



Important Provider Reminder: Physician Certification Statement (PCS) Forms are Required for Certain Modes of Transportation

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important reminder we would like to share with you.

The Alliance is honored to provide transportation services to our members as a part of our Medi-Cal and Group Care benefits.

Alliance Medi-Cal members can also receive non-emergent medical transportation (NEMT) for specific modes of medical transportation. A Physician Certification Statement (PCS) from the member's provider with a detailed assessment of the patient's medical need or functional limitations that require NEMT for any of the following transportation modes:

- Ambulance
- Litter van
- Wheelchair Van
- Air Transport

If you request authorization for care, and your patient needs one (1) of the four (4) modes of transportation listed above, please complete the PCS form and submit it by email or fax to:

Alliance Case and Disease Management Department
Email: deptcmdm@alamedaalliance.org
Fax: **1.510.747.4130**

A completed PCS form is **required** to ensure that your patient receives the correct level of transportation for their needs. The Alliance will save the completed form for as long as the provider certifies to allow the member to receive the same method of transportation for each covered appointment.

The PCS form is enclosed with this notice and can also be found on the Alliance website at www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services under *Transportation Services - Transportation Request Form*. We will also reach out to you to complete the PCS form if a member requests one (1) of the transportation methods listed above.

Our goal is to provide the highest levels of customer service and help your patients get the care and services they need. If you have any feedback on how we can improve these services or the PCS form, please contact the Alliance Case and Disease Management Department at **1.510.747.4512**. Together, we are creating a healthier community for all.

Questions? Please call the Alliance Case and Disease Management Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
www.alamedaalliance.org



Physician Certification Form – Request for Transportation

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

Please complete the form and fax it to ModivCare (formerly Logisticare):

ModivCare
 ATTN: Utilization Review
 Fax Number: **1.877.457.3352**

Fields with a (*) must be completed.

PATIENT INFORMATION	
*Patient Name:	*Patient DOB:
*Patient ID Number/CIN#:	Patient Contact Number:
DIAGNOSIS	
Diagnosis:	ICD Code:

*TRANSPORTATION NEEDS (Please check <u>ONLY ONE</u> level of service in either NEMT or NMT section)	
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. Check the applicable level of service needed: <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	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> Check the applicable level of service needed: <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>

*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**

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.**

PLEASE INCLUDE YOUR JUSTIFICATION BELOW:

Empty space for justification text.

CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION

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.

Provider Name & Credential (Print):

Phone Number:

Date:

Provider Signature:

Questions? Please call Alliance Transportation Services toll-free at **1.855.891.7171**.