wisconsin Medicaid update
and BadgerCare
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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Federally Qualified Health Centers
Nurse Midwives
Nurse Practitioners
Physician Assistants
Physician Clinics
Physicians
Rural Health Clinics
Specialized Medical Vehicle Providers
HMOs and Other Managed Care Programs

Revised form for specialized medical vehicle transportation services

Wisconsin Medicaid has revised the Specialized Medical Vehicle Physician Certification form. This form is now referred to as the Certification of Need for Specialized Medical Vehicle Transportation. Effective on and after May 1, 2003, providers who need to verify that a Medicaid recipient requires specialized medical vehicle (SMV) transportation are required to use the revised version of the form included in this *Wisconsin Medicaid and BadgerCare Update*.

Revised form for specialized medical vehicle services

Wisconsin Medicaid requires providers to use the revised version of the Specialized Medical Vehicle Physician Certification form effective May 1, 2003. This form is now referred to as the Certification of Need for Specialized Medical Transportation (HCF 1197).

Carefully read the definitions contained in the instructions of the Certification of Need for Specialized Medical Vehicle Transportation form.

Purpose of the form

The Certification of Need for Specialized Medical Vehicle Transportation form is used to verify that, in the judgement of a medical professional, the Medicaid recipient requires specialized medical vehicle (SMV) transportation and is unable to safely travel by common carrier. Common carrier is any mode of transportation (e.g., automobile, bus, taxi), other than an ambulance or SMV, that is approved by the county/tribal social or human services department.

When a recipient is able to safely use common carrier, medical providers are encouraged to refer the recipient to the appropriate county/tribal social or human services department for assistance with common carrier transportation.

The revised form is included as the Attachment of this *Wisconsin Medicaid and BadgerCare Update* and may be photocopied for future use. Providers must use an exact copy of the form. Wisconsin Medicaid will not accept alternate versions. Providers do not need to redo or transfer existing certifications to the new form until the existing certification is due to be renewed.

This form replaces the version issued in the Medicine and Surgery section of the Physician Services Handbook and the October 1998 *Wisconsin Medicaid Update* (98-29), titled "SMV Transportation Physician Certification form revised."

The form has been revised and no longer requires the following codes:

- The *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code.
- Functional level codes.

Medical providers who may complete the form

Wisconsin Medicaid allows the following medical service providers to evaluate the need for SMV transportation services by completing the certification form:

- Nurse midwives.
- Nurse practitioners.
- Physician assistants.
- Physicians.

Note: Providers are reminded that by signing the form they are certifying that they have evaluated the recipient and that he or she is legally blind or disabled to the extent that he or she cannot safely use common carrier such as private vehicles or mass-transit services and requires the use of an SMV for transportation to receive medical services.

How to obtain the form

The form may be photocopied from the Attachment or obtained in a fillable Portable Document Format (PDF) from the forms page of the Wisconsin Medicaid Web site at *www.dhfs.state.wi.us/medicaid/.* Providers may access this page by:

- Choosing "Providers" from the options listed in the Wisconsin Medicaid main menu.
- Choosing "Provider Forms" from the "Provider Publications and Forms" topic area.

The fillable PDF may be accessed using Adobe Acrobat Reader®* and may be completed electronically. To enter information into the fillable PDF, click on the dash-outlined boxes to enter information. Press the "Tab" key to move from one box to the next.

Note: This form is not available from Provider Services.

Information regarding Medicaid HMOs

The Certification of Need for Specialized Medical Vehicle Transportation form is required for fee-for-service recipients who receive SMV transportation to Medicaid-covered services. Medicaid HMOs may require the use of this form also. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at *www.adobe.com/*. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *www.dhfs.state.wi.us/medicaid/*.

ATTACHMENT
Certification of Need for Specialized Medical Vehicle Transportation form

(A copy of the revised "Certification of Need for Specialized Medical Vehicle Transportation" form appears on the following pages.)

WISCONSIN MEDICAID

CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the application or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Use an exact copy of this form. Wisconsin Medicaid will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form.

INSTRUCTIONS FOR MEDICAL CARE PROVIDER COMPLETING THIS FORM

Print clearly or type.

Sections I and II
Print the recipient's full name and Wisconsin Medicaid identification number in Section I.

Check yes or no for whether the recipient has a condition that contraindicates safe travel by common carrier such as bus, taxi, or private vehicle. If no, stop here.

Sections III and IV
Complete Sections III and IV if the recipient's condition contraindicates safe travel by common carrier such as bus, taxi, or private vehicle.

Sign and date Section IV only if the provider has evaluated this recipient and finds that he or she is legally blind or disabled and cannot travel safely by common carrier such as a private vehicle or mass transit. The provider's signature must be original and cannot be stamped or photocopied. Give the original form to the recipient and keep a copy. Faxes are acceptable.

Definitions
Indefinitely disabled — As stated in HFS 107.23(1)(c)1, Wis. Admin. Code, "indefinitely disabled" means a chronic, debilitating physical impairment which includes an inability to ambulate without personal assistance or requires the use of a mechanical aid such as a wheelchair, a walker or crutches, or a mental impairment which includes an inability to reliably and safely use common carrier transportation because of organic conditions affecting cognitive abilities or psychiatric symptoms that interfere with the recipient's safety or that might result in unsafe or unpredictable behavior. These symptoms and behaviors may include the inability to remain oriented to correct embarkation and debarkation points and times and the inability to remain safely seated in a common carrier cab or coach.

Temporarily disabled — A condition that meets the above definition but is expected to exist only for a limited time.

INSTRUCTIONS FOR SPECIALIZED MEDICAL VEHICLE PROVIDER

1. Give a copy of this form to the recipient requesting specialized medical vehicle transportation if he or she does not already have a copy. Wisconsin Medicaid will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form.

   The form is valid only if it is completed fully and has an original signature (i.e., not a stamped or photocopied signature). Wisconsin Medicaid will not accept incomplete forms or forms without original signatures. Faxes are acceptable.

2. Accept the form only if the date of receipt is within 14 working days from the date the medical care provider signs the form. If the form indicates that the recipient is temporarily disabled, the certification of need is valid for the period indicated on the form. This period must be no more than 90 days from the date the medical care provider signed the form.

   If the form indicates that the recipient is indefinitely disabled, the certification of need is valid for 365 days from the date the medical care provider signed the form.

3. Retain the completed original in the recipient's file for five years from the last date of service billed under this form. Failure to retain this form may result in recovery of Medicaid payment for the transportation services the provider provided to the recipient.

Refer to the Specialized Medical Vehicle Handbook for related instructions.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 1197 (Rev. 03/03)

STATE OF WISCONSIN
HFS 107.23, Wis. Admin. Code

WISCONSIN MEDICAID

CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION

All areas of this form must be completed and signed by an evaluator to verify the need for specialized medical vehicle (SMV) transportation. Only a physician, physician assistant, nurse midwife, or nurse practitioner may be an evaluator and sign this form.

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient	2. Wisconsin Medicaid Recipient Identification Number (10 digits)

SECTION II — ELIGIBILITY FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION

3. Does the recipient have a medical condition that contraindicates safe travel by common carrier such as bus, taxi, or private vehicle?

❑ Yes. Complete Sections III and IV.

❑ No. Do **not** complete or sign this form. Instead, refer the recipient to the Medicaid transportation coordinator in his or her county/tribal social or human services department. Please **STOP** here.

Complete all areas in Sections III and IV if this recipient's condition contraindicates safe travel by common carrier.

SECTION III — DIAGNOSIS INFORMATION AND VERIFICATION OF MEDICAL CONDITION

4. I have evaluated this recipient and certify that he or she is (check one):

❑ Indefinitely disabled. (See form instructions for a definition.) This form is valid for 365 days from the date signed by the evaluator.

❑ Legally blind. This form is valid for 365 days from the date signed by the evaluator.

❑ Temporarily disabled. (See form instructions for a definition.) This form is valid for 90 days from the date signed by the evaluator.
State specific condition: ____________________
State expected duration of disability: ________days

5. Briefly explain why the recipient's medical condition requires transportation in a specialized medical vehicle:

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SECTION IV — MEDICAL CARE PROVIDER INFORMATION

I have evaluated this recipient and certify that he or she has a condition that contraindicates safe travel by common carrier, such as private vehicles or mass-transit services, and requires the use of an SMV for transportation to receive medical services.

6. **SIGNATURE** — Evaluator	7. Date Signed
8. Name — Evaluator (print)	9. Job Title — Evaluator

10. Wisconsin Medicaid Provider Number (eight digits), license number, or Universal Provider Identification Number (UPIN)

For questions about form completion or Wisconsin Medicaid, contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.