

# Transportation Authorization Request Form



Want faster service? Use our Provider Portal at: [www.wellcare.com](http://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

☐ Medical Transportation    ☐ Non-Medical Transportation

Place of Service (check one):    ☐ Ambulance – Land (41)    ☐ Ambulance – Air or Water (42)

O2 was needed (check one): ☐ Yes ☐ No

## ADDITIONAL SERVICE INFORMATION

Date of Transportation*: ____/____/____ <input type="checkbox"/> Round Trip or <input type="checkbox"/> One Way	Pick Up Location*: _____
	Drop Off Location*: _____

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 CODE(S)\*

ICD-10: _____	ICD-10: _____	ICD-10: _____	ICD-10: _____
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# 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) <b>1-855-754 -8483</b>	Arizona Patriot (PPO) <b>1-866-246-9832</b>	Connecticut <b>1-866-4 55-6529</b>
Florida Medicare Only <b>1-877-892-8216</b>	Georgia Medicare Only <b>1-877-892-8213</b>	Florida/Georgia Dual <b>1-877-277-1820</b>
Illinois <b>1-877-899-2044</b>	Kentucky <b>1-888-361-5684</b>	New Jersey <b>1-877-892-8221</b>
New York <b>1-877-892-8214</b>	Texas <b>1-877-894 -2034</b>	All others <b>1-888-361-5684</b>