

SSR Form

Date Received: _____

**Letter of Medical Necessity for
Non-Emergency Stretcher Transportation**

MEDICAID MEMBER INFORMATION

Name: _____ Trip Date: _____

Medicaid Number: _____ Date of Birth: _____ Age: _____

Nature of Appointment: _____

**Have you verified that physician can accept a stretcher within 10 minutes of arrival? ____ YES ____ NO

The following criteria must be met and applicable to the condition of the member at the time stretcher services are provided (circle all that apply):

1. The Member is unable to get up from bed without assistance
2. The Member is unable to ambulate; and
3. The Member is unable to sit in a chair or wheelchair

Please describe the member's physical condition(s) that makes transportation by stretcher medically necessary (i.e. normal transportation would endanger the health of the Member) and describe the Member's general physical condition: _____

RN Signature (single trip only): _____

<p>If member's condition is persistent, a physician may request certification for up to 90 days.</p> <p>Explanation: _____ _____</p> <p>Physician's Name (please print): _____</p> <p>Physician's Phone Number: _____</p> <p>Medicaid Provider ID: _____ (required) *I certify that the above information represents an accurate assessment of the member's medical condition(s). In addition, it is my professional medical opinion that this member requires transport by stretcher and should not be transported by any other means.*</p> <p>Physician's Signature: _____ Date: _____</p>
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*Under contract with the Georgia Department of Community Health, Southeastrans, Inc. is the Georgia Medicaid Non-Emergency Transportation Broker for the member referenced. The purpose of this form is to gather information to insure that the requested services being provided to the Medicaid Members of Georgia are within the guidelines established by both Federal and State Medicaid Agencies. STATEMENTS ON THIS DOCUMENT ARE MADE UNDER THE PENALTY OF STATE AND FEDERAL MEDICAID FRAUD GUIDELINES. Specifically, you should be aware that it is both a state and a federal crime for a medical provider to: make false statements in connection with services paid for through federal health care programs (42 U.S.C & 1320a-7b; O.C.G.A. & 16-8-3). Any discrepancies found will be reported to the appropriate State and Federal Medicaid Fraud Control Units.

** Please see Department of Community Health Banner Message regarding stretcher transport on next page.

PLEASE RETURN VIA Email/E-FAX to standingorder@southeastrans.com or 404-420-2954

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Date Received:

Message		?	^
Category	PROVIDER ALERT		
Subject	Non-Emergency Transportation Services Stretcher Services		
Message	<p>Dear Providers,</p> <p>It has been brought to the attention of the Department of Community Health that Medicaid providers are requiring Medicaid members transported to facilities by NET stretcher providers to remain on the stretcher while being treated or waiting to be treated. Please be reminded of the following:</p> <ul style="list-style-type: none"> -The NET Brokers contract with transportation providers to supply transportation to and from medical appointments only. - Transportation providers are responsible only for the transportation, loading and unloading of eligible Medicaid members. - Transportation providers are not required to remain with the member at the treating facility. -Transportation providers are not required to leave stretchers with a member at the treating facility. Any additional requirements, including the availability of accessible medical equipment to meet the needs of the patients, are the responsibility of the treating facility. <p>If further information is needed regarding the NET Program, please contact 404-656-4451 or 404-656-4646.</p> <p>12863</p>		
Effective Date	07/15/2013	Sent Date	07/15/2013
End Date	07/15/2299		