HFS 2270

Physician Certification Statement

for

Non-Emergency Transportation

Updated 07/01/19
Public Act 100-0646

Amended the Illinois Public Aid Code, Nursing Home Care Act and Hospital Licensing Act for development and implementation of the Physician Certification Statement (PCS).

The PCS is a single form that will be utilized by all Hospitals and Long Term Care (LTC) facilities when arranging non-emergency transportation.

Hospitals and LTC facilities must complete this form regardless of whether the patient is in fee-for-service or enrolled in a managed care health plan.

If a Hospital or LTC facility arranges a Ground Ambulance, Medicare or Service Car transport, the facility must:

1) Complete a PCS
2) Provide a copy to the transportation provider
3) Maintain a copy of the form in its records for a minimum of 6 years
PCS Form

• PCS is required for Non-Emergency Transports ONLY

• Needed any time a non-emergency transport originates from Hospitals or LTC Facilities

• 2 Sided Form – Only complete one side (not both)
  Front – Ground Ambulance
  Back – Service Car / Medicar
There are 4 sections of the PCS Form:

1) Patient Information
2) Transportation Information
3) Medical Necessity
4) Certification and Signature
# PCS - Patient Information

<table>
<thead>
<tr>
<th>Patient Information:</th>
<th>Name: ________________________________</th>
<th>Date of Birth: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Beneficiary Identification (MBI) Number:</td>
<td>Medicaid Recipient Identification Number (RIN):</td>
<td></td>
</tr>
<tr>
<td>Commercial Carrier:</td>
<td>Policy Number: ___________________________</td>
<td>Insured ID: ___________________</td>
</tr>
<tr>
<td>Patient’s medical reasoning for Ambulance Transport:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enter All Available Information**

Name and RIN are **required** for Medicaid patient.

Date of Birth is also helpful especially if there are 2 participants with the same name.

Policy Number and ID required for all other insurance and Medicare.

**Patient’s medical condition **MUST** be completed when transport is via Ambulance giving reason that Ambulance transport is needed.**

- Not required for Medicare/Service Car
**PCS - Transport Information**

**TRANSPORT INFORMATION:**  
Type:  
- [ ] Discharge to Home or Nursing Facility  
- [ ] Direct Admit to Hospital  
- [ ] Appointment

Is this destination the closest appropriate provider/facility?  
- [ ] YES  
- [ ] NO

If no, why is transport beyond the closest appropriate provider/facility?  

If no, the closest appropriate provider/facility is (name):  

**SINGLE OR ROUND TRIP TRANSPORTS**

Type of Transport – **Must** check 1 box of 3.

Closest Appropriate Facility
- **Must** check “yes or no”.
- If no, must give reasoning.

“Appropriate” includes patient’s condition, availability of service to meet patient’s needs
PCS - Transport Information (cont’d)

SINGLE TRANSPORT

Medicare Part A (PPS/DRG) – **Must** check yes, no or unknown

Service Availability at Originating Facility – **Must** check yes or no if **not** a hospital discharge

Originating Facility and Destination – **Must** include all available information. No abbreviations!

**AMBULANCE** – Valid for up to 60 days

**MEDICAR/SERVICE CAR** – Valid for up to 180 days
If an inter-hospital transfer, is it for:  
☐ Higher level of care?  ☐ Services not available at the originating hospital?  Services needed but not available are:  
☐ Cardiac  ☐ Trauma  ☐ Surgical  ☐ Hyperbaric  ☐ Burn Unit  ☐ Inpatient Dialysis  ☐ Inpatient Psychiatric  ☐ Stroke Center  ☐ Neurology  ☐ Pediatrics  
☐ No Bed Available  ☐ Other (specify):  
☐ Services are available at the originating hospital, but inter-hospital transport was requested due to:  ☐ Patient Request  ☐ Insurance Requirement

**IF INTER-HOSPITAL TRANSFER**

*Must* check if “Higher Level of Care” or “Services Not Available at Originating Hospital”
- If services not available, must identify which services were not available

If Services are available, *must* check the box and check reasoning
- “Patient Request” applies when services are available and patient still wants to leave
- “Insurance Requirement”
PCS - Medical Necessity (Ambulance)

**MEDICAL NECESSITY FOR AMBULANCE - COMPLETE ALL THAT APPLY TO PATIENT:**

1. **Is the patient "bed confined"?** To be "bed confined", the patient must be unable to get up from bed without assistance, unable to ambulate and unable to sit in a chair or wheelchair.

2. **Isolation Precautions.** The patient has a diagnosed or suspected communicable disease or hazardous material exposure and must be isolated from the public, or has a medical condition and must be protected from public exposure.

3. **Oxygen.** The patient requires the administration of supplemental oxygen by a third party assistant/attendant, or that the patient requires the regulation or adjustment of oxygen prior to and during transport, and is expected to require the treatment after transport.

4. **Ventilation/Advanced Airway Management.** The patient requires advanced continuous airway management by means of an artificial airway through tracheal intubation (nasotracheal tube, orotracheal tube, or tracheostomy tube) prior to and during transport, and is expected to require the treatment after transport.

5. **Suctioning.** The patient requires suctioning to maintain their airway, or the patient requires assisted ventilation and/or apnea monitoring, prior to and during transport, and is expected to require the treatment after transport.

6. **Intravenous Fluids.** The patient requires the administration of ongoing intravenous fluids prior to and during transport and is expected to require the treatment after transport.

7. **Chemical Restraints or Physical Restraints.**
   - [ ] Chemical Restraints - The patient requires the administration of a chemical restraint during transport, or is under the influence of a previously-administered chemical restraint prior to transport, and the chemical restraint is for the explicit purpose of reducing a patient’s functional capacity.
   - [ ] Physical Restraint - The patient requires physical restraints that are required prior to transport and which are maintained for the duration of transport.

8. **One-On-One Supervision.** The patient requires one-on-one supervision due to a condition that places the patient and/or others at a risk of harm for the duration of the transport.
   - [ ] Elopement Risk
   - [ ] Danger to Self or Others
   - [ ] Dementia/Alzheimers with altered mental states

9. **Specialized Monitoring.** The patient requires cardiac and/or respiratory monitoring, or hemodynamic monitoring, prior to, during and after transport.

10. **Special Handling/Positioning.** The patient requires specialized handling for the purpose of positioning during transport due to: [ ] Decubitus Ulcers on the (location):
    - [ ] Buttocks
    - [ ] Coccyx
    - [ ] Hip with (stage): [ ] Stage 3

11. **Clinical Observation.** The patient requires clinical observation due to:

12. **Unable to maintain a safe sitting position for the length of the time of transport.**

13. **Other (specify):**

**Check ALL boxes that apply**
## Category of Service Options

**Must** Check which Category of Service (not both)

Left side for Service Car and Fixed Route transports (no assistance needed)

Right side for Medicar (requires lift or ramp but no medical supervision)
**PCS - Medical Necessity (Medicare/Service Car (cont’d))**

<table>
<thead>
<tr>
<th>Please check all the medical conditions that apply to the patient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Ambulatory - can travel safely using fixed route transportation</td>
</tr>
<tr>
<td>☐ Ambulatory - does not use a walking device like a walker, cane, etc.</td>
</tr>
<tr>
<td>☐ Ambulatory - uses walking device like a walker, cane, crutches, etc.</td>
</tr>
<tr>
<td>☐ Ambulatory - unable to travel by fixed route transportation</td>
</tr>
<tr>
<td>☐ Uses transfer wheelchair - able to step into a regular car</td>
</tr>
<tr>
<td>☐ Attendant Needed</td>
</tr>
<tr>
<td>☐ Wheelchair Bound</td>
</tr>
<tr>
<td>☐ Unable to step into regular car</td>
</tr>
<tr>
<td>☐ Attendant Needed</td>
</tr>
<tr>
<td>☐ Medicare Stretcher Needed</td>
</tr>
</tbody>
</table>

Left side for Service Car and Fixed Route transports

Right side for Medicare

Only complete one side of form

**Must** check **ALL** medical conditions that apply (at least 1 condition) under specific Category of Service
Check the appropriate box for Single Trip, Round Trip or Repetitive Trip
- Must include date of transport for Single or Round Trip Transport
- Must include expiration date for Repetitive Transport

For Repetitive Transports:
AMBULANCE – Valid for up to 60 days
Medicar/Service Car – Valid for up to 180 days
**PCS - Certification and Signature (cont’d)**

<table>
<thead>
<tr>
<th><strong>Signature of Licensed Medical Professional</strong></th>
<th><strong>Date Signed</strong></th>
<th><strong>Printed Name of Attending Physician (if not signed by the physician)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Printed Name of Licensed Medical Professional**

*Must be signed only by patient’s attending physician for scheduled, repetitive transports, and in such cases is only valid for 60 days. For non-repetitive, unscheduled transports, if unable to obtain the signature of the attending physician, any of the following may sign (please check appropriate box below):*

- [ ] Physician - MD/DO
- [ ] Physician Assistant
- [ ] Clinical Nurse Specialist
- [ ] Registered Nurse
- [ ] Nurse Practitioner
- [ ] Discharge Planner
- [ ] LTC Medical Director

HFS 2270 (N-8-18)

**Licensed Medical Professionals / Attending Physician must:**

- Sign Form
- **Must** include date signed
- Check appropriate box of title/credentials (No LCSW unless Discharge Planner)
- **LEGIBLY** print full name of both signer and physician
- Include telephone number to be contacted with questions
PCS - Items to Remember

- PCS forms are for Non-Emergency Transports only!
- Hospitals and LTC facilities must complete this form regardless of whether the patient is in fee-for-service or enrolled in a managed care health plan.
- Use the most current form - currently HFS 2270 (R-7-19)
- Only complete the page applicable to the transport. Ambulance side for Ambulance trips or Medicare/Service Car side for Medicare/Service Car trips.
- Form must be kept in medical record for a minimum of 6 years
- Electronic signatures are permitted
- Make sure all pertinent information is included on form.
- Double check to make sure member is eligible for transport
- PCS forms are only sent to First Transit when the transport is for Fee for Service eligible patients
- Providers must work with the other insurances (Medicare, HealthChoice Illinois, private, commercial, etc) for instructions on where to send PCS.
- The PCS is not required prior to transport if it would cause a delay that would negatively affect the patient outcome. The hospital/LTC is required to provide the PCS form to the provider within 10 days.
- Print legibly or type into form!