modivcare

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

LEVEL OF SERVICE CERTIFICATION OF MEDICAL NECESSITY

Required for All Patients / Members Using Wheelchair or Stretcher Transport

FAX # 877-813-5599
PHONE # 866-469-2824

Patient / Member Name:		Medical Provider Name:	**Date:**
Patient / Member Address:		Medical Provider Address:	
Medicaid ID #	DOB:		
Phone #	Alt #	Phone #	Fax #

Medical Necessity Criteria

(Please document all conditions that apply)

☐ Wheelchair ☐ Manual ☐ Electric ☐ Bariatric	☐ Stretcher ☐ ALS ☐ BLS ☐ Bariatric
__ Able to ambulate short distances – Needs WC for long distances __ Unable to safely transfer from wheelchair to ambulatory vehicle __ Unable to ambulate __ Able to sit upright __ Able to sit upright – Has self-administered Oxygen __ Able to sit upright – Requires continuous Oxygen	__ Unable to stand and pivot from prone position to wheelchair __ Unable to sit upright – Requires continuous Oxygen __ Unable to sit upright – Does not require medical monitoring __ Unable to sit upright – Requires medical monitoring

Weight:	**Height:**	**Stairs (Interior/Exterior):**

Summary of patient's / Member's medical condition establishing the medical necessity for the prescribed level of service:

I certify that the above information is true, accurate and complete based on my evaluation of this patient / Member, and represent that due to the patient's / Member's condition he/she requires transport by the mode requested on this form. I understand that this information will be used by Modivcare and the Department of Medicaid and Medical Assistance (DMMA) to support the determination of medical necessity for services provided, and that I have personal knowledge of the patient's / Member's medical condition at the time of transport.

NAME:_____ **SIGNATURE:**_____

TITLE:_____ **DATE:** _____

This Certification may be completed and signed only by the patient's / Member's attending physician, physician's assistant or Registered Nurse to confirm a medically necessary level of service.