MEMBER INFORMATION	TREATING PROVIDER INFORMATION
Member Name: _____ *(Last, First, MI)*	Provider's Name: _____
Alaska Medicaid Member ID: _____	Provider Medicaid ID or NPI: _____
Date of Birth *(MM/DD/YY)*: _____ Age: _____	Phone Number: _____ Ext. _____

CLINICAL INFORMATION *(This section **MUST** be completed by the treating provider.)*

Diagnosis Code(s)

Plan of Care Date Span - Start Date: End Date:

Service(s) Requested / Treatment Type

Plan of Care - Local Transportation

Amount / Duration / Frequency of visits

Anticipated Treatment Goals

Plan of Care - Out of Area Transportation *(Please fill out in addition to the above information if member is traveling outside of their home community for services)*

1. What care is needed and how often?

2. Please identify all providers (local and out of area) that are involved in the member's care. What collaboration is being done between local and non-local providers to ensure all care that can be done locally is being done locally?

3. Are there any known future travel needs for the member?

ATTESTATION, SIGNATURE AND DATE OF TREATING PROVIDER

A Healthcare provider who attests to the medical necessity of the travel, who knowingly or willfully makes or causes to be made, any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and/or state criminal laws and/or may be subject to civil monetary penalties and/or fines. I certify that I have reviewed the travel request and that I deem them medically necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil monetary penalties, fines or criminal prosecution.

_____
Printed Name of Treating Provider

_____ _____
Signature of Treating Provider Date

Authorization does not guarantee payment. Payment is subject to member's eligibility. Check that identification card is current before rendering services.

Treatment Plan Guidance

Common Non-Emergency Medical Travel Events

Service	Treatment Plan Max Duration	Eligible for the One and Done Travel Request	Treatment Plan Requirements	Non-Covered Services	Required Signature	PA Required Prior to Travel
Physical Therapy (7 AAC 115.310 and 7 AAC 115.320)						
< 21 yrs	< 3 yrs (6 mths) ≥ 3 yrs (1 year*)	Yes	• Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service	• Maintenance therapy not related to a developmental disability or delay • Swimming therapy • Therapy for physical fitness or weight loss • Habilitation Services • Services provided by a physical therapist aide	• Up to 14 days: **Treating Provider** • > 14 days: **Ordering Provider**	No
≥ 21 yrs	30 days	No	• Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service	• Maintenance Therapy • Swimming therapy • Therapy for physical fitness or weight loss • Habilitation Services • Services provided by a physical therapist aide	• Up to 14 days: **Treating Provider** • > 14 days: **Ordering Provider**	No
Occupational Therapy (7 AAC 115.110 and 7 AAC 115.120)						
< 21 yrs	< 3 yrs (6 mths) ≥ 3 yrs (1 year*)	Yes	• Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service	• Maintenance therapy not related to a developmental disability or delay • Services provided by an occupational therapist aide	• Up to 14 days: **Treating Provider** • > 14 days: **Ordering Provider**	No
≥ 21 yrs	30 days	No	• Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service	• Maintenance therapy • Swimming therapy • Therapy for weight loss • Habilitation Services • Services provided by an occupational therapist aide	• Up to 14 days: **Treating Provider** • > 14 days: **Ordering Provider**	No

* Limitation subject to treating provider's recommendation, not to exceed 1 year

** Limitation subject to treating provider's recommendation, not to exceed 2 years

Treatment Plan Guidance

Common Non-Emergency Medical Travel Events

Service	Treatment Plan Max Duration	One and Done Request Eligible	Treatment Plan Requirements	Non-Covered Services	Required Signature	PA Required Prior to Travel
Speech Therapy (7 AAC 115.410 and 7 AAC 115.420)						
All Ages	< 3 yrs (6 mths) ≥ 3 yrs (1 year*) ≥ 21 yrs (30 days)	< 21 yrs (Yes) ≥ 21 yrs (No)	• Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service	See Speech/Language Pathology Services Fee Schedule for covered services	• Up to 14 days: **Treating Provider** • > 14 days: **Ordering Provider**	No
Chronic and Acute Conditions (7 AAC 105.100(5) and 7 AAC 140.700-720)						
Pain Management	1 year*	No	Standard Guidelines	• Transportation limited to 1 time per week for the first 2 encounters • Transportation limited to 1 time per month after first 2 encounters	Treating Provider	No
Hypertension	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Diabetes Care	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Cardiac Failure	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
CAD	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
ESRD	1 year*	Yes	Standard Guidelines	Medicare application must be on file after 90 days of initiating services	Treating Provider	No

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** Limitation subject to treating provider's recommendation, not to exceed 2 years

Treatment Plan Guidance

Common Non-Emergency Medical Travel Events

Service	Treatment Plan Max Duration	One and Done Request Eligible	Treatment Plan Requirements	Non-Covered Services	Required Signature	PA Required Prior to Travel
Chronic and Acute Conditions (Continued)						
LVAD Placement	1 year*	No	Standard Guidelines	Limited to those services authorized by the department	Treating Provider	Yes
Chemotherapy and Radiation	90 days	Yes	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Wound Care	90 days	Yes	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Sleep Study	90 Days	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
CPAP Fitting	30 Days	No	• Evaluation • Sleep Study Report • Fitting Schedule	See DMEPOS provider fee schedule for covered services	Treating Provider	Yes
Dental (7 AAC 110.145, 7 AAC 110.150, and 7 AAC 110.153)						
Orthodontia	2 years**	No	Standard Guidelines	• Treatment for ages 21 and older • Other than cleft palate treatment, members with dental carries within six months of treatment start • Limited to one treatment • Travel limited to one time per month	Treating Provider	Yes
Dental for Members < 21 yrs old	1 year*	No	Standard Guidelines	• Final restoration in resin or amalgam (> 5 surfaces) • Indirect pulp capping • Space maintainers for anterior teeth • Restoration of etched enamel or deep groove w/o obvious dentin involvement • Denture characterization and personalization, implants, and precision attachments • Experimental procedures	Treating Provider	Conditionally; Verify with EPSDT guidelines

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** Limitation subject to treating provider's recommendation, not to exceed 2 years

Treatment Plan Guidance

Common Non-Emergency Medical Travel Events

Service	Treatment Plan Max Duration	One and Done Request Eligible	Treatment Plan Requirements	Non-Covered Services	Required Signature	PA Required Prior to Travel
Dental (Continued)						
Enhanced Adult Dental and Dentures	1 year*	No	Standard Guidelines	• Services exceeding annual expense limits • More than 1 panoramic radiograph per calendar year • Final restoration in amalgam or resin (>5 surfaces) • Dental sealants • Restoration of etched enamel or deep grooves without dental involvement • Inlays, Overlays, or three-forth crowns • Endodontic apical surgery or retrograde fillings • Periodontal surgery • Implant or implant-related dental services • Orthodontic services • Travel limited to 3 visits for denture seatment	Treating Provider	Yes

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** Limitation subject to treating provider's recommendation, not to exceed 2 years