Physician Guidelines for Certifying Ambulance Transports

Though physicians do not report and are not paid by Medicare for ambulance services, physicians often order these services for their patients and are responsible for certifying the medical necessity of selected ambulance services. In short, physicians are, in part, responsible for Medicare payments to ambulance suppliers, and both Medicare and ambulance suppliers depend on physicians to properly certify ambulance services. This document is intended to supply physicians with important information regarding the Medicare ambulance transportation benefit and their role in Medicare payment for ambulance services.

The Medicare Ambulance Benefit

Medicare coverage for ambulance services is an extremely limited benefit.

The patient’s medical condition at the time of transfer, as well as the origin/destination of the transfer, governs Medicare payment for ambulance services. Medicare may make payment for ambulance services only if the patient’s condition is such that other methods of transportation are contraindicated. **Transportation by ambulance is covered under the Medicare program only if normal transportation would endanger the health of the patient. Patients whose health is not endangered by non-ambulance forms of transportation do not qualify for Medicare payment for ambulance transportation even when no other means of transportation is available.**

Federal law provides that patients who are bed-confined meet the criteria above. However, federal law defines bed confinement in very restrictive terms. Bed confinement does not mean “at bedrest.” Bed confinement means that the patient cannot get up from bed without assistance and cannot sit in a chair or wheelchair and cannot ambulate.

Reimbursement for ambulance transportation is justified only for patients with specific medical conditions in accordance with federal law. Physicians may learn more about the ambulance benefit and those medical conditions that Medicare deems appropriate for payment of ambulance services by reviewing the Cahaba Local Coverage Determination L30022, entitled “Transportation Services: Ambulance” at HYPERLINK "http://www.cms.gov/mcd/results.asp?show=all&t=2010415151039" http://www.cms.gov/mcd/results.asp?show=all&t=2010415151039.
The Physician Certification Statement (PCS)

Ambulance suppliers must obtain certification from the patient’s attending physician verifying the medical necessity of ambulance transportation in certain circumstances. The physician certification must be accurate as it ultimately enables Medicare payment for ambulance services.

In that the physician’s signature attests to the validity of the information on the certificate, Medicare strongly encourages those who certify ambulance services to thoroughly review the document before signing and submitting it to the ambulance supplier.

Whereas physicians and other certifiers are encouraged to comply with the ambulance supplier’s request to provide a signed PCS, Medicare cautions them to be mindful of the certificate’s impact on Medicare claim payment.

The following points are important and physicians must consider them when completing and signing the ambulance services PCS.

The ambulance PCS should:
Be a patient-specific form that is completed, signed and dated by an appropriate authorized person. In cases where transport is for regularly scheduled services, that person must be the attending physician.
Contain accurate, pertinent, and sufficiently detailed medical information to enable appropriate Medicare payment to the ambulance provider.
Confirm or support the medical information recorded by the ambulance supplier on the ambulance run sheet and the diagnosis information submitted to Medicare on the claim.
NOT be completed by ambulance company employees.

The ambulance PCS must:
NOT be altered from its original format as received from the ambulance provider/supplier.
Contain information that is consistent and verifiable in the patient’s medical records, whether those are the records of the attending physician, other physicians, facilities, or health care providers also caring for that patient.

If you have questions about the information contained in this document, please contact the Medical Center EMS Compliance Coordinator at 423-4230 or the WTH Compliance Office at 660-1184.