

Out-of-State Transportation Request Form Utah Medicaid



This form must be filled out completely. Blank sections will not be accepted.
Indicate N/A when not applicable.

Request date: _____ **Member name:** _____

Date of birth: _____ **Medicaid ID number:** _____

Associated ICD-10 code: _____

Diagnosis description:

Does the member need to be accompanied during travel?

Yes, briefly explain necessity:

No

Name of person accompanying member (as it appears on driver's license or other identification for commercial flights): _____

Date of birth: _____

Member or Authorized Representative name: _____

Phone number: _____

Briefly describe current medical needs and condition:

Transportation type required: (check all that apply)

- Personal vehicle
- Commercial airline
- Ground ambulance
- Air Ambulance (Airplane Helicopter)

Services required during transport: (check all that apply)

- Cardiac monitoring
- Catheter
- IV requirements
- Medical attendant
- Nurse
- Oximeter
- Respiratory monitoring
- Ventilator
- Other: (please explain)

Name of medical facility where the member will receive services:	
Medical facility address:	
Medical facility contact name:	
Contact fax number:	Contact email address:
Treating physician name:	Physician phone:

In order to process this travel request, the following items must be provided along with this form:

- Letter of medical necessity and supporting medical records from the referring provider.
- Letter of acceptance from the medical facility that will be accepting the member.
- Letter of acceptance from the physician who will be treating the member (letter must include the physician contact information, phone, fax, etc.).
- Treatment proposal.
- Confirmation that the medical facility and the physician are Utah Medicaid providers or are willing to become enrolled providers.
- If the provider is not a current Utah Medicaid provider, upon approval of the transportation request, payment rates for services will need to be negotiated with the Utah Medicaid reimbursement staff. Unenrolled providers will not receive payment from Medicaid.

Directions:

1. Fax this form and the required accompanying documentation to (801) 237-0750, Attention: Out-of-State Transportation Requests.
2. Questions about out-of-state travel requests: Email the Office of Healthcare Policy and Authorization at dmhfmedicalpolicy@medicaid.gov.
3. Questions about food and lodging reimbursement requests: Call (801) 538-6472.
4. Food and lodging requests greater than two consecutive nights are sent to the Office of Eligibility Policy at medicalpolicy@utah.gov.

This section for state of Utah Medicaid use only:

Out-of-State travel request recommendation: Approve Deny

Reason for denial: _____

Name of reviewer: _____

Signature of reviewer: _____