PennState Health
Milton S. Hershey
Medical Center

Physician's Medical Necessity Certification

For Critical Care Transport
Transport #

Patient :

The following is to be completed by the ordering Physician.

Transferring diagnosis*:* _____

Vehicle Transporting:

Indications for transport: (Please check all that apply)

( ) Patient's condition is such that transportation by any other means would compromise their condition.
( ) Patient's condition requires care by a special or tertiary facility.
( ) Patient's high acuity requires care by a specialized transport team.
( ) Time is a critical factor in the patient's survival and rapid transport is essential to ensure the patient's viability.

Treatment required during transport: (Please check all that apply)

( ) Continuous airway monitoring and oxygen.
( ) Cardiac monitoring.
( ) Invasive line monitoring.
( ) Specialized medications for transport:
( ) Mucomyst, **( )** Fomepizole, **( )** Paralytics, **( )** Other:_____
( ) Specialized equipment for transport:
( ) Balloon pump, **( )** VAD/ECMO, **( )** Pacemaker, **( )** Ventilator, **( )** Other:_____
( ) Other pertinent treatment not defined above:_____

Justification for transport to the receiving facility: (Please check all that apply)

( ) Transfer to the closest appropriate trauma or burn facility.
( ) Transfer to the closest available tertiary care facility.
( ) Transfer requested by the referring Physician to the receiving facility.
( ) Transfer needed for rapid and specialized health care available only at receiving facility.
( ) Transfer for specialized services unavailable at referring facility.
( ) Transfer for ongoing care the patient has previously received at the receiving facility.

I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical records of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payers such as the Medicare program. I understand that any intentional misrepresentations or falsifications of essential information, which leads to inappropriate payments, may be subject to investigations under applicable federal and/ or state laws.

_____ ____/____/____
Signature of Ordering Physician with credentials Date signed

_____
Please print Physician name

Rev. (OCT14)