NON-EMERGENT MEDICAL TRANSPORT (NEMT) PHYSICIAN CERTIFICATION STATEMENT FORM (PCS)

Medi-Cal requires a completed PCS form for all Non-Emergent Medical Transportation (NEMT) services. Please complete all fields to request NEMT services. Submit the completed form to Molina Healthcare of California's transportation vendor American Logistics via fax at (877) 282-8441 or email at molinafax@americanlogistics.com.

If a member's transportation needs can be met by a Private Vehicle (Member or family car) or Public Vehicle (Uber, Taxi, Bus, etc.), this form is not required. Please instruct the member to call Molina's transportation vendor <Vendor Name> at <Phone Number>.

Member Information			
Member Name:		Member DOB:	/ /
Member ID #:		Member Phone #:	( ) -

Transportation Request

Medically appropriate NEMT services are covered when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services.

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.

Diagnosis Code & Description:	

Date(s) of Service:

NEMT Service request is not to exceed a maximum of 12 months.

NEMT Services Requested From: / / to / /

Mode of Transportation - Please refer to page 2 to determine the medically necessary mode of transport.

- ☐ Wheelchair Van
- ☐ Ambulatory Door-to-Door (Sedan or Van)
- ☐ Gurney/Litter Van
- ☐ Ambulance (NEMT ambulance is only covered for facility to facility or facility to home)
- ☐ Air Transport

Provider Information			
Requesting Provider Name:		National Provider Identifier (NPI) #:	
Provider E-Mail:		Provider Phone #:	( ) -
Provider Address:		City, State, ZIP Code	

Certification Statement: I hereby certify that medical necessity was used to determine the type of transportation requested for the above member.

Requesting Provider Signature: ________________________ Date: ____/____/____

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<table>
<tr><th>Mode of Transport</th><th>Criteria</th></tr>
<tr><td>Wheelchair Van</td><td>Requires that the member be transported in a wheelchair due to either physical or mental limitations.
Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
Members with the following conditions qualify for wheelchair van transport: Members who suffer from severe mental confusion; Members with paraplegia; Dialysis recipients; Members with chronic conditions who require oxygen but do not require monitoring.</td></tr>
<tr><td>Ambulatory Door-to-Door (Sedan or Van)</td><td>Requires that an ambulatory member receive door-to-door assistance to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation.</td></tr>
<tr><td>Gurney/Litter Van:</td><td>When the member’s medical and physical condition <u>does not</u> meet the need for NEMT ambulance services, but meets both of the following:
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.
Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.</td></tr>
<tr><td>Ambulance</td><td>Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
Transfers from an acute care facility to another acute care facility.
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).
Transport for members with chronic conditions who require oxygen if monitoring is required.</td></tr>
<tr><td>Air Transport</td><td>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 a mental health or substance use disorder provider.</td></tr>
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