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Houston, TX 77054  
Office 713 771-3333 - fax 713 660-8566

### Certificate of Medical Necessity

*The physician responsibility for determining medical necessity of non-emergency ambulance service should complete this form. This form can also be completed and signed by an RN, PA, NP, CNS, or discharge planner who is employed by the hospital or facility where the patient is being treated, with knowledge of the patient's condition at the time of transport.*

Patient Name: \_\_\_\_\_ SS# \_\_\_\_\_

Medicare Part B benefits are payable for ambulance services only when the use of any other method of transport is medically contraindicated by the patient's condition. The Center for Medicare and Medicaid Services requires a physician or an appropriate representative of the facility where the patient treated to certify the medical necessity for such services.

**Please check all that apply:**

- Patient unable to get up from bed without assistance
- Patient unable to ambulate
- Patient unable to sit in a chair, including a wheelchair (could be moved only by stretcher)
- Patient bedridden (meets all of the above criteria)
- Transportation by medical trained personnel is required/unsafe for patient to be unmonitored during transport
- Patient requires oxygen
- Patient under section 12/ restrained
- Patient altered mental status (including CVA, Dementia, OBS, Alzheimer's, head injury, coma, etc...)
- Patient requires ALS services/availability, (cardiac monitor, IV maintenance, airway monitoring)
- Patient requires isolation precautions for (VRE, MRSA etc....)

**The following two conditions must be met for coverage of ambulance transportation.**

- Use of other methods of transportation is contraindicated by the patient's condition
- Ambulance service medically necessary

**ADDITIONAL PHYSICIAN COMMENTS REQUIRED (please describe patient condition),**

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**This physician certification statement is required for all non-emergency transports both scheduled and non-scheduled. Non-emergency ambulance service is a Medicare service furnished to a patient for whom a physician is responsible; therefore, the physician is responsible for the medical necessity determination. If the decision to use ambulance services is based on the convenience of the patient, the patient's family, the patient's physician, or some other element of personal preference, Medicare coverage is not available.**

Physician / Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician / Staff printed name: \_\_\_\_\_

- 47 CFR 410.10 (d)(3)(i) allows the Certification of Medical Necessity to be obtained up to 48 hrs after the transport, only, if the transport is an "unscheduled" non-emergency transport.
- The completed form should be given to the ambulance crew at the time of the transfer, or faxed to Care-Plus EMS, Inc. at 713 660-8566.