No

### SECTION B: This Patient Requires an Ambulance Due To:

- Physical Condition (Other than Bed Confinement)**
  - Patient is comatose
  - Orthopedic device (backboard, halo, pins, traction, brace, wedge, etc.) Patient requires special handling during transport and cannot safely sit in a wheelchair.
  - Has muscle contracture(s) that inhibit the patient from being able to safely be transported by chair or wheelchair.
  - Patient cannot sit and flex hip at 90 degree angle.
  - Unable to tolerate sitting in a chair or wheelchair for the duration of the transport.
  - Suffers from chronic severe pain on a scale of 7-10 despite pharmacological use. Such high sever pain would does not allow the patient to be safely transported by chair or wheelchair.
- Psychological / Neurological Condition**
  - Requires psychiatric monitoring
  - Patient is confused, combative, and/or poses a threat to themselves or others.
- Medical Condition**
  - Patient suffers from cognitive deficits (438)
  - Requires restraints to prevent harm and/or injury to self or others (49.87)
  - Other disorders of impulse control (312.39)
  - Requires cardiac monitoring
  - Requires hemodynamic monitoring enroute
  - Requires continuous oxygen monitoring by training 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 Ventilator Dependent
  - Requires continuous IV therapy
  - DVT requires elevation of a lower extremity.
  - Special handling / isolation / infection control precautions required.
  - Morbid Obesity requires additional personnel / equipment to safely transport patient.

**SECTION C: PLEASE SPECIFY WHY PATIENT IS BED CONFINED OR IF NOT, WHY TRANSPORTATION BY ANY OTHER MEANS OTHER THAN STRETCHER WOULD BE CONTRAINDICATED DUE TO THE PATIENT'S CONDITION:** \_\_\_\_\_

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.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
CREDENTIALS

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN\* or HEALTHCARE PROFESSIONAL

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

**FOR SCHEDULED, REPETITIVE TRANSPORTS:** Form must be signed by the patient's attending physician only. Signatures are not valid from NP, PA, RN, CNS, or Discharge planner. Physician Certification is valid for 60 days from date of signature.

\_\_\_\_\_  
NPI NUMBER