Comprehensive Error Rate Testing (CERT) Ambulance Checklist

PALMETTO GBA
A CELERIAN GROUP COMPANY

This claim was selected for review by the CERT contractor. You will have 75 calendar days to submit the requested information from the date of the original request for medical records. Please use the fax number or the mailing address given in the CERT contractor letter when submitting the requested documentation. The documentation should include, but is not limited to:

- ☐ A run sheet to document:
    - ☐ Type of dispatch
    - ☐ Reason for the transport
    - ☐ Assessment and clinical evaluations
    - ☐ Monitoring and treatments performed
    - ☐ Beneficiary's response to treatment
    - ☐ Point of pickup (place and address)
    - ☐ Mileage associated with transport
    - ☐ Any information which supports medical necessity
    - ☐ Legible signature and date of provider/supplier

- ☐ Signed and dated Physician Certification Statement for non-emergency transport

- ☐ Beneficiary signature or signature of his or her representative

- ☐ For hospital to hospital transports
    - ☐ Documentation that the required services were not available at the first hospital
    - ☐ Documentation that there were no available beds at the first hospital

- ☐ Documentation supporting bed confinement
- ☐ Emergency room records
- ☐ For air transport, submit certification and documentation to support medical necessity for air verses ground transport
- ☐ If applicable, submit the Advance Beneficiary notice of Noncoverage (ABN) issued tot he beneficiary/representative
- ☐ Check signatures to ensure legible. If missing, send a completed signature attestation. If illegible, send a signature log
- ☐ If applicable, submit your policy and procedure associated with the use of electronic signatures