



PAYMENT POLICY		
Non-Emergency Medical Transportation Services		
Original Date Approved	Effective Date	Revision Date
2/5/2025	12/1/2025	
Applies to Products:		
☒ Senior Care Options MA ☒ One Care MA		

PAYMENT POLICY STATEMENT:

Commonwealth Care Alliance, Inc. (CCA) has established a payment policy that outlines covered non-emergency medical transportation services (NEMT) for all products. This policy only addresses non-emergency medical transportation services which differs from ambulance services and should be coordinated with CCA's transportation vendor, Coordinated Transportation Solutions, Inc. (CTS).

DEFINITIONS:

Non-Emergency Medical Transportation (NEMT): Nonemergency transportation services that transports a patient for the purpose of obtaining covered services, enabling patients to access or retain core medical and support services.

Healthcare Common Procedure Coding System (HCPCS): (Also known as HCPCS Level II) An alphanumeric code starting with an alphabetical letter followed by 4 numeric digits; it is used to identify medical related products, supplies, and services not included in the CPTS codes for billing purposes.

Modifier: A two-digit alphabetic, numeric, or alphanumeric code used to indicate a specific circumstance that altered a procedure or service without changing its definition or code and provides more information about the procedure or service performed.

AUTHORIZATION REQUIREMENTS (If applicable):

NEMT may require prior authorization.

REIMBURSEMENT GUIDELINES:

CCA covers medically necessary NEMT to and from covered medical services within the patient's locality through transportation vendor CTS. Out-of-state providers must be enrolled with MassHealth in order to receive reimbursement. Transportation outside patient's locality is only allowed when medically necessary services are unavailable in the patient's area. Patients should utilize public or personal transportation resources when possible before requesting medical transportation services through CTS.



Claims for NEMT services outlined below should be coordinated and submitted to CTS at the address below. Any claims for NEMT that are submitted to CCA instead of CTS for reimbursement will be denied.

CTS
35 Nutmeg Drive Suite 120
Trumbull, CT 06611

Shared rides and escorted transportation services are considered covered services.

- Shared rides are covered when more than one patient is traveling to the same location and transportation is arranged by the health plan or transportation provider.
- Escort services are covered when a patient needs to be accompanied to a medical service. The transportation used is determined by the escort's medical condition if the escort has limited mobility.

Covered medical transportation must be billed by the procedure codes below.

Code	Modifier	Description
A0130		Nonemergency transportation; wheelchair van (each way)
A0140		Nonemergency transportation and air travel (private or commercial), intra- or interstate
A0140	TS	Nonemergency transportation and air travel (private or commercial), intra- or interstate (when more than two one-way trips are being billed for the same member on the same date of service.
A0170		Transportation ancillary; parking fees, tolls, other (used only for ferry charges)
S0215		Nonemergency transportation; mileage, per mile (wheelchair van, loaded mileage)
T2001		Nonemergency transportation; patient attendant/escort (wheelchair van, each way)

Public Transportation: This includes but is not limited to bus, trolley, subway, commuter rail, or ferry. Public transportation must be accessible and suitable to the patient's medical condition, operate within the patient's locality on a regularly scheduled basis, have stops that are within 0.75 miles of the patient's point of origin and destination, and are easily accessible for transport information.

Nonemergency Wheelchair Van: Wheelchair vans are covered for patients that are wheelchair bound, need assistance using stairs, or have severe mobility handicaps that prevent them from using public or private transportation. This form of transportation can be utilized for persons that reside in an institution or residences, and for patients discharged from inpatient psychiatric hospitals to community-based behavioral health programs who require supervision during transportation and where other forms of transportation are not available or deemed inappropriate.



Private or Broker Transportation: This is a medical transportation supplier that is contracted to provide transportation to patients that are unable to use public transportation services.

Non-covered Transportation Services

Not all types of transportation services are covered. If medical transportation is used for other services outside the allowed covered services, the claims will be denied. Below are some examples of transportation services that are not covered:

- Transportation to:
 - Childcare centers and nurseries;
 - Schools, summer camps, and recreational programs;
 - Facility or physician's office for obtaining medical recommendation for homemaker/chore services;
 - Government agency offices; and
 - Pharmacies to obtain medications.
- Transportation of an elderly or disabled person to adult day health programs unless arranged by contract with the adult day health program.
- Transportation of family members to visit a hospitalized or institutionalized patient.
- Transportation to visit a child in foster or group care.
- Transportation to obtain computerized axial tomography (CAT) scans at a facility other than one that has been issued a Certificate of Need by the Massachusetts Department of Public Health.

RELATED SERVICE POLICIES:

Ambulance Services

Non-Emergency Ground Ambulance Transportation Medical Necessity Guideline

Non-Emergent Transportation Medical Necessity Guideline

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CCA has the right to expect the provider/facility to refund all payments related to non-compliance. CCA reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

REFERENCES:



MassHealth Transportation Provider Manual

<https://www.mass.gov/doc/transportation-regulations-0/download>

MassHealth Transportation (TRN) Subchapter 6

<https://www.mass.gov/doc/transportation-trn-subchapter-6-0/download>

POLICY TIMELINE DETAILS:

1. Approved: February 5, 2025