

**CERTIFICATE OF MEDICAL NECESSITY
FOR NON-EMERGENCY AMBULANCE TRANSPORTATION
MEDICARE AND MISSISSIPPI MEDICAID**

INSTRUCTIONS: This form provides the information needed to make medical necessity determinations for non-emergency ambulance transports on **MEDICARE** and **MEDICAID CLAIMS**.

PRINT NAME: First _____ Middle _____ Last _____

Medicare # _____ Medicaid # _____ Other Insurance # _____

Transport From _____ To _____

Origin of Pick-up _____ Zip Code _____

Date(s) of Transport begin: _____ /End: _____ Frequency (repetitive trips) _____

If this is an interfacility transfer for upgrade in care, please document the receiving physician's specialty or facility specialty service, which the patient requires that the sending facility could not provide.

Reason for transport to this destination _____

Is this the closest appropriate facility that can provide this service? Yes No → Explain _____

Diagnosis(es): 1) _____ 2) _____

This is a new continued certification for this destination.

Ambulance transport is scheduled (scheduled ≥ 24 hrs. in advance) unscheduled (scheduled < 24 hrs. in advance)

Ambulance transportation is medically necessary for the following reasons

A. PATIENT IS BED CONFINED Other means of transportation would be presumed to be contraindicated. Defined as (1) the inability to get up from bed without assistance, (2) inability to ambulate, and (3) inability to sit in a chair, including a wheelchair. This term is used synonymously with the terms "bedridden" or "stretcher bound". However, it is not synonymous with "bed rest" or "non-ambulatory".

All three of the above conditions must be met and will be applied to all transports.

Describe physical examination findings (not diagnoses) which necessitate the transport by ambulance:

1. Document why the patient cannot get up from bed without assistance.

2. Document why the patient cannot ambulate

3. Document why the patient cannot sit in a chair, including a wheelchair

B. OTHER MEANS OF TRANSPORTATION ARE CONTRAINDICATED because it would be harmful to the patient's condition. Even if no other means of transportation are available, ambulance trips must be medically necessary and not for convenience. **FOR MEDICARE ONLY - significant medical documentation MUST accompany these claims.** Document why other means of transportation are contraindicated.

FOR MEDICARE BENEFICIARY

Designated medical personnel who falsely attest to a prescribed ambulance trip, "who knowingly or willfully makes or causes to be made any false statement or representation of a material fact in any application for **MEDICARE** benefits or payments under the applicable law, shall be guilty of a felony and conviction thereof resulting in a fine, imprisonment, or both."

FOR MEDICAID BENEFICIARY

A Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Registered Nurse or Discharge Planner who knowingly or willfully makes, or causes to be made, false statement or representation of a material fact in any application for **MEDICAID** benefits or **MEDICAID** payments may be prosecuted under Federal and State criminal laws. A false attestation can result in civil monetary penalties as well as fines, and may automatically disqualify the provider as a provider of **MEDICAID** services.

Printed Name of MD, PA, NP, CNS, RN or D/C Planner
(Rev. 05/27/03)

Signature of MD, PA, NP, CNS, RN or D/C Planner

Attestation Date