State of Utah Medicaid
Out-of-State Transportation Request Form

This form must be filled out completely. Write 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? *(Check One)* ☐ YES ☐ NO If yes, briefly explain necessity:	
Name of person accompanying member: *(As it appears on 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)*	
Medical Facility where Member will Receive Services:	
Medical Facility Address:	
Medical Facility Contact Name:	
Contact Fax Number:	Contact E-mail:
Treating Physician Name:	Physician Phone:

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

- ☐ Letter of medical necessity and supporting medical records from referring provider.
- ☐ Letter of acceptance from the medical facility that will be accepting the member
- ☐ Letter of acceptance from physician who will be treating the member *(letter must include physician contact information: phone, fax, pager, etc.)*
- ☐ Treatment proposal
- ☐ Confirmation that the medical facility and physician are Utah Medicaid providers or 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.

- FAX this cover sheet and the required accompanying documentation to (801) 237-0750, ***Attention: Out of State Transportation Requests***
- Inquiries about out-of-state travel requests may be made by calling (801) 538-6149.

For State of Utah Medicaid Use Only

Out of State Travel Request Recommendation: ☐ Approve ☐ Deny

Reason for Denial: _____

Name of Reviewer: _____

Signature of Reviewer: _____

FAX results to (801) 237-0750, *Attention: Out of State Transportation Requests*

If the travel request is approved, FAX the completed cover sheet to the Bureau of Eligibility Policy at (801) 538-6952.

Prior to arranging food and lodging reimbursement, the Bureau of Eligibility Policy will confirm that the following criteria have been met:

(All items must be checked in order to be eligible)

- ☐ Member is eligible for Traditional Medicaid

(Non-Traditional Medicaid recipients are not eligible for this benefit)

- ☐ Member is NOT receiving inpatient services
- ☐ Need for food and lodging must be for a time period greater than two consecutive nights
- ☐ Service being provided must be a Medicaid covered service
- ☐ Service must be obtained at the closest facility that can possibly provide the needed service

Inquiries about food and lodging reimbursement requests may be made by calling (801) 538-9153.