



modivcare

MICHIGAN NON-EMERGENCY LEVEL OF SERVICE
CERTIFICATION OF MEDICAL NECESSITY FORM

Required for MDHHS Beneficiary Requesting Door 2 Door / Wheelchair Transportation Service

Fax# 1-866-569-1910

Phone# 1-866-569-1902

Form section containing fields for Effective Date, Patient Name, D.O.B, Sex, Medicaid ID #, Medicaid Provider #, Facility Phone #, and Medicaid Provider Name and Address.

LEVEL OF SERVICE IS REQUIRED FOR BENEFICIARY & PRESCRIBED BY MEDICAL PROVIDER
(Check All That Apply Below)

Medivan (Door 2 Door Needed)
Car/taxi/van (patient must have assistance to make it to the vehicle)

- (If beneficiary utilizes wheelchair, check one below)
Wheelchair able to transfer
Car/taxi/van (folding wheelchair unable to make it to the vehicle alone)
Wheelchair lift-equipped van transport
Patient is unable to transfer from wheelchair

Describe the specific medical condition(s) directly related to the reason the patient/beneficiary is unable to use public transportation.

Medical Level of Service Criteria
(Check All That Apply Below)

- Walking difficulty
Uses cane/walker
Brings Escort
Requires assistance of trained personnel
Confined to wheelchair
Unrepaired / Recent Fracture / Joint Hip Replacement
O2 via trach requiring suctioning
Travels with Oxygen
Disoriented/Confused
Risk of fall from chair/safety
Unable to bear weight

Estimated duration of the prescribed Level of Service is medically necessary for:
90 Days 6 Months 1 Year

Knowingly providing false information on this Certification may constitute fraud and may prevent the beneficiary from receiving further transportation services.
If you have any questions regarding clarity of the form, please contact Modivcare at 866-569-1908. I certify that to the best of my knowledge, the above information is true, complete, accurate, and the level of service required for the beneficiary's transport medically necessary for the Member's health.

Physician or Certified Professional: PRINTED NAME / TITLE:

SIGNATURE: DATE:

*** This form can be completed by a Primary care physician (PCP), physician's assistant, physician specialist, nurse practitioner working under the supervision of the PCP, clinical nurse specialist, certified nurse midwife, registered nurse, social worker, dentist, and other licensed providers. The licensed provider must be knowledgeable about the beneficiary's medical needs, capable of accurately completing the form, and providing direct medical, behavioral or dental services to the beneficiary.