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407.411: Transportation Utilization Restrictions

(A) **Covered Services.** The MassHealth agency pays for transportation services that meet the requirements of 130 CMR 407.000 only when such services are covered under the member's MassHealth coverage type and only when members are traveling to obtain medical services covered under the member's coverage type (see 130 CMR 450.105).

- (1) In the case of taxi, dial-a-ride, bus, and public transportation, the MassHealth agency determines those medical services that are covered by MassHealth.
- (2) In the case of ambulance and wheelchair van transportation not provided through a selective contract with a transportation broker, it is the responsibility of the transportation provider to judge which medical services are covered by MassHealth and to advise the member in cases where transportation is requested to a service that, in the provider's judgment, may not be or is not covered by MassHealth. If a member is in doubt as to whether or not a medical service is covered by MassHealth, the member should contact the MassHealth agency.
- (3) In the case of taxi, dial-a-ride, and wheelchair van transportation provided through a selective contract with a transportation broker, the MassHealth agency determines those medical services that are covered by MassHealth.

(B) **Noncovered Services.** The following are examples of transportation services that are not covered by MassHealth:

- (1) transportation to child day-care centers and nurseries;
- (2) transportation of persons who are elderly or disabled to adult day health programs, except when arranged by special contract with the MassHealth Adult Day Health Program;
- (3) transportation to schools, summer camps, and recreational programs (for example, swimming classes);
- (4) transportation of family members to visit a hospitalized or institutionalized member;
- (5) transportation to a medical facility or physician's office for the sole purpose of obtaining a medical recommendation for homemaker/chore services;
- (6) transportation to government-agency offices;
- (7) transportation to visit a child in foster-care placement or in group-care placement;
- (8) transportation to a medical service that is within 0.75 miles of the member's home or other MassHealth agency-approved point of origin, when the member is able to ambulate freely with or without an escort;
- (9) transportation to pharmacies to obtain medications; and
- (10) 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.

(C) **Locality Restrictions.** The MassHealth agency pays for an eligible member to be transported to sources of medical care only within the member's locality, unless otherwise authorized by the MassHealth agency. Locality refers to the town or city in which the member resides and to immediately adjacent communities. However, when necessary medical services are unavailable in the member's locality, transportation to the nearest medical facility in which treatment is available is covered by MassHealth. Medical transportation originates from the member's home and proceeds to the location of the medical appointment. Other points of origin, such as from one doctor's office to another, require approval from the MassHealth agency.

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(D) Institutionalized Members. When specialized equipment required for medical treatment for an institutionalized member is not available at a facility, the member may be transported to the site of such specialized equipment. Medical services that may require specialized equipment include X-ray services, cast removal, fitting for artificial limbs, and radiation therapy.

(E) Nonemergency Community-Based Transportation.

- (1) Members should use public or personal transportation resources, including family or friends, whenever possible.
- (2) Subject to meeting the requirements of 130 CMR 407.000, the MassHealth agency pays transportation brokers or fee-for-service transportation providers to furnish transportation services to eligible MassHealth members only when public transportation is not available as determined in accordance with 130 CMR 407.411(E)(3).
- (3) Public transportation is considered available if all of the following criteria are met.
 - (a) Public transportation is accessible and suitable to the member's medical condition and circumstances as determined by the MassHealth agency.
 - (b) Public transportation is operated in the member's locality on a regularly scheduled basis. A wait of up to one hour for a regularly scheduled ride and up to two transfers in transit is considered reasonable.
 - (c) The public transportation stop (i.e., bus or trolley stop, subway or commuter rail station) is
 - (i) within 0.75 mile from the member's residence or other authorized point of origin; and
 - (ii) within 0.75 mile from the destination address.
- (4) Public transportation information may be obtained by contacting the local public transit authority in the member's community.

(F) Shared Ride.

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 the MassHealth agency, transportation provider, transportation broker, or medical provider.

(130 CMR 407.412 through 407.420 Reserved.)

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407.421: Authorization for Transportation

(A) Types of Authorization.

- (1) All forms of transportation except public transportation require prior authorization from the MassHealth agency. The authorization must consist of one or more of the following:
 - (a) verbal authorization for transportation;
 - (b) a Prescription for Transportation (PT-1) completed by a physician, physician assistant, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist, or managed-care representative;
 - (c) a completed Medical Necessity Form or, only for members transported for hospitalization under M.G.L. c. 123, § 12, a completed and signed Department of Mental Health Application for and Authorization of Temporary Involuntary Hospitalization.
- (2) Specific authorization requirements for each mode of transportation are provided in the sections of regulations for each type of vehicle.

(B) Authorization for Out-of-State Transportation. Transportation to specially approved out-of-state medical services requires prior authorization from the MassHealth agency. Transportation to these out-of-state medical services must be the least costly mode suitable to the member's condition.

(C) Prescription for Transportation.

- (1) The Prescription for Transportation Form (PT-1) is used for authorizing transportation that is provided through the selective contracts.
- (2) A prescription for transportation must be written by a physician, physician assistant, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist, or managed-care representative on a Prescription for Transportation (PT-1) form.
- (3) A completed PT-1 must contain the following information:
 - (a) the member's social security number, name, and address;
 - (b) the specific physical or mental disability that prohibits the use of public transportation;
 - (c) the medical care that will be received;
 - (d) how often transportation is needed (specific dates or specified number of trips per week for the duration of treatment);
 - (e) the destination of the trip (the name and address of the location of the service covered by MassHealth);
 - (f) the expected duration of the need for transportation (specific time period not to exceed six months for acute illness and one year for chronic illness);
 - (g) the date on which the prescription is written;
 - (h) the signature of the physician, physician assistant, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist, or managed-care representative;
 - (i) if the member is residing in a nursing facility, the medical services or equipment that are needed and cannot be obtained in the facility; and
 - (j) if the treatment destination is outside the member's locality, the medical services or equipment that are needed and cannot be obtained locally.

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(D) Medical Necessity Form.

(1) Purpose. The Medical Necessity Form is used to authorize medical necessity for wheelchair van trips for members residing in an institutionalized setting and for nonemergency ambulance service for all eligible members. The member's medical record must support the information given on the Medical Necessity Form. For members transported for hospitalization under M.G.L. c. 123, § 12, a completed and signed Department of Mental Health Application for and Authorization of Temporary Involuntary Hospitalization may be accepted in place of the Medical Necessity Form.

(2) Required Signature. Only a physician, physician assistant, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist, or managed-care representative may sign a Medical Necessity Form. The Medical Necessity Form may be signed at either the trip's origin or destination.

(3) Transportation Provider's Responsibility.

(a) The transportation provider must obtain a signature on the Medical Necessity Form from one of the individuals specified in 130 CMR 407.421(D)(2).

(b) Transportation providers are responsible for completeness of Medical Necessity Forms. The completed Medical Necessity Form must be kept by the transportation provider as a record for six years from the date of service.

(4) Recurring Need. When a member must travel more than once to the same destination in a 30-day period, all trips for the 30-day period may be authorized on one Medical Necessity Form. The anticipated dates of each trip and the anticipated total number of trips must be entered on the form.

(5) Special Circumstances. If a member is ambulatory but must be accompanied by an escort whose mobility is limited, the escort's medical condition determines the appropriate mode of transportation.

(130 CMR 407.422 through 407.430 Reserved.)