HFS 2270

Physician Certification Statement

for

Non-Emergency Transportation

Updated 1/20/22
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 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
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
SINGLE OR ROUND TRIP TRANSPORTS

Type of Transport – **Must** check 1 box of 6.

Closest Appropriate Facility
- **Must** check “yes or no”.
- If no, must give reasoning and provide name of closest appropriate facility.

“Appropriate” includes patient’s condition, availability of service to meet patient’s needs
**SINGLE TRANSPORT**

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

**IF INTER-HOSPITAL TRANSFER**

Service Availability at Originating Facility – Must check yes & the appropriate service not available at originating facility or no if not a hospital transfer

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”
**ORIGINATING FACILITY** (Spell out - no abbreviations):

Name: ________________________________

Address: ________________________________

City: __________________ State: _____ Zip: ____________

**DESTINATION** (Spell out - no abbreviations):

Name: ________________________________

Address: ________________________________

City: __________________ State: _____ Zip: ____________

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
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 special handling for the purpose of positioning during transport due to:  
   - Decubitus Ulcers on the (location):
   - Buttocks
   - Coccyx
   - Hip with (stage):  
     - Stage 2
     - Stage 3
     - Stage 4
   - Contractures:  
     - Upper Body
     - Lower Body
     - Hands

☐ 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 due to:  

☐ 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)

| Category of Service Options | MEDICAL NECESSITY/CATEGORY OF SERVICE OPTIONS:  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Route Transportation</td>
<td>Public transportation that has an advertised route and schedule. Some examples of Fixed Route transportation include non-commercial buses, commuter trains, subway trains, and elevated trains.</td>
</tr>
<tr>
<td>ADA Paratransit</td>
<td>Curb to curb, shared ride transportation for Americans with Disabilities. Paratransit vehicles include hydraulic or electric lift or ramp and wheelchair lock-downs for patients that can transport independently.</td>
</tr>
<tr>
<td>Private Auto, Service Car, Taxi</td>
<td>Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode.</td>
</tr>
</tbody>
</table>

Please check all the medical conditions that apply to the patient:

- Ambulatory - can travel safely using fixed route transportation
- Ambulatory - does not use a walking device like a walker, cane, etc.
- Ambulatory - uses walking device like a walker, cane, crutches, etc.
- Ambulatory - unable to travel by fixed route transportation
- Uses transfer wheelchair - able to step into a regular car
- Attendant Needed

- Medical
  - Transportation of a patient whose medical condition requires the use of a hydraulic or electric lift or ramp, wheelchair lock-downs, when the patient’s condition does not require medical supervision, medical equipment, the administration of drugs or the administration of oxygen, etc.

- Medical/Wheelchair
  - Wheelchair Bound
  - Unable to step into regular car
  - Attendant Needed
  - Medicare Stretcher Needed
PCS - Medical Necessity (Medicar/Service Car (cont’d))

Please check all the medical conditions that apply to the patient:

- [ ] Ambulatory - can travel safely using fixed route transportation
- [ ] Ambulatory - does not use a walking device like a walker, cane, etc.
- [ ] Ambulatory - uses walking device like a walker, cane, crutches, etc.
- [ ] Ambulatory - unable to travel by fixed route transportation
- [ ] Uses transfer wheelchair - able to step into a regular car
- [ ] Attendant Needed

- [ ] Wheelchair Bound
- [ ] Unable to step into regular car
- [ ] Attendant Needed
- [ ] Medicar Stretcher Needed

Left side for Service Car and Fixed Route transports
Right side for Medicar

Only complete one side of form

Must check ALL medical conditions that apply (at least 1 condition) under specific Category of Service
PCS - Signature and Certification

CERTIFICATION. I certify that the above information is true and correct based on my evaluation of this patient at or just prior to the time of transport, and represent that the patient requires transport by ambulance and that other forms of transport are contraindicated. I understand that this information will be used by the Centers for Medicare and Medicaid Services (CMS), the Illinois Department of Healthcare and Family Services and other payers to support the determination of medical necessity for ambulance services. I also certify that I am a representative of the facility initiating this order and that our institution has furnished care or other services to the above named patient in the past. In the event you are unable to obtain the signature of the patient or another authorized representative, my signature below is made on behalf of the patient pursuant to 42 CFR §424.38(b)(4).

☐ Single trip/Round trip, date: ________________  ☐ Ongoing transport, start date: ________________ and expiration date: ________________

Check the appropriate box for Single Trip or Ongoing Transport
- Must include date of transport for Single or Round Trip Transport
- Must include expiration date for Ongoing Transport

For Ongoing 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>Signature of Licensed Medical Professional</th>
<th>Date Signed</th>
<th>Printed Name of Ordering Physician (mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Printed Name of Licensed Medical Professional</th>
<th>Phone Number of Individual Completing Form:</th>
</tr>
</thead>
<tbody>
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</table>

*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
- [ ] Licensed Practical Nurse (LPN)
- [ ] Licensed Vocational Nurse (LVN)
- [ ] Social Worker
- [ ] Caseworker

HFS 2270 (R-7-20)  IOC21-0082

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

- **Sign Form**
- **Must** include date signed
- Check appropriate box of title/credentials
- **LEGIBLY** print full name of **both** signer and physician
- Include telephone number to be contacted with questions
• 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-7-20)

• 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 sent to First Transit when the transport is for Fee for Service (both Medicare/Service Car and Ambulance) and Managed Care eligible patients for ambulance transports only

• 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!