

## Non-Emergent Transportation (Supplemental Benefit) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Non-Emergent Transportation (Supplemental Benefit)		
<b>MNG #: 101</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA)  <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	<b>Prior Authorization Needed?</b> <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 2/3/2022	<b>Effective Date:</b> 05/07/2022; 9/12/24; 4/1/25
<b>Last Revised Date:</b> 6/2/2022; 3/14/2024; 9/12/24; 1/9/25; 2/13/25	<b>Next Annual Review Date:</b> 2/3/2023; 6/2/2023; 3/14/2025; 9/12/25; 2/13/26	<b>Retire Date:</b>

### OVERVIEW:

Commonwealth Care Alliance (CCA) covers medically necessary non-emergency medical transportation and limited nonmedical transportation as a supplemental benefit. 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 CCA and are subject to the limitations/exclusions within this Medical Necessity Guideline (MNG). Exception requests that meet criteria are approved for a maximum of <90> days within the benefit plan year for covered plan year benefits. Redetermination of appropriateness is required for additional benefit exceptions.

Rides must be booked 72 hours in advance, not including the day of booking. Transportation must be arranged by CCA's current transportation benefit administrator, Coordinated Transportation Solutions (CTS), to be covered.

Companion and escort services are not provided by transportation benefit administrator(s) and must be secured separately. If a member requires a medical companion, please reference **Companion Services Medical Necessity Guideline**.

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 Coordinator:** The Care Coordinator is a Member's primary partner to navigate the health plan, MassHealth, and Medicare complexities, a Care Coordinator serves as the primary point of contact for the Member and the ICT, participates in the Member's Comprehensive Assessments, provides care planning and the coordination of services, and serves as an

## Non-Emergent Transportation (Supplemental Benefit) Medical Necessity Guideline

internal representative for the Member's needs and preferences within the plan.

**Interdisciplinary Care Team (ICT):** A team consisting of Member, Care Coordinator, Clinical Care Manager (RN and/or BH), PCP, GSSC/LTSC, and other individuals at the Member's discretion. The care team is responsible for effective coordination and care delivery for the Member. The care team works with the Member to develop, implement, and maintain their Individualized Care Plan ("care plan").

**Adult Companion Service:** Nonmedical care, supervision, and socialization provided to a member. Companions may assist or supervise the member with such light household tasks as meal preparation, laundry, and shopping and may escort member to medical appointments.

**Emergency Medical Condition:** A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the member or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in § 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. 1395dd(e)(1)(B).

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

**Escort:** An escort can be a parent, guardian of a child, a caretaker, a guardian of a mentally incompetent member, or an individual who physically assists a member with ambulating to and from a medical appointment.

**Family Member:** A spouse or any legally responsible relative of the participant.

**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) 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 non-emergent transportation services:

1. **Medical transportation** when distance is greater than 50 miles from the pick-up location.
2. **Non-medical transportation (non-emergent)** when covered trip frequency is exceeded and/or distance is greater than 50 miles from the pick-up location.

### Clinical Coverage Criteria:

## **Non-Emergent Transportation (Supplemental Benefit) Medical Necessity Guideline**

1. CCA may cover **medically necessary non-emergency** transportation trip(s) which exceed covered distance when CCA reviews for appropriateness and determines there is not another provider within covered distance and member does not have access to alternate modes of transportation (e.g., family, friends, local public transportation, such as bus, train etc.)
2. CCA may cover **non-medical non-emergent** trip(s) which exceed covered distance when CCA reviews for appropriateness and determines there is not a location which provides comparable service within the covered distance.
3. CCA may cover additional **nonmedical non-emergent** trips beyond the allowed benefit, for One Care members only, when CCA reviews and determines additional trip(s) to covered locations is required and all of the following criteria are met:
  - a. Documentation supports how additional trip(s) is required to promote self-management of documented chronic medical and behavioral condition(s) to maintain independent living, in alignment with member's ICP; and
  - b. Member does not have access to alternate modes of transportation (family, friends, local public transportation, e.g. bus, train etc.)

### **LIMITATIONS/EXCLUSIONS:**

**Effective 1/1/2025, there are no exceptions for additional non-medical trips for the SCO product.**

#### **Commonwealth Care Alliance does not cover:**

- Duplicative services (e.g., member's PCA care plan, Adult Day Health program includes/provides transportation services)
- Non-emergent medical transportation out of state unless destination is a contracted provider (typically close to the border of Massachusetts)
- Transportation to non-covered locations such as but not limited to casinos, bars, liquor stores and other destinations deemed not appropriate for coverage
- Transportation to/from cannabis dispensaries including medical and recreational purposes
- Out of state transportation for non-medical purposes, unless distance is less than closest in-state non-medical destination
- Transportation to child day-care centers and nurseries
- Transportation for non-CCA members including member's relatives and family members
- Transportation to work
- Transportation to veterinarian and pet care services
- Transportation of members who are elderly or disabled to adult day health programs, except when arranged by special contract with the Adult Day Health Program
- Transportation to schools, summer camps, and recreational programs (e.g., swimming classes)
- Transportation of family members to visit a hospitalized or institutionalized member
- Transportation to a medical facility or physician's office for the sole purpose of obtaining a medical recommendation for homemaker/chore services
- Transportation to government-agency offices; unless trip is to social determinant destination
- Transportation to visit a child in foster-care placement or in group-care placement
- Transportation to a medical service that is within 0.75 miles of the member's home or other CCA-approved point of origin, when the member is able to ambulate freely with or without an escort
- Transportation to obtain computerized axial tomography (CAT) scans at a facility other than one that has been

## Non-Emergent Transportation (Supplemental Benefit) Medical Necessity Guideline

issued a Certificate of Need by the Massachusetts Department of Public Health

- Medicare covered non-medical transportation

### Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

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 August 21, 2024. <https://www.mass.gov/regulations/130-CMR-40700-transportation-services>
2. [130 CMR 407](#)
3. [21 CFR 1308](#)

### REVISION LOG:

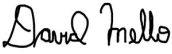

REVISION DATE	DESCRIPTION
6/2/2022	Template update. Version update to match DST.
3/14/24	Template update. Definitions added. Benefit and DST related language removed. Clinical coverage criteria for services beyond covered benefit remain; medically necessary non-emergency transportation trip(s) which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

## Non-Emergent Transportation (Supplemental Benefit) Medical Necessity Guideline

9/12/24	Updated definitions. Criteria updated, specific approvable scenarios removed. Authorization for exception beyond benefit is limited to 90 days Added limitations/exclusions. Effective 1/1/2025, there are no exceptions for additional non-medical trips for the SCO product.
1/9/25	For effective date July 1, 2025: HCPCS codes added: A0130, A0140, A0140-TS, A0170, S0215, T2001
2/13/25	Added limitation transportation to/from cannabis dispensaries.

### APPROVALS:

David Mello	Senior Medical Director Utilization Review and Medical Policy
<b>CCA Clinical Lead</b>	<b>Title</b>

	1/9/25
<b>Signature</b>	<b>Date</b>
<b>CCA Senior Operational Lead</b>	<b>Title</b>
<b>Signature</b>	<b>Date</b>
Nazlim Hagmann	Chief Medical Officer
<b>CCA CMO or Designee</b>	<b>Title</b>
	1/9/25
<b>Signature</b>	<b>Date</b>