



Physician Certification Form – Request for Transportation

For NEMT only, the physician must sign this form where indicated below. Please print clearly.

*Required fields must be completed. Please return form by fax to LogistiCare – Attn: Utilization Review **877.457.3352**.

PATIENT INFORMATION	
*PATIENT'S NAME	*PATIENT'S DOB
*PATIENT'S ID NUMBER/CIN#	MEMBER'S CONTACT NUMBER
DIAGNOSIS	
DIAGNOSIS	ICD CODE

TRANSPORTATION NEEDS (*Please check <u>ONLY ONE</u> level of service in <u>either</u> NEMT <u>or</u> NMT section)	
<p>Non-Emergency Medical Transportation (NEMT) NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory.</p> <p>Check the applicable level of service needed:</p> <p><input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Ambulance/Litter Van/Gurney Van (Patient bed bound) <input type="checkbox"/> ALS (Patient requires ALS services/availability) <input type="checkbox"/> CCT/SCT (Patient requires cardiac monitoring) <input type="checkbox"/> LS (Patient requires oxygen not self-administered or regulated) <input type="checkbox"/> Air Transport</p>	<p>Non-Medical Transportation (NMT) NMT includes transportation provided via taxi, car or other public conveyances for medically necessary covered services. <i>No signature is required for NMT.</i></p> <p>Check the applicable level of service needed:</p> <p><input type="checkbox"/> Public Transportation/Mass Transit <input type="checkbox"/> East Bay Paratransit <input type="checkbox"/> Curb-to-Curb Vehicle Transportation (Taxicab) <input type="checkbox"/> Door-to-Door Vehicle Transportation <input type="checkbox"/> Private Vehicle arranged by patient* <i>*Additional verification information needed for approval.</i></p>

*DURATION (Based on medical necessity and continued health plan eligibility)
<input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months

FUNCTION LIMITATIONS JUSTIFICATION
<p>When transportation is requested for an ongoing basis, the chronic nature of the patient's medical, physical, or mental health condition must be indicated in the treatment plan. A diagnosis alone will not satisfy this requirement. Treatment plan should include the medical, behavioral health, or physical condition that prevents normal public or private transportation. NMT services do not require physician signature and will be approved based on the least costly method of transportation that meets the member's needs.</p> <p>*PLEASE INCLUDE YOUR JUSTIFICATION BELOW:</p>

CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION	
<p>The provider responsible for providing care for the member is responsible for determining the medical necessity for transportation. This certificate can be completed and signed by a MD, DO, PA, or NP, CNM, Physical Therapist, Speech Therapist, Occupational Therapist, or Mental Health or Substance Use Disorder Provider 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, except for requests relating to hospice or home health services, which must be signed by an MD or DO.</p>	
Provider's Name & Credential (Print):	Date:
Provider's Signature:	Phone Number:

Questions? Please call the LogistiCare's California Facility Department at **866.529.2128**