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## **Instructions for Sample Medical Necessity Certification Statement**

### **Version 2.0**

**Terms of Use:** This is a sample form only, designed to assist ambulance services in complying with applicable Medicare Physician and Non-Physician Certification Statement requirements. This form and the instructions are not legal advice and no attorney-client relationship is formed by their use. This is not an official form of any governmental agency and may not reflect requirements of state law where you live, or of other payors. Any individual or entity using this form (“user”) or any modified version of it does so with the understanding that the user bears all responsibility for compliance with all applicable laws and regulations, and the user agrees that the designers of this form are not responsible for its use by any user. Do not use this form or any modification of it if you do not agree to the terms and conditions of this license. This form may be modified by the user to meet the user’s needs, though we bear no responsibility for any modifications. This form is licensed only for use by individual ambulance services; and should not be forwarded to any other organization. Any other use or distribution requires our express written permission.

**Who Should Use This Form:** This form is a sample of a Medical Necessity Certification Statement. A Medical Necessity Certification Statement is required for most non-emergency ambulance transports of Medicare patients. This statement is not required for emergencies.

**Customizing This Form:** Users should delete the title “Sample Medical Necessity Certification Statement for Non-Emergency Ambulance Services – Version 2.0” and replace it with a title appropriate to their organization, such as “ABC Ambulance Medical Necessity Certification Statement” or may use a title such as “Certification of Medical Necessity for Non-Emergency Ambulance Services.”

**Completing This Form:** This form should be filled out only by a person authorized by Medicare regulations to complete Certification Statements for non-emergency ambulance services. For *scheduled, repetitive* patient transports (such as dialysis), the Certification Statement may only be completed by the patient’s attending physician. For *unscheduled/non-repetitive* transports, the Certification Statement should be completed by the patient’s attending physician whenever possible, but may also be completed by a Physician Assistant, Clinical Nurse Specialist, Registered Nurse, Nurse Practitioner, Licensed Practical Nurse, Social Worker, Case Manager or Discharge Planner.

**Section I – General Information** – this Section contains information such as patient name, transport date, and other general information.

Section II – Medical Necessity Questionnaire – this Section should be completed only by the person authorized to sign the form under Medicare regulations. Please note that there is no specific form or format for the Certification Statement to be documented; this is merely one sample approach; users should use any approach that is suitable for them and that complies with the applicable Medicare regulations.

Section III – Signature of Physician or Authorized Healthcare Professional – this Section is where the patient’s attending physician or other authorized healthcare professional signs the form, and **prints their name and the date on which the form is signed**. In cases of scheduled, repetitive transports of Medicare patients, the form must be signed by the attending physician. For unscheduled/non-repetitive non-emergency transports, the form may be signed by one of the other individuals listed.

In Section III, this sample form also contains language that may be used by the person signing the form to sign on behalf of the patient authorizing the ambulance service to submit the claim under Medicare’s applicable signature regulations. Those regulations permit “a representative of an agency or institution that did not furnish the services for which payment is claimed but furnished other care, services or assistance to the beneficiary” to sign on behalf of the patient to authorize submission of a claim to Medicare in cases where the patient is mentally or physically incapable of signing himself. However, because not every patient for whom a Certification Statement is completed will be “physically or mentally incapable of signing” themselves, the person signing the Certification Statement should, if applicable check the box in Section III that states that the patient is incapable of signing his/her name, and then, if that is the case, should also write in a specific reason why the patient is unable to sign.