

PHYSICIAN CERTIFICATION STATEMENT FORM – Request for Transportation

This form provides LogistiCare or other authorized transportation provider with information on the appropriate level of transportation needed for this CalViva Health member.

Patient name: _____

Patient ID #/CIN #: _____ Patient DOB: _____/_____/_____

Non-Emergency Medical Transportation (NEMT)

Choose one of the following levels of service:

- Wheelchair van Gurney/litter van Ambulance: ALS BLS CCT
 Air transportation (requires prior authorization from the plan)

JUSTIFICATION: NEMT under Medi-Cal is covered only when the patient's medical and physical condition does not allow him or her to travel by bus, passenger car, taxi, or other form of public or private conveyance.

NEMT requires a function limitation justification. The physician is required to document the patient's limitations and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

What prevents the patient from traveling by bus, passenger car, taxi, or other form of public or private conveyance?

Non-Medical Transportation (NMT)

NMT includes transportation for medically necessary appointments and may be provided via taxi, sedan, paratransit (such as Access), or fixed-route transportation, such as buses. *No signature is required for NMT.*

Choose one of the following levels of service:

- Mass (public) transit Paratransit services (patient must qualify for services.) Sedan/taxi (curb-to-curb)
 Sedan (ambulatory door-to-door) Sedan with folding wheelchair (patient is able to transfer without assistance) (curb-to-curb)

Duration of services (based on continued health plan eligibility): 30 days 60 days 90 days 1 Year

CERTIFICATION

The physician, dentist or podiatrist responsible for providing care for the patient is responsible for determining medical necessity for transportation. This certificate can be completed and signed by a participating physician group (PPG), independent practice association (IPA), primary care physician (PCP), MD, LVN, RN, PA, NP, or discharge planner who is employed or supervised by the hospital, facility or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate. **NMT services do not require a physician signature and will be approved based on the least costly method of transportation that meets the patient's needs.**

Staff/physician's name (print): _____

Staff/physician's signature: _____ Title: _____

Date: _____ Contact telephone: (_____) _____ - _____

Please return form by fax to LogistiCare, Attention: Utilization Review, at 1-877-457-3352.