L.A. Care HEALTH PLAN

REFERRAL FORM FOR TRANSPORTATION SERVICES AND PHYSICIAN CERTIFICATION STATEMENT (PCS)

The Department of Health Care Services (DHCS) requires that a PCS form is used to process and determine the appropriate level of Non-Emergency Medical Transportation (NEMT) services. Completed and signed forms must be promptly submitted for ***Prior Authorization*** to **Attn: L.A. Care Health Plan's (L.A. Care) Utilization Review (UR) Transportation Unit** via **fax to: 213-438-2201**. Incomplete or inaccurate forms may cause delayed and/or denied authorization. L.A. Care's standard UR turn-around time is five (5) business days. NEMT Transportation may not be requested without receipt of an authorization from L.A. Care. To avoid unnecessary delay of a Discharge or Transfer, NEMT for a Discharge or Transfer may be requested without a prior authorization or PCS form review, but a PCS form shall be submitted within 24 hours of NEMT services being arranged to document activity and remain in compliance with the Department of Health Care Services (DHCS). The PCS form is not required for Non-Medical Transportation (NMT) services. To schedule NMT or NEMT, please call the Health Services Department at L.A. Care Health Plan by dialing 877-431-2273 and select option 4 for transportation. Again, PCS forms for are required for NEMT only.

Patient Information:

First Name:	Last Name:		Date of Birth:
ID Number / CIN#:			Phone Number:
Address:			Caregiver Name:
City:	State:	Zip:	Caregiver Phone Number:

Provider Information:

Provider's Full Name (Print):		
Title:	Email :	
Phone Number:	Fax Number:	Provider NPI:

Indicate if the NEMT request is for a Prior Authorization or Discharge/Transfer request and CONFIRM vehicle type below.

☐ Prior Authorization ☐ Discharge or Transfer

Does Patient Need Prior Authorization for NEMT? Complete the NEMT section below.

NEMT – PROVIDER CERTIFICATION, JUSTIFICATION & SIGNATURE REQUIRED

Disclaimer: L.A. Care is required to authorize the lowest cost type of NEMT services that is adequate for the Member's medical needs. Once the PCS is submitted, L.A. Care cannot modify the authorization to a lower level without a new PCS form from the Provider.

NEMT Vehicle Type & Door-Through-Door

Ambulance: ☐ Basic Life Support (BLS) ☐ Advanced Life Support (ALS) ☐ Specialty Care Transport (SCT)	☐ Litter/Gurney Van ☐ Bariatric Gurney	☐ Wheelchair Van ☐ Bariatric Wheelchair	☐ Air Ambulance

NEMT Anticipated Duration:

Start Date:	End Date:	☐ 30 Days	☐ 6 Months	☐ 12 Months

Justification: 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, include medical, behavioral health, or the physical condition that prevents ordinary means of public transportation. If either Bariatric Gurney or Bariatric Wheelchair was selected, please indicate the Member's height and weight:

_____

_____

Diagnosis:	ICD-10 Code(s):

Certification Statement: This form **must be signed** by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health, or substance use disorder Provider responsible for providing care to the Member and responsible for determining medical necessity of transportation consistent with the scope of their practice. By my signature, I certify that medical necessity was used to determine the type of transport being requested.

Signature (Required): X _____	**Date:** _____