

Transportation Authorization Request Form



Want faster service? Use our Provider Portal at: www.wellcare.com

*Indicates a required field

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

Expedited Requests: If the standard time for making 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**.

Requestor Name: _____ Fax*: _____ Phone*: _____

MEMBER INFO (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*: _____		Address: _____	
City, State, ZIP: _____		Fax*: _____	Phone: _____
TRANSPORTATION COMPANY NAME (Please Print)			
WellCare ID: _____		NPI/Tax ID*: _____	
Transporter Name*: _____		Address: _____	
City, State, ZIP: _____		Fax*: _____	Phone: _____
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 (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL SERVICE INFORMATION			
Date of Transportation*: ___ / ___ / ___		Pick Up Location*: _____	
<input type="checkbox"/> Round Trip or <input type="checkbox"/> One Way		Drop Off Location*: _____	
Is this trip over the allowed miles* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes give reason: _____			
Is this trip for member who exhausted their benefit and needs additional trip(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes give reason: _____			
DIAGNOSIS CODE(S)*			
ICD-10: _____	ICD-10: _____	ICD-10: _____	ICD-10: _____

PROCEDURE CODES*

- 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:	-----
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Fax completed form to:

Medicare Fax Lines		
Arizona Value (HMO) 1-855-754-8483	Arizona Patriot (PPO) 1-866-246-9832	Connecticut 1-866-455-6529
Florida Medicare Only 1-877-892-8216	Georgia Medicare Only 1-877-892-8213	Florida/Georgia Dual 1-877-277-1820
Illinois 1-877-899-2044	Kentucky 1-888-361-5684	New Jersey 1-877-892-8221
New York 1-877-892-8214	Texas 1-877-894-2034	All others 1-888-361-5684