



ACTION REQUIRED: Non-Emergency Medical Transportation (NEMT)

The member below has requested NEMT from Ventura Transit (VTS). A Physician Certification form is a requirement for obtaining this covered benefit. Completed and signed forms must be promptly submitted to the CenCal's Utilization Management department via fax or uploaded through our secure File Drop:

Fax #: (805) 692-5140 File Drop: <https://gateway.cencalhealth.org/form/hs>

MEMBER NAME:

DATE OF BIRTH:

MEMBER ID#:

PENDING AUTH #:

TYPE REQUESTED:

Wheelchair Van

Gurney / Litter Van

NOTES / COMMENTS:

Please submit the attached form by

For further questions, call CenCal's U.M. Dept. at 805-562-1082.

To request or to schedule NEMT, call VTS directly at (805) 687-9900 or (855) 659-4600 (toll-free).

PHYSICIAN CERTIFICATION FORM

NON EMERGENCY MEDICAL TRANSPORTATION (NEMT) REQUIRED JUSTIFICATION

NEMT services require Prior Authorization, except when the NEMT service is medically necessary for a discharge to home or a SNF, or for a transfer to another facility. CenCal Health must review and approve NEMT services BEFORE the member schedules a pick-up with VTS. Incomplete or inaccurate forms may cause delays and/or denials. CenCal Health may take up to fourteen (14) calendar days to review and process NEMT requests. This PCS Form is not required for Non-Medical Transportation (NMT) services. Completed and signed forms must be promptly submitted to CenCal Health, Utilization Management (UM) Department via fax or uploaded securely through our Secure File Drop:

- CenCal Health UM Fax: **805-692-5140**
- CenCal Health's Secure File Drop Link: <https://gateway.cencalhealth.org/form/hs>

Patient Information:

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

Patient currently mobilizes via:

 Wheelchair Walker Cane Other (describe):

NEMT PROVIDER CERTIFICATION, JUSTIFICATION & SIGNATURE REQUIRED

Disclaimer: CenCal Health is required to authorize the lowest cost type of NEMT services that is adequate for the member's medical needs.

NEMT Vehicle Type (please check one):

Ambulance: <input type="checkbox"/> Basic Life Support (BLS) <input type="checkbox"/> Advanced Life Support (ALS)	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	<input type="checkbox"/> Air Ambulance
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NEMT Anticipated Duration:

Start Date:	End Date:	<input type="checkbox"/> 30 Days	<input type="checkbox"/> Six (6) Months	<input type="checkbox"/> 12 Months
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ICD-10 Code(s):

Diagnosis:

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:

Provider Information:

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

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: