



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
All Provider Bulletin 141
December 2004

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: Revised Prescription for Transportation (PT-1) Form on Web Site

Revised PT-1 Form

MassHealth has revised the Prescription for Transportation (PT-1) form. The PT-1 is used by providers on behalf of MassHealth members to request authorization for transportation to a medical appointment when the member cannot otherwise travel to the location of the appointment.

As stated in MassHealth transportation regulations at 130 CMR 407.411, members must use personal transportation resources, such as family or friends, whenever possible. When personal transportation resources are unavailable, a member must use public transportation, if available in the member's locality and suitable to his or her medical condition. MassHealth pays for private transportation to covered medical services, only when public transportation suitable to the member's medical condition is unavailable.

New Form on Web

The revised PT-1 form is available on the MassHealth Web site at www.mass.gov/masshealth. Click on "MassHealth Provider Forms" in the Publications box. Instructions for completing this form are also available on the Web site. The form can be downloaded or filled out on line, then printed and mailed or faxed to the following address or fax number.

MassHealth Transportation Authorization Unit
P.O. Box 45
Boston, MA 02112-0045
Fax: 617-988-2925

Requesting a Paper Supply

You may also request a paper supply of this revised form. Requests for supplies of this form must be submitted in writing, and can be mailed or faxed to:

MassHealth Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: 703-917-4937

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***Requesting a Paper
Supply***
(cont.)

Include with your request your provider number, street address, contact name and phone number, name of form, and quantity desired.

Use of Old Form

To minimize the impact of this change on MassHealth providers, MassHealth will continue to accept requests for transportation on the previous version of the PT-1 form through January 31, 2005.

Questions

If you have questions about the information in this bulletin, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.
