



modivcare

VA Operations
Utilization Review Department
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Norton, VA 24273
PHONE: 866.679.6330
FAX: 866.885.3788

Level of Service Certification of Medical Necessity for Non-Emergency
Ambulance, Stretcher and Wheel Chair Transport

In an effort to insure every member is transported by the most appropriate means necessary, Modivcare may require completion of this form. If requested, please certify the level of service needed and fax to the number shown above.

Patient Information: DOB, Sex, Age, Medicaid ID #
Provider Information: Medicaid Provider #, Phone #
Patient Name (Last, First, MI)
Provider Name & Address

LEVEL OF SERVICE REQUIRED BY MEMBER & PRESCRIBED BY MEDICAL PROVIDER

Stretcher Transport vs Wheelchair Transport
Stretcher/Ambulance 0, Stretcher Van 0, Manual 0, Electric 0, Width of Chair

Stretcher Van Transport is provided only for Members who do not require medical assistance during transport but are non-ambulatory and unable to use a wheelchair. Members using wheelchairs who also require medical assistance during transport should be referred to the appropriate level of ambulance transport.

Medical Equipment Needed vs Medical Necessity Criteria vs Medical Necessity Criteria (Cont.)

Summary of Member's medical history establishing the medical necessity for the prescribed level of service: (Additional documentation may be attached when necessary.)

Estimated Duration of This Level of Service. Check One 60 Days [] 90 Days [] Ongoing []

Knowingly providing false information on this Certification may constitute fraud and may prevent the Member from receiving further transportation services. If you have any questions please contact Modivcare's Facility Assistance Department at 866-679-6330

I certify that to the best of my knowledge, the above information is true, accurate and complete and the level of service required for the Member's transport is medically necessary for the Member's health.

NAME: SIGNATURE: DATE:

This Certification may be completed and signed only by the Member's attending physician, physician's assistant or RN to confirm a medically necessary level of service. Please complete form and fax to (866) 885-3788.

"Caution: This information contains confidential and proprietary trade secrets, the release of which could cause competitive harm. It is not subject to disclosure under any freedom of information act or open records act law or regulation. Do not further disclose."