Instructions for filling out this form:

1. **Transport/Start Date:** Complete Transport/Start date to let us know when you would like the member to begin receiving the transportation benefit. This form is effective for twelve months from the start date.

2. **Patient Information:** Complete ALL fields in the "Patient Information" section. If the member does not have a physical limitation and does not require medical transport, please write "N/A" in the "Functional Limitation" field. The member's diagnosis and functional limitation MUST BE COMPLETED for NEMT services.

Please complete ONE section for the following types of transportation.

3. **Non-Medical Transportation:** Complete the Non-Medical Transportation (NMT) section if the member does not require *medical* transport, but has a transportation need. This benefit does not require the completion of this form; however, providers may complete the form as a request on behalf of the member. Members may contact Kern Family Health Care's Transportation Department by calling 1-800-391-2000 and pressing option #3 Monday through Friday, 7:00 am to 6:00 pm for regular appointments and after hours for urgent requests.

4. **Non-Emergency Medical Transportation:** Complete the Non-Emergency Medical Transportation (NEMT) section of the form if NMT is contraindicated and the member has a medical or physical condition where they require medical transport. The following modes of NEMT do NOT require KFHC prior review.

    a. **Gurney Van (aka Litter Van):** A member may require a gurney van if they must be transported in a position that is supine or prone. A member who requires this transportation is unable to sit up during transport and is transported while lying on the gurney the entire trip.
    b. **Wheelchair Van:** A member may require a wheelchair van for one or more of the following reasons:
        i. A medical or physical condition renders the member incapable of sitting in a private or public form of transportation for the period of time needed to transport including for long distance/tertiary appointments.
        ii. The member must be transported in a wheelchair.
        iii. The member must be assisted to and from their residence, vehicle and place of treatment because of a disabling physical or mental limitation.
        iv. The member has specialized safety equipment a normal passenger car or other form of public conveyance cannot accommodate.
        v. The member suffers from severe mental confusion.
        vi. The member receives dialysis.
        vii. The member has a chronic condition requiring oxygen, but does not require monitoring.

5. **The following modes of NEMT require KFHC prior authorization approval***
    a. **Ambulance:** NEMT ambulance transport may be required for a member who requires continuous observation and medical monitoring.
    b. **Air:** NEMT by air is only allowed because it is necessary due to the member's medical condition or because practical considerations render ground transportation not feasible.

*For ambulance and air NEMT, complete section 2, "Patient Information" of this form entirely and attach to the referral prior to submission. Members who require NEMT to be transferred immediately following an inpatient stay at an acute level facility to a skilled nursing facility or an intermediate care facility do not require prior authorization.

PHYSICIAN CERTIFICATION STATEMENT (PCS)
NON-EMERGENCY MEDICAL TRANSPORT

Fax completed form to: 661-473-7631

Please read the instructions before completing this form

1. Transport/ Start Date:	This PCS form is for non-emergency medical transportation services and is effective for 12 months from the start/approval date for repetitive transports or for a single prescheduled or unscheduled transportation to medical services and/or a medical facility.

2. Patient Information:

First Name:	Middle Initial:	Last Name:	Date of Birth:
CIN:		Member ID:	Preferred Language:
Diagnosis:		Functional Limitation (must support prescribed modality):	

3. Non-Medical Transportation (NMT) does not require Referral Authorization

NMT is public or private transportation. This benefit does not require PCS form submission. Members may call 1-800-391-2000 and press option #3 to request transportation assistance. For requests on behalf of the member, please choose **ONE** of these modalities.

Public/Private Transportation ☐	Member has a transportation need with no medical or physical limitations and is able to use the public transit/bus system
Curb to Curb ☐	Member has a transportation need, is able to walk short distances

4. Non-Emergency Medical Transportation (NEMT) that do not require Referral Authorization

The following modalities are **medically necessary** and authorized with the completion of this form and DO NOT require KFHC review. Select **ONE** appropriate modality according to the patient's transportation need.

a. Litter/Gurney Van ☐	Member requires transport in a gurney and must remain in prone or supine position during transport
b. Wheelchair Van ☐	For a member who: • Require transport in a wheelchair OR • Is incapable of sitting in public or private transportation for the duration of transport OR • Requires assistance to and from their residence, the vehicle, and place of treatment

5. Other NEMT Transportation that requires Referral Authorization

Ambulance and Air Transportation modalities DO require KFHC referral submission to Utilization Management for review. Follow the KHS Prior Authorization review process.

CERTIFICATION:

I certify that the above information is true and correct based on my evaluation of this patient. I represent that I have personal knowledge of the patient's condition at the time of completion of this certificate. I understand that non-emergency medical transportation is available to obtain Medi-Cal covered services when the patient's medical/ physical condition does not allow them to travel by bus, passenger car, taxicab or other forms of public or private conveyance.

Staff/Physician Name: (PRINT)	Date:
Staff/Physician Signature:	NPI:
Phone Number:	Fax Number: