CalViva HEALTH health net

Physician Certification Statement Form – Request For Transportation

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED OR IT WILL NOT BE PROCESSED

The purpose of this form is for physicians to communicate to Modivcare™ specific transportation restrictions of a patient/member due to a **medical condition.** The restrictions and requirements stated on this form will be used by Modivcare to assign the best means of transportation for the patient/member.

THEREFORE, THE STATEMENTS MADE BY PHYSICIANS REGARDING PATIENT TRANSPORTATION RESTRICTIONS ARE MADE UNDER PENALTY OF MEDICAID FRAUD.

Patient name: ____

Patient ID #/CIN #: ____________________________ Patient DOB: ________/____________/____________

If the patient requires **NEMT**, **refer to page 2 to determine the medically necessary mode of transport.** Then, select one of the following:

☐ Gurney/litter/stretcher van ☐ BLS ambulance ☐ ALS ambulance ☐ Critical care transport
☐ Air transportation ☐ Wheelchair van

These services require physician justification and signature below.

Duration of services (based on continued health plan eligibility):

Start Date: ___________ ☐ 60 days ☐ 90 days ☐ 180 days ☐ 365 days (Chronic condition only)

Justification

Transportation 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. 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. Please document below: **What prevents the patient from traveling by bus, passenger car, taxi, or other form of public or private conveyance?**

____

____

Certification

NEMT services are a covered Medi-Cal benefit when they are prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender (A physician extender includes Non-Physician Medical Practitioners, which includes Physician Assistants, Nurse Practitioners, and Certified Midwives).

Staff/physician's name (print): ____

Staff/physician's signature: ____________________________Title:____________________________

Date:____________________________ Contact telephone: (______) ______ –________________

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

Description of transportation services

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.
22-672 (10/22)

Gurney/litter/stretcher van	Patient is confined to a bed and cannot sit in a wheelchair but **does not require** medical attention or monitoring during transport.
BLS ambulance	Patient is confined to a bed, cannot sit in a wheelchair, and **requires** medical attention or monitoring during transport for reasons, such as: • Isolation precautions. • Non-self-administered oxygen. • Sedation.
ALS ambulance	Patient is confined to a bed, cannot sit in a wheelchair, and **requires** medical attention or monitoring during transport for reasons, such as: • IV requiring monitoring. • Cardiac monitoring. • Tracheotomy.
Critical care transport	Patient has a special condition that **requires** the presence of a critical care nurse or a medical doctor during transport.
Air transportation	**Requires** prior authorization from the plan.
Wheelchair van	Patient is a wheelchair user and **requires** lift-equipped or roll-up wheelchair vehicle.