

# LogistiCare

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:	
LogistiCare employee requesting this verification:			
MO HealthNet Participant:		DOB:	
MO HealthNet ID#:		<input type="checkbox"/> Male	<input type="checkbox"/> 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 prevents him/her from being treated by a closer physician within 30 calendar days? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 40px;">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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>3. Has the patient been referred to you by a primary care physician for a specific condition or illness? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>			
Are you enrolled with MO HealthNet to provide MO HealthNet medical services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you billing MO Medicaid for the cost associated with this specific service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the appointment date or dates for this patient:			
Does the participant require "Door to Door" Assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason:			
Will there be recurring appointments for the patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mode of patients transportation: Bus <input type="checkbox"/> Gas Reimbursement <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair (can transfer) <input type="checkbox"/> or (lift required) <input type="checkbox"/> Stretcher/Ambulance <input type="checkbox"/>			
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain the need for assistance:			
Certifying Physician Signature:		Date:	
Printed Name of Physician:			
Address of Facility participant is attending (including City, State & Zip):			
Is this a Verbal LMN <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Facility: Doctor's Office/Clinic <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Hospital <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Cancer Center <input type="checkbox"/> Outpatient Surgery Clinic <input type="checkbox"/> Children's Hospital <input type="checkbox"/> Other <input type="checkbox"/>			
<b>**member must be receiving services from a qualified MO HealthNet enrolled medical service provider</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
Nephrology	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 providers	15	25	45
Residential mental health treatment providers	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**