



Non-Emergent Transportation Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Non-Emergent Transportation		
MNG #: 101	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 2/3/2022	Effective Date: 05/07/2022
Last Revised Date: 6/2/2022; 3/14/2024	Next Annual Review Date: 2/3/2023; 6/2/2023; 3/14/2025	Retire Date:

OVERVIEW

The plan covers medically necessary non-emergency transportation and nonmedical transportation. Non-emergency transportation includes taxi/car service, chair car, and ambulance transports. Except for ambulance, non-emergency transportation is generally curb-to-curb. Non-emergent transportation may be used for transportation to covered medically necessary services and for non-medical purposes as permitted by the benefit rules.

Trip requests that are exceptions to the benefit rule (e.g. covered frequency of trips or trip mileage) will be considered by the Care Team and subject to the limitations/exclusions within this Medical Necessity Guideline (MNG). Requests for medical companion services for use in conjunction with transportation will also be considered by the Care Team. Some members may request a medical companion to attend medical appointments with them and/or to escort member to and from medical appointments based on medical necessity. A medical companion for transportation should be used as an escort for getting to/ from appointments. Medical companions do not offer clinical insight or advice. These services are furnished by Home Health Agencies (HHAs) typically, and therefore require authorization.

Rides must be booked 72 hours. Transportation must be arranged by transportation benefit administrator to be covered. Companion and escort services are not provided by transportation benefit administrator(s).

When two or more members are traveling to the same locality at the same time, they must share transportation when such arrangements are made by Commonwealth Care Alliance (CCA), the transportation provider, transportation broker, or medical provider.

DEFINITIONS:

Care Partner: One main person who works with you, CCA One Care, and your care providers to make sure that you get the care you need.

Care Team: A team that may include doctors, nurses, counselors, other health professionals, and others who you choose

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who help you get the care you need. Your Care Team will also help you make an Individualized Care Plan (ICP).

Companion services: Companion services allow healthy individuals to remain at home by providing assistance. The plan covers services related to escorts to medical appointments, nutrition sites.

Emergency: A medical condition that a prudent layperson with an average knowledge of health and medicine, would expect is so serious that if it does not get immediate medical attention it could result in death, serious dysfunction of a body organ or part, or serious impairment to a bodily function, or, with respect to a pregnant woman, place her or her unborn child's physical or behavioral health in serious jeopardy. Medical symptoms of an emergency include severe pain, difficulty breathing, or uncontrolled bleeding.

Emergency care: Covered services needed to treat a medical emergency, given by a provider trained to give emergency services.

Escort: An escort can be an individual (e.g. parent, a caretaker, a guardian) who physically assists a member with ambulating to and from a medical appointment.

Individualized Care Plan (ICP): A plan that describes which health services member will receive and how member will receive these services (Also known as an Individualized Personal Care Plan.)

Medically Necessary: A service is "medically necessary" if: (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in an illness or infirmity; and (2) there is no other medical service or site of service, comparable in effect, available and suitable for the member requesting the service, that is more conservative or less costly to the Plan.

Medically necessary non-emergency transportation: Transportation needed for medical reasons other than emergencies.

Nonmedical Transportation: Transportation to community services, activities, and resources (e.g. grocery store, food bank and gym) that help member stay independent and active in the community.

Public Transportation: Mass fixed-route transportation services, including bus service, subway trains, trolleys, and commuter rail service provided to the public in the Commonwealth of Massachusetts pursuant to the authority granted to the Massachusetts Bay Transportation Authority (MBTA) and regional transit authorities established under M.G.L. chs. 161A and 161B. Transportation services provided by MassHealth through selective contracts with regional transit authorities are not included in the definition of public transportation.

Shared Ride: Transportation service provided to two or more members traveling in the same vehicle for the purpose of receiving medical services covered by MassHealth.

DECISION GUIDELINES:

Prior Authorization is required for the following:

1. Non-emergent medical transportation to destination other than hospital when distance is greater than 50 miles from the pick-up location (**EXCEPTION:** Destination is a contracted provider (typically close to border of Massachusetts)).
2. Nonmedical transportation when covered frequency is exceeded. (**EXCEPTION:** Trips to social determinant destinations such as the Housing Authority, Social Security Administration, MassHealth, Court House, or a housing appointment)
3. Medical companion services

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Clinical Coverage Criteria:

1. CCA may cover **medically necessary non-emergency transportation** trip(s) which exceed covered distance when Care Partner reviews for appropriateness and determines there is not another provider within covered distance.

2. CCA may cover **nonmedical** trip(s) over covered benefit frequency limit when Care Partner reviews and determines additional trip(s) to covered locations, including grocery stores and food banks, are appropriate to align with member’s Individualized Care Plan (ICP) **AND** the following criteria are met:
 - a.) Member is isolated, and trip(s) is/are needed to avoid exacerbation of depression/anxiety; **or**
 - b.) Additional trip(s) is/are needed to avoid exacerbation of chronic disease, including behavioral health condition; **AND**
 - c.) Member does not have access to transportation.

3. CCA may cover **medical companion services** when member qualifies for transportation benefit **AND** the following criteria are met:
 - a.) Member requires physical assistance getting to/from appointments; **or**
 - b.) Member is having a procedure or operation, and requires a medical companion to arrive home safely; **or**
 - c.) Member has a medical condition such as cognitive impairment (dementia, Alzheimer’s disease) and requires a medical companion to get safely to/from medical appointments.

LIMITATIONS/EXCLUSIONS:

CCA does not cover:

- Duplicative services (e.g. member’s PCA care plan includes transportation services)
- Transportation out of state unless destination is a contracted provider (typically close to the border of Massachusetts)
- Transportation to casinos, bars, liquor stores and other destinations deemed not appropriate for coverage
- Out of state transportation for non-medical purposes

CODING:

When applicable, a list(s) of CPT/HCPCS codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service.

CPT/HCPCS CODE	Code Description
S5135: TG	Companion care, adult (e.g., iadl/adl); per 15 minutes

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Disclaimer

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

RELATED REFERENCES:

1. Commonwealth of Massachusetts Mass Health Provider Manual Series, 130 CMR 407.00: Transportation Services. Accessed January 2, 2024. <https://www.mass.gov/regulations/130-CMR-40700-transportation-services>

REVISION LOG:

REVISION DATE	DESCRIPTION
6/2/2022	Template update. Version update to match DST.
3/14/24	Template update. Definitions added. Benefit and DST related language removed. Clinical coverage criteria for services beyond covered benefit remain; medically necessary non-emergency transportation trip(s) which exceed covered distance, nonmedical trip(s) over covered benefit frequency limit and medical companion services.



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