



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: February 26, 2021

TO: Nursing Facilities

FROM: Louisiana Medicaid

SUBJECT: Reminder of Upcoming Change in Process and Required Document for NEAT effective March 1, 2021

This is a reminder that the process and documentation required for Medicaid Non-Emergency Ambulance Transportation (NEAT) are changing **effective March 1, 2021**.

Beginning March 1, 2021, nursing facilities should contact transportation brokers to schedule NEAT and will complete the attached [Certification of Ambulance Transportation form](#). This form should be submitted via fax or email to the transportation broker.

The form has been updated to allow providers to use their NPI number or their license number in the Certifying Physician/Practitioner Information section.

Contact information for transportation brokers can be found on the [Medicaid Medical Transportation website](#).

The Certification of Ambulance Transportation form will replace the Molina 105 form. Facilities should discontinue use of the Molina 105 form effective March 1, 2021.

Nursing facilities should contact the Medicaid Long Term Care Unit at 1-800-230-0690 if they have questions.

Attachment: Certification of Ambulance Transportation

Certification of Ambulance Transportation

Patient Information

Last name: _____ First name: _____ MI: _____ Suffix: _____

Date of birth (mm/dd/yyyy): _____ Sex: Male Female Medicaid ID number: _____

Certifying Physician/Practitioner Information

Last name: _____ First name: _____ MI: _____ Suffix: _____

NPI or License number: _____ Place of employment: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number (and extension if applicable): _____ Extension: _____

Signature: _____ Date: _____

Transportation Details

Transportation start date: _____ Transportation end date: _____ Round trip: Yes No

Transport from: Home, or _____

Transport to: _____

Please complete the next section on page 2.

Certification of Ambulance Transportation *(continued)*

Reason(s) that non-emergency ground transport by ambulance is required. Supporting documentation for any checked item must be maintained in the patient's medical record. Check all that apply:

MOBILITY

- Bed confined. All three of the following criteria must be met: (1) Unable to ambulate, (2) unable to get out of bed without assistance, and (3) unable to safely sit in a chair or wheelchair
- Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning
- Risk of falling off wheelchair or stretcher while in motion *(not related to obesity)*

MUSCULOSKELETAL

- Non-healed fractures requiring ambulance
- Contractures that impair mobility and result in bed confinement
- Incapacitating Osteoarthritis
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Orthopedic device required in transit
- Amputation(s)

CARDIOVASCULAR

- CVA with sequelae *(late effect of CVA)* that impair mobility and result in be confinement
- DVT requires elevation of lower extremity

NEUROLOGICAL

- Spinal Cord Injury — Paralysis
- Progressive demyelinating disease
- Moderate to severe pain on movement

WOUND

- Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks
- Chronic wounds requiring immobilization

ATTENDANT REQUIRED DURING TRANSPORT

- Morbid obesity requires additional personnel/equipment to handle
- Third party attendant required to regulate or adjust oxygen en route
- Special handling en route — Isolation
- IV medications/fluids required during transport
- Restraints *(physical or chemical)* anticipated or used during transport

MENTAL

- Danger to self or others
- Confused, combative, lethargic, comatose

OTHER

- Other, describe: _____