

Certification of Need for Special Transportation

To be completed by a healthcare professional only. Minnesota law prohibits reimbursement of special transportation for Minnesota Health Care Program recipients without a current and approved Certification of Need completed by a [healthcare professional](#).

1) Medica Member Details

Group number:

ID number:

Date of birth:

First name:

Last name:

2) Medica Member Health Condition Details

Does the member require special transportation according to MN Rules 9505.0315, subp 1(F)? Yes No*

F. "Special transportation" means the transport of a recipient who, because of a physical or mental impairment, is unable to use a common carrier and does not require ambulance service.

For the purposes of item F, "physical or mental impairment" means a physiological disorder, physical condition, or mental disorder that prohibits access to or safe use of common carrier transportation.

* Members not requiring special transportation may be eligible to receive transportation to covered plan services through Medica Provide-A-RideSM by calling: 952-992-2580 or 888-347-3630. **Select the transportation mode:**

Ambulatory with assistance Wheelchair Stretcher

Is the member's health condition permanent? Yes No

If no, what is the anticipated duration of the condition?

ICD-10 diagnosis code(s) requiring special transportation:

Please describe how the member's health condition requires special transportation:

Anticipated first date of service:

End date (If less than one calendar year):

3) Authorizing Provider Details

Specialty:

Individual NPI number:

Name:

Phone number:

Email address:

4) Provider Signature

Provider signature*:

*I certify that I have reviewed this member's medical history/condition, and that the member meets Minnesota Statute section 9505.0315, subp 1(F) criteria.

Email completed forms to ProviderOversight@medica.com or FAX to 952-992-3016 attn: Provider Oversight