



Non-Emergency GENERAL Transportation (NPN) PA3 Request Form

PA3-GeneralTransport
Form Effective: 01/18/2018
Form Revised: 05/17/2019

****SENSITIVE BUT UNCLASSIFIED****

Submission Instructions: Please refer to the Non-Emergency Medical Transportation Medical Coverage Determination (MCD) in the World Trade Center (WTC) Health Program Administrative Manual when completing this form. Please apply the following naming convention for labeling the PA3 Non-emergency Medical Transportation request PDF: PA3-MedicalTransport_[respective CCE/NPN]. Send completed form to the WTC Health Program by posting it to the secure SFTP server and then sending a Personally Identifiable Information (PII)-free e-mail to WTCMedCode@csra.com, indicating the secure server posting of this request. Incomplete forms will be sent back for more information. **Please do not submit any other additional information or documents unless specifically requested by NIOSH.**

Requested Code(s):

Member Information

NPN Requester Information

Request Date:	Member Category:	NPN Requester Name:	NPN Requester Credentials:
Member Name:	Date of Birth:	NPN Requester Fax:	NPN Requester Phone:
Member 911#:	CCE/NPN:	NPN Requester Email:	
Member Home Address:		NPN Requester Address:	

Member's Approved WTC-Related and/or Medically Associated Condition(s)

List the member's most relevant WTC-related (RC) and/or Medically Associated Condition(s) (MAC) on the lines below. Additionally, document which condition(s) are related to this member's General Transport Prior Authorization Request using the check boxes to the right of the condition.

RC/MAC Code & Condition Description	General Transport Related	RC/MAC Code & Condition Description	General Transport Related
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Transportation Rationale

Initial to indicate that this transportation is necessary to receive treatment services to manage, ameliorate, or cure the currently certified the WTC-related condition or health condition medically associated with a certified WTC-related health condition and that all anticipated expenses are incident to the non-emergency general transportation services.	
Transportation Necessity Rationale:	
Transportation Location Rationale:	
The Non-Emergency General Transport Medical Coverage Determination permits the member to travel with a medically-necessary companion on a case-by-case basis. If the member plans to travel with a companion, please identify the companion in the space to the right and describe below the medically-necessary circumstances.	

General Transport Summary

ORIGIN

Address of Origin:	Authorized Mode of Travel:
<i>If the address of origin is not the same as the member's home address, please describe the circumstances in the space below:</i>	

DESTINATION 1

Destination 1 Address:	Appointment Date:	Appointment Time:	Number of trips to Destination 1 within a 30-day timeframe:
Destination 1 Name:	Destination 1 Phone Number:		Purpose of Destination/Appointment:
If Destination 1 is a provider, is he/she an NPN-affiliated provider:			
Distance (in miles roundtrip) from the address of origin to Destination 1:			

DESTINATION 2 (*optional)

Destination 2 Address:	Appointment Date:	Appointment Time:	Number of trips to Destination 2 within a 30-day timeframe:
Destination 2 Name:	Destination 2 Phone Number:		Purpose of Destination/Appointment:
If Destination 2 is a provider, is he/she an NPN-affiliated provider:			
Distance (in miles roundtrip) from the address of origin (or Destination 1) to Destination 2:			

DESTINATION 3 (*optional)

Destination 3 Address:	Appointment Date:	Appointment Time:	Number of trips to Destination 3 within a 30-day timeframe:
Destination 3 Name:	Destination 3 Phone Number:		Purpose of Destination/Appointment:
If Destination 3 is a provider, is he/she an NPN-affiliated provider:			
Distance (in miles roundtrip) from the address of origin (or Destination 1 or 2) to Destination 3:			

* One PA3 Request can list multiple upcoming appointments requiring transportation as long as they fall within one 30-day episode of care. Additional PA3 Requests may be required if the member continues to have appointments that exceed 250 miles roundtrip after the initial 30-day episode of care.

NPN Medical Director Concurrence: I certify that the requested non-emergency general transportation services are intended to facilitate access to treatment for a certified WTC-related and/or medically associated health condition. All associated documentation of policy requirements (found in the Non-Emergency General Transportation Services Medical Coverage Determination (MCD) in the World Trade Center (WTC) Health Program Administrative Manual) and documentation of medical necessity is maintained in the member's medical record and/or other NPN tracking system.

NPN Medical Director Signature:

Date:

FOR NIOSH WTC HEALTH PROGRAM INTERNAL USE ONLY

Decision:

Decision Comments: