

PLEASE VISIT

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CERTIFICATE OF TRANSPORTATION SERVICES (CTS)

THIS CTS MUST BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL.
NON-EMERGENCY TRANSPORTATION (NET) PROVIDERS ARE NOT ALLOWED TO COMPLETE THIS CTS.
PLEASE USE THE MCA FORM LOCATED AT WWW.NETSPAP.COM FOR HOSPITAL DISCHARGES BY AMBULANCE.

799 Roosevelt Rd,
Bldg 4, Suite 200
Glen Ellyn, Illinois 60137
www.netspap.com

The following Medicaid Recipient has requested assistance with transportation to their non-emergency medical appointments.
Please complete and return the following form to fax number (630) 873-1450.

Recipient's Name []

Recipient Identification Number (RIN) [] Date of Birth []

First Transit is contracted by the Illinois Department of Healthcare and Family Services (HFS) to administer the Non-emergency Transportation Services Prior Approval Program (NETSPAP).

Category of Service Options: Please select the most economical category of service that will meet the participant's needs.

- Fixed Route Transportation
ADA Paratransit
Private Auto, Service Car, Taxi
Medicar
Non-Emergency Ambulance

Please check all the medical conditions that apply to the participant.

- Ambulatory - can travel safely using fixed route transportation
Ambulatory - does Not use a walking device like a walker, cane, etc.
Ambulatory - unable to travel by fixed route transportation
Ambulatory - uses walking device like walker, cane, crutches, etc.
Uses transfer wheelchair - able to step into a regular car
Unable to travel alone, needs attendant(s)
Needs Lift: unable to step into regular car wheelchair bound
Morbidly obese - weight lbs
Unable to be transported in a sitting position
Requires oxygen and is able to self administer
Severe Dementia - Potentially combative
Paralysis: Hemi Para Quadra
Has contractures: Arms Legs Trunk

Criteria for Non-Emergency Ambulance - Transportation of a patient whose medical condition meets the NON-EMERGENCY AMBULANCE TRANSPORTATION PATIENT CRITERIA 89 Illinois Adm. Code 140. Table A. (For criteria and examples, refer to www.NETSPAP.com).

- 1. Isolation Precautions
2. Oxygen that is not self administered
3. Ventilation Advanced Airway Management
4. Suctioning Administration
5. Intravenous Fluids Administration
6. Chemical Restraints
7. Physical Restraints
8. One-on-one supervision
9. Specialized Monitoring
10. Special Handling/Positioning
11. Clinical Observation: Applies only to patients requiring clinical observation and treatment from one environment with 24 hour clinical observation or treatment provided by certified or licensed nursing personal to another environment with 24 hour clinical observation or treatment provided by certified or licensed nursing personnel.

NON-EMERGENCY AMBULANCE CRITERIA CERTIFICATION. The patient meets the HFS criteria for non-emergency ambulance service. (For completion by physician or other authorized provider only.) I have conferred with the physician or other authorized provider as set forth below, whose determination is that the patient meets the HFS criteria for non-emergency ambulance service.

List the participant's primary and secondary diagnoses, and all other relevant medical conditions not noted above, then detail the MEDICAL NECESSITY for the requested category of service and/or need for attendants.

First Transit and HFS realize that under some circumstances a patient may require one category of service for certain medical services, like dialysis, and another category of service for other types of medical services. If special circumstances exist, please detail them below. A different category of service for certain transports cannot be requested out of convenience, it must be medically necessary.

[]

Certification: I certify that the information in this document supplied for the patient criteria certification constitutes true, accurate and complete information and is supported in the medical record of the patient. I understand that the information I am supplying for the patient criteria will be utilized to determine approval of services resulting in payment of state and federal funds. I understand that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and / or state law, which can result in fines, civil monetary penalties or imprisonment, in addition to recoupment of funds paid and administrative sanctions authorized by law.

Name & Title of Licensed Medical Professional [] Most Direct Phone # []

Signature of Licensed Medical Professional [] Date Signed []

Authorization Expiration Date [] Authorization cannot exceed 6 months. Revised 6/20/2013