



Inland Empire Health Plan



**To:** Medi-Cal IPAs , PCPs, Specialists, BH, Vision Providers, and Skilled Nursing Facilities  
**From:** IEHP – Provider Relations  
**Date:** September 29, 2017  
**Subject:** **Physician Certification Statement (PCS) for Non-Emergency Medical Transportation Service Request**

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*Effective July 1, 2017*, the California Department of Health Care Services (DHCS) released All Plan Letter (APL) 17-010<sup>1</sup> Non-Emergency Medical Transportation and Non-Medical Transportation Services. DHCS is requiring IEHP to implement a Physician Certification Statement (PCS) to determine the appropriate level of Non-Emergency Medical Transportation (NEMT) services as a covered benefit for Medi-Cal Members. NEMT services are defined as transport by Ambulance, Litter Van, Wheelchair Van, and Air.

The PCS form **is not** to be completed for Non-Medical Transportation (NMT) Service requests. For NMT service requests, Medi-Cal Members should be directed to call American Logistics Company at (855) 673-3195.

**The PCS form:**

- **Must be completed by the Member’s treating Physician who determines medical necessity for transportation services.** The following physical and medical conditions may apply but are not limited to:

Paraplegic	High Risk (Fall)	Medical support (e.g. Ventilator, IV)
Hemiplegic	Poor exercise tolerance	Dementia
Non-Ambulatory	Blind	Behavioral Issues

- **Must be received and approved by IEHP prior to coordination of NEMT services.**
- **Is valid for 12 months from the date of the Physician’s signature.**
- **Can be accessed and printed from the IEHP Provider Portal at <https://ww3.iehp.org/en/providers/forms/um-forms/>.**
- **Must be completed, signed, and faxed to (909) 912-1049.**

If you have any questions, please do not hesitate to contact IEHP Provider Relations Team at (909) 820-2054.

**Enclosure:** Physician Certification Statement Form

<sup>1</sup>APL 17-010 can be found here <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf>



**Non-Emergency Medical Transportation (NEMT)**  
**Physician Certification Statement**

**INSTRUCTIONS**

1. IEHP requires the submission of this Physician Certification Statement form, signed by the Member's Primary Care Physician or treating Physician when requesting for Non-Emergent Medical Transportation (NEMT) services. This certification is valid for one (1) year from the date of the physician's signature.
2. Requests for Non-Medical Transportation (NMT) (e.g., private car or public transportation) do not require the submission of this form. Members requesting NMT services should be directed to call American Logistics Company at (855) 673-3195.
3. **Please fax the completed and signed form to IEHP at (909) 912-1049.**

**MEMBER INFORMATION**

<b>Member Name</b>			
<b>Member DOB</b>		<b>Member IEHP ID</b>	
<b>Date Transportation Needed</b>			

**Mode of Transportation Needed. Please check (✓) one.**

- |                                    |                                     |                                         |
|------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Litter van | <input type="checkbox"/> Wheelchair van |
| <input type="checkbox"/> Air       | <input type="checkbox"/> Other      | <input type="text"/>                    |

**Physical and Medical Limitations. Please check (✓) all that applies.**

- Paraplegic
- Hemiplegic
- Non-ambulatory
- High fall risk due to (please specify)
- Poor exercise tolerance
- Requires oxygen
- Hemodialysis
- Requires extensive medical support (e.g., ventilator, IV)
- Dementia
- Behavioral issues
- Blind
- Other (please specify)

**CERTIFICATION STATEMENT**

**I certify and attest that I am the treating Physician/Primary Care Physician for the member and have determined medical necessity for the transportation indicated above.**

<b>Physician/Provider Name</b>		<b>NPI #</b>	
<b>Physician/Provider Signature</b>		<b>Date</b>	