Non-Urgent Transportation Request Form (Commercial/Medicare Advantage)

Use this form to request non-emergency transportation from all locations. For inpatient requests, **the facility sending the member for transportation must fax this completed form and supporting medical records to ConnectiCare for medical necessity review.**

Fax to: **Medicare:** 1-866-706-6929 **Commercial:** 1-860-674-5893

Avoid delays in the review process by sending complete information. Services are not considered authorized until ConnectiCare determines that such transport is medically necessary and issues a determination. Submission of a request does not entitle you to payment or reimbursement. Coverage for these services will be determined based on the benefits and restrictions as outlined in the member's plan documents. **If you have fax issues,** email us at CCIVIPUM@connecticare.com for additional options.

***Required information**

Member information	
*Member name:	*Member date of birth:
*Member ID number:	
Requesting licensed practitioner	
*Requesting practitioner:	*Office contact name:
*Requesting practitioner ID number:	*Office contact phone number (including ext.):
*Tax ID number:	*Office contact fax number:
*Is physician employed by a hospital? ☐ Yes ☐ No If **Yes**, please name the hospital:	
Requested service details	
*Date (or date range) of service:	*ICD-10:
*Time of transport: (Check applicable box below and enter the exact time.) ☐ Transport has been completed, enter exact time: _____ ☐ Transport has been scheduled, enter scheduled time: _____ ☐ Yet to be scheduled, will call ConnectiCare	*HCPCs codes:
*Servicing provider/Ambulance company:	*CPT codes:

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ConnectiCare

For all ambulance requests: (1 unit = one-way transport)

Billing code	Modifiers	Units	Pickup location	Destination	Date(s) of service	Time of transpor

Modifier examples include, but are not limited to, the following:
H = Hospital, N = SNF, D = home

Reason for transport

Clinical documentation and/or medical records supporting the medical necessity of the non-emergency ambulance transportation must be included with this request for authorization. Examples include clinical notes from within the last 48 hours of care: physical therapy, occupational therapy, physician progress note, hospital discharge summary, or RN notes.