HFS 2270 Physician Certification Statement
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.

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
HFS2270 – Physician Certification Statement (PCS)  
Non-Emergency Transports Only!
Enter All Available Information

Must include Name and RIN for all Medicaid Trips

Date of Birth is helpful but not required
**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):**
- **Is this patient’s stay covered under Medicare Part A (PPS/DRO)?**
  - YES
  - NO
  - UNKNOWN
- **Is this a transport to another facility for services not available at the originating facility?**
  - YES
  - NO

### ORIGINATING FACILITY:
- **Name:**
- **City:**
- **State:**
- **Zip:**

### DESTINATION:
- **Name:**
- **City:**
- **State:**
- **Zip:**

**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

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**SINGLE OR ROUND TRIP TRANSPORTS**

**Type of Transport** – Must check 1 box of 3. No need to add date after appt because will be below.

**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 of patient, physician, etc.
PCS– Transport Information (cont’d)

REPETITIVE/RECURRING TRANSPORTS

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

Service Availability at Originating Facility – Must check yes or no

Originating Facility and Destination – Must include all available information

AMBULANCE – Valid for up to 60 days

MEDICAR/SERVICE CAR – Valid for up to 180 days
IF INTER-HOSPITAL TRANSFER

Must check if “Higher Level of Care” of “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”
Check ALL boxes that apply.

“Bed Confined” – all 3 boxes must be checked

“Patient’s medical condition that support criteria” must be completed!!!!
Left side for Service Car and Fixed Route transports (no assistance needed)
Right side for Medicar
Must Check which Category of Service and ALL medical conditions that apply
“Patient’s medical condition that support criteria” must be completed for Medicar
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

Licensed Medical Professionals - no LPNs or LCSWs (unless a discharge planner)
- Must sign
- Must include date signed
- Must put credentials
- Must check appropriate box of title/credentials
- Must be LEGIBLE printed name of both signer and physician
- Must include telephone number to be contacted with questions
Questions/Contact Information

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