

Repetitive Scheduled Non-emergent Ambulance Transport Prior Authorization Request Submission Checklist

Submission of the following items facilitates the processing of initial or resubmission requests.

Cover Sheet - Optional

The coversheet is recommended as it includes basic information that is required to initiate your prior authorization request.

Cover sheet is complete and all entries are readable.

The name is printed by the signature.

The date is the date the sheet was completed and signed.

PCS (Physician Certification Statement) - Required

The PCS is complete and readable.

The PCS is completed, signed and dated by the attending physician.

The signature date is (*no more than 60 days*) prior to the requested start date.

The name is printed by the signature.

Credentials (*such as MD or DO*) of the signor are printed by or near the signature and are readable. (*Dr. is a title and not a credential.*)

Medical conditions listed on the PCS support a non-emergent ambulance transport and are supported by the attached medical records.

Medical Records - Required

Medical records are generated by a medical professional certified by the state on or during a date of service Sources include, but are not limited to, doctor's progress notes, nursing notes, physical or occupational therapy notes, History and Physical, MDS (*minimum data set*).

Each page of the record identifies the beneficiary, the medical professional, and the date of service.

The record supports the items listed on the PCS.

The record is current.

The record was generated on or before the completion and signature date on the PCS.

Every page of the record is readable.

The record lists the exact origin and destination street addresses.

The record is not an attestation statement and/or the PCS.

- **A PCS, by itself, cannot support medical necessity.**
- **An attestation letter, by itself, cannot support medical necessity.**