



# TRANSPORTATION AUTHORIZATION FORM

In order for Non-Emergency Ambulance services to be covered, they must be medically necessary and reasonable. Medical Necessity is established when the patient's condition is such that the use of any other method of transportation is contraindicated. *In any case in which some means of transportation other than ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services.* This form provides the information needed to make the medical necessity determinations for the Non-Emergency Ambulance Transportation.

## BED CONFINEMENT

Bed Confinement is defined as the patient being: (1) unable to get up from bed without assistance; AND (2) unable to ambulate; AND (3) unable to sit in a chair or wheelchair. (NOTE: All three (3) of the above conditions must be met in order for the patient to qualify as bed confined, also the term "bed confined" is not synonymous with "bed rest" or "non-ambulatory," and is not a sole criterion for medical necessity for ambulance transport.

Does this patient meet this entire definition?  YES  NO

## MEDICAL CONDITION(S) AT THE TIME OF TRANSPORT • MARK ALL THAT APPLY

Information provided on this form is supported in the patient's medical record requiring the patient be transported by ambulance.\* This patient's medical condition(s) necessitate this level of care and make all other means of transportation contraindicated based on patient safety and health according to the following:

- Third party assistance/attendant required to apply, administer or regulate oxygen enroute due to patient's inability to self-administer.
- Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling.
- Unable to maintain erect sitting position in a wheelchair for time needed to transport due to moderate muscular weakness and de-conditioning.
- Wound Precautions: unable to sit due to stage II or higher sacral decubitus ulcers:
  - Sacral  Buttocks  Back  Hip      Stage: \_\_\_\_\_
- Must remain supine due to (reason): \_\_\_\_\_
- Requires isolation precautions (VRE, MRSA, etc.) or other special handling during transport.
- Requires advanced airway monitoring or suctioning or ventilator dependent.
- Morbid obesity (Definition: 100 lbs. or more over ideal body weight or having a **Body Mass Index (BMI)** of 40 or higher) with significant impairments to functionality and requiring additional personnel and/or specialized equipment to safely handle patient.
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Advanced Dementia, late stage Alzheimer's, severe altered Mental Status, decreased level of consciousness.
- Danger to self and/or others requiring restraint;
  - Verbal  Chemical  Physical  Flight Risk
- Other: (explain) \_\_\_\_\_

## AUTHORIZED SIGNATURE

*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 Medicare / Medicaid / Commercial Insurance Companies. I understand that any intentional misrepresentation or falsification of essential information, which leads to inappropriate payments, may be subject to investigation under applicable federal and/or state laws.*

Legibly Printed Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_ License Number: \_\_\_\_\_

Form must be signed only by patient's attending physician for scheduled, repetitive transports. For **NON-REPETITIVE TRANSPORTS** the form may be signed by any of the following licensed professionals if the attending physician is unavailable to sign. Please check appropriate box below indicating your position:

- Medical Doctor (MD/DO)  Physician's Assistant (PA)  Clinical Nurse Specialist (CNS)  Registered Nurse (RN)
- Nurse Practitioner (NP)  Social Worker  Case Manager