



Non-Emergent Medical Transportation Physician Certification Statement Form

Please complete all fields to request authorization for Non-Emergent Medical Transportation (NEMT) Services.

Submit the completed form to:

ModivCare* at <CAExceptions@modivcare.com> or by fax to **877-457-3352**, Attn: Utilization Review

Member information			
Member name:		Member DOB:	
Member ID #:		Member phone #:	
Transportation authorization			
Medically appropriate NEMT services are covered when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services.			
Function limitations justification			
Please document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.			
<p>Member is unable to ambulate for__number of months</p> <p>Member requires wheelchair or above for all transportation</p> <p>Other:</p>			
Diagnosis code & description:			
Date(s) of service			
Authorization for this service is not to exceed a maximum of 12 months. <i>Note: Payment for these services by Anthem Blue Cross (Anthem) is contingent upon member's eligibility for Plan coverage on the date of service.</i>			
Dates NEMT services authorized from: ___/___/___ To: ___/___/___			
Mode of transportation			
Please refer to page 2 to determine the medically necessary mode of transportation. <i>Note: Non-emergency transportation via ambulance is only covered for facility to facility or facility to home.</i>			
<p>Ambulance</p> <p>Advanced life support ambulance</p> <p>Basic life support ambulance</p>	<p>Gurney Van/Litter Van</p> <p>Wheelchair van</p> <p>Air transport</p>		
Provider information			
Requesting provider name:		Provider address:	
Provider E-mail:		Provider phone #:	
Provider NPI #		Provider fax #	
Certification Statement: I hereby certify that medical necessity was used to determine the type of transportation requested for the above member.			
Requesting Provider Signature: _____ Date: _____			
<i>This certificate can be completed and signed by the member's physician or physician extender (including physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), physical therapists, speech therapists, occupational therapists and mental health or substance use disorder providers), or discharge planner who is employed or supervised by the hospital, facility, or physician's office.</i>			

*ModivCare is an independent company providing review support services on behalf of Anthem Blue Cross.

<https://providers.anthem.com/ca>

Mode of transport	Criteria
Ambulance	<ul style="list-style-type: none"> • Transfers between facilities for members who require continuous intravenous medication, medical monitoring, or observation. • Transfers from an acute care facility to another acute care facility. • Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use). • Transport for members with chronic conditions who require oxygen if monitoring is required.
Advanced life support ambulance when the member's medical and physical condition meets both of the following →	<ul style="list-style-type: none"> • Requires member to be confined to bed; cannot sit in a wheelchair; needs advanced life support. • Requires medical attention/monitoring during transport for reasons such as intravenous device monitoring, cardiac Monitoring, or tracheotomy.
Basic life support ambulance	<ul style="list-style-type: none"> • Requires member to be confined to bed; cannot sit in a wheelchair; and requires medical attention/monitoring during transport for reasons such as isolation precautions, non self-administered oxygen, or sedation.
Gurney van/litter van: When the member's medical and physical condition <u>does not</u> meet the need for NEMT ambulance services, but meets both of the following →	<ul style="list-style-type: none"> • Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport. • Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs, or other forms of public conveyance.
Wheelchair van: When the member's medical and physical condition <u>does not</u> meet the need for litter van services, but meets any of the following →	<ul style="list-style-type: none"> • Renders the member incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport. • Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation. • Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs, or other forms of public conveyance. • Members with the following conditions qualify for wheelchair van transport: Members who suffer from severe mental confusion; Members with paraplegia; Dialysis recipients; Members with chronic conditions who require oxygen but do not require monitoring.
Air transport: Only provided under the following conditions →	<ul style="list-style-type: none"> • When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible.