

MEDICAL NECESSITY CERTIFICATION



Required for Medicare, Medi-Cal, Medicaid and HMOs



Schedule a transport: 707.568.5992

Please PRINT and put completed MNC and the Patient Face Sheet in the Transport Folder for crew.

Pt Last Name:	Pt First Name:	Pt DOB:	Pt Gender:
Transport Requested By (Name):	Contact Phone #:	HIC/Medicare #:	
Pt Pickup Location:	Pt Unit/Room:	Discharged from Sending Facility? <input type="checkbox"/> Y <input type="checkbox"/> N Hospital to Hospital Transfer? <input type="checkbox"/> Y <input type="checkbox"/> N If	
Pt Dest Facility/Address:	Pt Dest Unit/Room:		
Pickup Date/Time Requested:	Pt Appointment Time:	Hosp to Hosp, what services are not available at sending facility?	
Pt Diagnosis:		Weight (lbs):	
If hospice pt, is transport related to the patient's terminal illness? <input type="checkbox"/> Y <input type="checkbox"/> N Is this patient's stay covered under Medicare Part A? <input type="checkbox"/> y <input type="checkbox"/> N <input type="checkbox"/> Unk		DNR Order? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Height (ft/in):	

If Long Distance Transport (>25 mi) ONLY: Is the receiving facility the closest, most appropriate facility? Y N

Transport Type	X	Conditions, treatments, or monitoring required during patient transport (select all that apply)
BLS Ambulance	<input type="checkbox"/>	Unable to sit safely in a wheelchair while vehicle is in motion due to:
	<input type="checkbox"/>	Aspiration precautions or potential oral suctioning needed due to:
	<input type="checkbox"/>	Continuous oxygen AND patient is unable to self-monitor/self-administer due to:
	<input type="checkbox"/>	Disoriented, semi-conscious, altered level of consciousness (ALOC), dementia, observation required
	<input type="checkbox"/>	Medicated prior to transport (pain/anxiety/sedation) or has PCA and requires monitoring (list med):
	<input type="checkbox"/>	Requires a wedge, special positioning, orthopedic device, special handling due to:
	<input type="checkbox"/>	Non-medicated, isotonic IV fluid, TKO without IV pump:
ALS Ambulance	<input type="checkbox"/>	Needs physical restraints, requires observation, is a danger to self/others, or is a flight risk due to:
	<input type="checkbox"/>	Cardiac (ECG) monitoring due to:
	<input type="checkbox"/>	IV requiring titration, medication, administration/monitoring:
	<input type="checkbox"/>	Chest tube to gravity:
	<input type="checkbox"/>	Psychiatric patient requiring chemical restraints (list med):
Critical Care (CCT)	<input type="checkbox"/>	Trach or advanced airway, potential for deep suctioning:
	<input type="checkbox"/>	Critical care nursing skills/monitoring required during transport (list):
	<input type="checkbox"/>	Intra-cranial pressure line/intra-aortic balloon pump in place:
	<input type="checkbox"/>	IV requiring titration, infusion pump, with vasoactive, antiarrhythmic, or anticoagulant medication
	<input type="checkbox"/>	Temporary pacemaker / ventilator / central venous / arterial line / chest tube to suction / open central line

Other Medical Conditions or Notes:

MEDICAL NECESSITY CERTIFICATION (MNC) FOR AMBULANCE TRANSPORT

Only a physician can sign if the patient is a Repetitive Patient.

Only a physician, NP, PA, or CNM can sign if a patient has Medicaid/Medical as primary or secondary insurance.

I certify I am familiar with the patient's condition and have determined the patient's medical record supports ambulance transportation for the reason(s) specified above.

Credentials of the authorized signor are REQUIRED.

Medicare Signatures ONLY: Physician LPN NP PA RN CNS LSW Case Manager Discharge Planner

Medicaid/MediCal Signatures ONLY: Physician NP PA CNM

Printed Name	Signature	Date Signed
--------------	-----------	-------------

Physician Certification Statement/MNC Pursuant to CFR Section 410.40(d)(2-3)

Medicare Part B benefits are payable for ambulance service only when the use of any other method of transportation is contraindicated by the patient's condition. The Center for Medicare and Medicaid Services requires documentation of the medical necessity for such services.

Misc. Notes	PATIENT LABEL