

# Ambulance Prior Authorization Documentation Requirements

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## Background

The primary reason prior authorization requests are non-affirmed is insufficient or incomplete documentation. Requests that do not have the required documentation will receive a provisional non-affirmed decision.

The [CMS Repetitive Scheduled Non-Emergent Ambulance Transport Model Operational Guide](#) lists the required documentation. Medical documentation should provide sufficient information to support the cover sheet data and the Physician Certification Statement (PCS). A signed and dated PCS does not, by itself, demonstrate that the repetitive scheduled transports are medically necessary.

## Additional Required Documentation

A complete request has a completed cover sheet and the following items:

- The PCS.
- Medical record documentation that provides information on the beneficiary's condition. Documentation must show transportation by other means is contraindicated. Documentation with only vague statements, such as "patient is bed-confined", is insufficient.
- Medical record documentation itemizing the origin and destination of transports.

## PCS

The PCS should contain information on the beneficiary's condition, to include diagnoses and a description of the beneficiary's condition(s). It must be signed and dated by the patient's attending physician. The signature and date must be legible. Stamped signatures are not acceptable.

The PCS cannot be dated more than 60 days in advance of the requested start date. A PCS signed 10/01/14 would not be valid for a request with a start date of 01/15/15.

The PCS must be valid for the duration of the requested timeframe. If a prior authorization request is for services rendered from 12/15/14 through 02/14/15, the PCS must identify that timeframe.

## Medical Documentation

Documentation that describes the beneficiary's medical condition, and supports the information on the PCS, can include, but is not limited to: doctor's progress notes, nursing notes, nurse aides' (CNAs') notes, physical or occupational therapy notes, History and Physical, admission and discharge summaries.

For additional information, refer to [Local Coverage Determination \(LCD\): Ambulance \(Ground\) Services \(L32252\)](#).