

Medical Necessity Form (MNF) Documentation Guidelines

- Print clearly and fill out the form completely. Incomplete forms will be rejected and returned.
- Always include the member's name and date of birth. This information must be included on the actual MNF. Including this information on the fax cover sheet will not suffice.
- The printed Medical Provider name must match the signature.
- A Medical Doctor, Physician's Assistant, Nurse Practitioner, or Registered Nurse must complete the MNF. The title of the Medical Provider who completed the form must be included in the Medical Provider Signature. Telephone orders, Unit Clerk/Licensed Practical Nurse signatures are unacceptable.
- Choose the Level of Service that best meets the member's needs. * Note: you may only choose ONE level of service; multiple selections are unacceptable.
- Serious illness, injury, or surgery do not intrinsically qualify the member for a higher Level of Service. Diagnosis documentation must objectively describe the physical and/or cognitive condition at the time of transport.
- The presence of End Stage Renal Disease and the requirement of Hemodialysis do not intrinsically qualify the member for a higher Level of Service.
- Document any safety issues (i.e. blind, risk of falling out of wheelchair); Chronic neurological conditions must be described.
- In order for an ambulatory member to temporarily qualify for solo rides, due to the risks associated with contracting COVID-19 or any other highly infectious disease, the box marked "Immunocompromised" must be checked off, and sufficient documentation supporting the member's immunocompromised condition must be provided.

Please Note: A blank copy of the MNF may be downloaded from the Modivcare website at:
<https://www.modivcare.com/facilities/nj>

Mass Transit - *The member receives a bus pass/bus ticket for public transportation.*

The member is medically and cognitively able to use public transportation. Mass Transit members are required to use bus transportation to get to and from all of their medical appointments that are within ½ mile of a bus stop to the pick-up or drop-off locations.

Ambulatory - *The member receives curb-to-curb livery service.*

The member has the cognitive awareness to watch for the transportation vehicle and the physical ability to walk from the residence/facility to the vehicle without the driver's assistance. The use of an assistive device (cane or walker) does not necessarily exempt a member from this Level of Service. * Note: unless requesting an upgrade from Mass Transit, this member does not require a Medical Necessity Form.

Ambulatory/Mav - *The member receives door-through-door livery service.*

The member has the cognitive awareness to watch for the transportation vehicle and the physical ability to walk from the residence/facility to the vehicle with the driver's assistance. * Note: all members from skilled nursing facilities are automatically assigned this Level of Service.

Special Rate Ambulatory – *The member receives solo-ride livery service.*

The member has the cognitive awareness to watch for the transportation vehicle and the physical ability to walk from the residence/facility to the vehicle without the driver's assistance. Due to potential risks associated with the member's medical/psychological condition(s), the member must ride alone in the vehicle.

Wheelchair/Mav - *The member travels via a manual or motorized wheelchair and receives door-through-door service.*
The member is not physically able to ambulate from the residence/facility to the vehicle and travels by means of a manual or motorized wheelchair.

Basic Life Support (BLS) - *The member travels via stretcher, meets bed bound criteria, and does not require advanced medical monitoring.*

Qualifying reasons for BLS Level of Service:

- o Member must be bed confined. However, simply writing out "bed confined" or "bed bound" will not result in automatic approval of this level of service
- o Unable to stand or pivot without assistance
- o Unable to ambulate
- o Unable to sit in a chair (including wheelchair)
- o If decubitus ulcers are present, documentation must describe stage and location. Decubitus ulcers on the sacrum or buttocks must be stage 3 or greater to qualify for stretcher transport
- o Documentation of contractures - severe fixed contractures at or proximity of the knee
- o Morbid obesity (as sole qualifying condition) at a BMI \geq 80

Documentation of "bed confining" pain must support the following qualifying measures:

- o Rating is 7-10 on 10-point rating scale despite pharmacological intervention.
- o Member requires specialized handling to be moved.

Specialty Care Transport (SCT) - *The member's condition requires constant attendance and management with the use of medically necessary supplies and services by a Registered Nurse.* * Note: suctioning and pulse oximetry fall within BLS Level of Service and alone do not qualify the member for SCT transport.

Qualifying reasons for SCT Level of Service:

- o Requires continuous cardiac monitoring (not pulse oximetry).
- o Requires continuous monitoring of an IV drip.
- o Deep tracheal suctioning.
- o Requires an automatic ventilator or ventilator assisted mode.
- o Requires supine/prone positioning during travel.

* Note: if the member's Home Health Aide/Nurse will be traveling with the member, he/she will be responsible for the management of the member's equipment and the Level of Service will be downgraded to BLS or BLSO.

MEDICAL PROVIDER LEVEL OF SERVICE CERTIFICATION

FAX: 877-457-3316 PHONE: 866-527-9945

This form is ONLY for those Members who require WHEELCHAIR/STRETCHER service.

Please contact Modivcare if the Member requires ambulatory or advanced medical monitoring services.

Medicaid ID:**Medical Provider Name & Address:****Name (Last, First, MI):**

(STAMP/SEAL)

DOB:**Sex:** M F **Age:****Fax:****Phone:****LEVEL OF SERVICE REQUIRED BY MEMBER AS PRESCRIBED BY THE MEDICAL PROVIDER
(SELECT ONLY ONE)**

- Wheelchair Transport:** Bariatric Oxygen ___ LPM
 Stretcher Transport: Bariatric Oxygen ___ LPM

Summary of Member's MEDICAL HISTORY: Include diagnoses, lab results and/or prescriptions establishing the medical necessity for the prescribed level of service. (No ICD/CPT codes. Additional documentation may be attached.)

Estimated Duration of Level of Service: **90 Days** **180 Days** **365 Days** **Lifetime**

* Knowingly providing false information on this Certification may constitute fraud and may prevent the Patient/Member from receiving further transportation services. If you have any questions, please contact Modivcare's Facility Assistance Department at 866-527-9945.

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

PRINTED NAME: _____**TITLE:** _____**SIGNATURE:** _____**DATE:** _____

To establish a medically necessary level of service for transportation, this certification must only be completed and signed by one of the following: Medical Doctor, Physician's Assistant, Nurse Practitioner or Registered Nurse.