



modivcare

1807 Park 270 Drive, Suite 518, St. Louis, MO 63146 866-269-8875

Transportation Verification Form for Transport beyond the MO HealthNet Travel Standard

Today's Date:		End date for this exception:	
Modivcare employee requesting this verification:			
MO HealthNet Participant:		DOB:	
MO HealthNet ID#:		Male	Female
<p>If the answer to any of these questions is YES, then please continue completing the form:</p> <p>1. Does the patient have a condition that that prevents him/her from being treated by a closer physician within 30 calendar days? Yes No</p> <p>If you answered yes, then please describe the condition, and the reason for your request to exceed the travel standards:</p> <p>2. Does the patient have a previous history of receiving other than routine medical care with your medical practice? Yes No</p> <p>3. Has the patient been referred to you by a primary care physician for a specific condition or illness? Yes No</p>			
Are you enrolled with MO HealthNet to provide MO HealthNet medical services? Yes No			
Are you billing MO Medicaid for the cost associated with this specific service? Yes No			
Please list the appointment date or dates for this patient:			
Does the participant require "Door to Door" Assistance Yes No			
Reason:			
Will there be recurring appointments for the patient? Yes No			
Mode of patients transportation: Bus Gas Reimbursement Ambulatory Wheelchair (can transfer) or (lift required) Stretcher/Ambulance			
If stretcher/ambulance was checked, please explain why that mode of transportation is required?			
Will the patient require any assistance from medical personnel during transport? Yes No			
If yes, please explain the need for assistance:			
Certifying Physician Signature:		D a	
Printed Name of Physician:			
Address of Facility participant is attending (including City, State & Zip):			
Is this a Verbal LMN Yes No			
Type of Facility: Doctor's Office/Clinic Dialysis Center Hospital Correctional Facility Cancer Center Outpatient Surgery Clinic Children's Hospital Other			
<b>**member must be receiving services from a qualified MO HealthNet enrolled medical service</b>			
NPI Number of the attending physician or medical provider:			

\*Both the physician and the medical facility must be MO HealthNet enrolled.

Please fax the completed form to our MO UR/Facilities Dept. at 866-269-8875

**MISSOURI TRAVEL STANDARDS 2016**

Provider/Service Type	Distance Standards		
	Urban County	Basic County	Rural County
<b>Physicians</b>			
PCPs	10	20	30
Obstetrics/Gynecology	15	30	60
Neurology	25	50	100
Dermatology	25	50	100
Physical Medicine/Rehab	25	50	100
Podiatry	25	50	100
Vision Care/Primary Eye Care	15	30	60
Allergy	25	50	100
Cardiology	25	50	100
Endocrinology	25	50	100
Gastroenterology	25	50	100
Hematology/Oncology	25	50	100
Infectious Disease	25	50	100
Nephology	25	50	100
Ophthalmology	25	50	100
Orthopedics	25	50	100
Otolaryngology	25	50	100
Pediatric	25	50	100
Pulmonary Disease	25	50	100
Rheumatology	25	50	100
Urology	25	50	100
General Surgery	15	30	60
Psychiatrist-Adult/General	15	40	80
Psychiatrist-Child/Adolescent	22	45	90
Psychologist/Other /Therapists	10	20	40
<b>Hospitals</b>			
Basic Hospital	30	30	30
Secondary Hospital	50	50	50
<b>Tertiary Services</b>			
Level I or Level II trauma unit	100	100	100
Neonatal intensive care unit	100	100	100
Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Comprehensive cardiac services	100	100	100
Pediatric subspecialty care	100	100	100
<b>Mental Health Facilities</b>			
Inpatient mental health treatment facility	25	40	75
Ambulatory mental health treatment	15	25	45
Residential mental health treatment	20	30	50
<b>Ancillary Services</b>			
Physical Therapy	30	30	30
Occupational Therapy	30	30	30
Speech Therapy	50	50	50
Audiology	50	50	50
Dental	Unlimited		

Urban: St. Louis City, St. Louis County, Jefferson County, St. Charles County, Green County and Clay County

Basic/Rural: All Other Counties in Missouri
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