

# Non-Emergency Medical Transportation Physician Certification Statement (PCS) Form

## Non-Emergency Medical Transportation (NEMT) Request

The Department of Health Care Services (DHCS) requires that a Physician Certification Statement (PCS) form be used to process and determine the appropriate level of Non-Emergency Medical Transportation (NEMT) services. Kaiser Permanente requires the submission of this PCS form, signed by a qualified provider when requesting for Non-Emergent Medical Transportation (NEMT) services.

1. This certification is valid for up to one (1) year from the date of the provider's signature.
2. Please email the completed and signed form to Kaiser Permanente at: <<newly created email address>>
3. Requests for Non-Medical Transportation (NMT) (private or public transportation, bus, or car) do not require the submission of this form. Members should be directed to call: 1-844-299-6230.
4. Any section marked with an "\*" is a mandatory section and must be completed prior to sending to Kaiser Permanente. Only fully completed forms will be reviewed. Incomplete or unreadable forms will be returned.

### \*Patient Information Required

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

### \*Non-Emergency Medical Transportation (NEMT)

Choose one of the following levels of service. Use the description and criteria on the following page to inform your selection.

Wheelchair Van      Gurney/Litter Van      Ambulance (BLS)  
Air Transportation (requires prior authorization from the plan)

**JUSTIFICATION:** NEMT under Medi-Cal is covered only when the patient's medical and physical condition does not allow him or her to travel by bus, passenger car, taxi, or other form of public or private conveyance.

NEMT requires a function limitation justification. The physician is required to document the patient's limitations and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

What prevents the patient from traveling by bus, passenger car, taxi, or other form of public or private conveyance?

### \*NEMT Anticipated Duration Required

Dates of Service (Maximum 12 month requested period)	Start Date:	End Date:
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### \*Requesting Provider Information Required

Provider Full Name and Title (Print):		
Phone Number:	Fax Number:	Provider NPI:

### \*Please CHECK the only approved types of providers that can sign this form:

This form **must be signed** by a  physician  nurse practitioner  physician assistant  certified nurse midwife  dentist  mental health professional  
 substance use disorder provider

**Certification Statement:** As the provider responsible for providing care to the Member listed above and responsible for determining medical necessity of transportation consistent with the scope of their practice, by my signature, I certify that medical necessity criteria was used to determine the type of transport being requested.

*Signature and Title Required:	Date:
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### MEDICAL NECESSITY TRANSPORTATION CRITERIA

**DO NOT send this page back to Kaiser Permanente – Reference sheet only**

Mode of Transportation	Criteria
<p><b>Basic Life Support Ambulance</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></p> <p>Must Meet both of the bulleted criteria</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></p> <p>Must Meet one (1) of the bulleted criteria</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> </ul> <p><b>Examples:</b> Members with the following conditions may qualify for wheelchair van transport when a provider submits a signed PCS form</p> <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>
<p><b>Air Transport</b></p> <p>Clinical Documentation required</p>	<ul style="list-style-type: none"> <li>• Providers are required to submit clinical documentation to support Air Transport and final decision to <b>Kaiser Permanente Medical Transportation Hub: 1-833-226-6760</b></li> <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.</li> </ul>