



# Transportation Authorization Request Form

*\*Indicates a required field*

**Requirements:** Clinical information and supporting documentation should consist of current physician orders, notes, and recent diagnostics. **Notification is required for any date-of-service change.**

**Expedited Requests:** If the standard time to make a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call **1-855-538-0454**.

 **Please fax completed form to appropriate number at bottom of form.**

Requestor Name*:	Fax*:	Phone*:
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## Member Information (please print)

Wellcare ID*:	Medicaid/Medicare ID:	
Last Name*:	First Name, MI*:	Date of Birth*: / /

## Requesting Provider (please print)

Wellcare ID:	NPI/Tax ID*:	
Provider Name*:	Fax*:	Phone:
Address:	City:	State:      ZIP Code:

## Transportation Company Name (please print)

Wellcare ID:	NPI/Tax ID*:	
Transporter Name*:	Fax*:	Phone:
Address:	City:	State:      ZIP Code:

## Requested Services

<input type="checkbox"/> Medical Transportation <input type="checkbox"/> Non-Medical Transportation	Place of Service (check one): <input type="checkbox"/> Ambulance – Land (41) <input type="checkbox"/> Ambulance – Air or Water (42) O2 was needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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(continued)

## Additional Service Information

Date of Transportation\*:        /        /         Round Trip    One Way

Pick Up Address (Street, City, State, ZIP Code):

Drop Off Address (Street, City, State, ZIP Code):

Is this trip over the allowed miles\*:  Yes    No

If yes, give reason: \_\_\_\_\_

Is this trip for member who exhausted their benefit and needs additional trip(s)\*:  Yes    No

If yes, give reason: \_\_\_\_\_

## Diagnosis Codes\*

ICD-10:

ICD-10:

ICD-10:

ICD-10:

## Procedure Code(s)\*

- A0100** Non-emergency transportation; taxi
- A0110** Non-emergency transportation and bus, intra or interstate carrier
- A0120** Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
- A0130** Non-emergency transportation: wheelchair van
- A0428** Ambulance service, basic life support, non-emergency transport, (BLS)
- A0425** Ground mileage, per statute mile: Total Miles:

**Ambulance Service CPT Code:**

**Ambulance Service CPT Code:**



Please fax completed form to:

## Medicare Fax Lines

Connecticut: **1-866-455-6529**

Kentucky: **1-888-361-5684**

Florida Medicare only: **1-877-892-8216**

New Jersey: **1-877-892-8221**

Georgia Medicare only: **1-877-892-8213**

New York: **1-877-892-8214**

Florida/Georgia Dual: **1-877-277-1820**

Texas: **1-877-894-2034**

Illinois: **1-877-899-2044**

All others: **1-888-361-5684**



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