



## Non-Emergent Medical Transportation Physician Certification

Please complete all fields to request authorization for Non-Emergent Medical Transportation (NEMT) Services. Submit the completed form to Aetna Better Health of California's Utilization Management Team for Prior Authorization via our 24/7 Secure Provider Web Portal located on our website at <http://www.aetnabetterhealth.com/California>, via fax at 1-844-584-4450 (San Diego) or 1-866-489-7441 (Sacramento) or over the phone at 1-855-772-9076.

Member Information			
Member Name:		Member DOB:	
Member ID #:		Member Phone #:	
Function Limitations Justification			
Please document the member's limitations and 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.			
Anticipated Duration			
Please provide the anticipated duration for NEMT services. <i>Authorization for this service is not to exceed a maximum of 12 months.</i>			
Start Date:		End Date:	
Mode of Transportation Required			
Please refer to <b>page 2</b> to determine the medically necessary mode of transport.			
<input type="checkbox"/>	Ambulance/Gurney Van	<input type="checkbox"/>	Litter Van
<input type="checkbox"/>	Wheelchair Van	<input type="checkbox"/>	Air Transport
Certification Statement			
I hereby certify that medical necessity was used to determine the type of transportation requested for the above member.			
Requesting Provider Name:			
Requesting Provider Signature:			
Date:			
<i>Note: Payment for these services by Aetna Better Health of California is contingent upon member's eligibility for Plan coverage on the date of service.</i>			
Requesting Provider Information			
Provider Email:		Provider Phone:	

If you have any questions about the authorization process, please contact the UM Department at **1-855-772-9076**.



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Level of NEMT Service	Qualifications
<p><b>Ambulance/Gurney Van</b></p>	<ul style="list-style-type: none"> <li>• Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.</li> <li>• Transfers from an acute care facility to another acute care facility.</li> <li>• Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).</li> <li>• Transport for members with chronic conditions who require oxygen if monitoring is required</li> </ul>
<p><b>Litter Van:</b> When the member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following</p>	<ul style="list-style-type: none"> <li>• Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport.</li> <li>• Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.</li> </ul>
<p><b>Wheelchair Van:</b> when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following</p>	<ul style="list-style-type: none"> <li>• Renders the member incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport.</li> <li>• Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation.</li> <li>• Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.</li> <li>• Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed Physician Certification Statement (PCS) form (as described below)               <ul style="list-style-type: none"> <li>▪ Members who suffer from severe mental confusion.</li> <li>▪ Members with paraplegia.</li> <li>▪ Dialysis recipients.</li> <li>▪ Members with chronic conditions who require oxygen but do not require monitoring.</li> </ul> </li> </ul>
<p><b>Air Transport:</b> only provided under the following conditions</p>	<ul style="list-style-type: none"> <li>• When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.</li> </ul>