

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]
[REDACTED]
[REDACTED]

Appeal Decision: Denied

Appeal Number: 2206735

Decision Date: 11/22/2022

Hearing Date: 10/07/2022

Hearing Officer: Radha Tilva

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katina Dean, Transportation Dept. Rep.



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Transportation
Decision Date:	11/22/2022	Hearing Date:	10/07/2022
MassHealth's Rep.:	Katina Dean	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated August 12, 2022, MassHealth denied the appellant's prior authorization request for transportation (PT-1) services (Exhibit 1). The appellant filed this appeal in a timely manner on September 6, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's transportation (PT-1) request because a non-emergency ambulance was required for the service requested.

Issue

The appeal issue is whether MassHealth was correct in determining whether appellant is ineligible for the transportation service requested.

Summary of Evidence

MassHealth was represented by telephone by a case worker from the Transportation Unit.

Appellant's provider submitted a PT-1 transportation request to a rehabilitation hospital in [REDACTED], Massachusetts. The PT-1 form stated that the patient cannot bear weight on his right lower extremity due to a fracture and requires a stretcher, door through door. The MassHealth worker testified that as the member requires a stretcher, the requested service must be referred to a non-emergency ambulance as PT-1 services do not include services that fit a stretcher. The MassHealth case worker could not provide the regulation to support her statement.

The appellant appeared by telephone and testified that he was hospitalized at a [REDACTED] and needed to be transported to a rehabilitation facility in [REDACTED]. He was told that he would be transported via ambulance since it would have room for a stretcher. The ambulance also had a medic on board. The appellant has MassHealth Care Plus benefits and was billed \$1,915.00 by the ambulance company for the service call on August 6, 2022.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant's provider submitted a PT-1 transportation request to a rehabilitation hospital in [REDACTED], Massachusetts.
2. The PT-1 form stated that the patient cannot bear weight on his right lower extremity due to a fracture and requires a stretcher, door through door.
3. Appellant was transported from [REDACTED] to a rehabilitation facility in [REDACTED] via an ambulance.
4. The appellant was billed \$1,915.00 by the ambulance company for the service call on August 6, 2022.

Analysis and Conclusions of Law

The appellant's provider requested a non-emergency ambulance be covered for appellant. Under 130 CMR 407.481(A)(2) ambulance services are covered in nonemergency situations when medically necessary as set forth in 130 CMR 407.481(B):

(B) Conditions Always Requiring Transportation by Ambulance.

(1) Medical Conditions. A member who has any of the following medical conditions *always* requires transportation by ambulance:

- (a) continuous dependence on oxygen;
- (b) continuous confinement to bed;
- (c) classification as an American Heart Association Class IV patient with a disease of the heart: members with cardiac disease resulting in the inability to perform any physical activity without discomfort. Symptoms of cardiac

insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased;

(d) receiving intravenous treatment;

(e) after cardiac catheterization; or

(f) having uncontrolled seizure disorders.

(2) Orthopedic Conditions. A member who has either of the following orthopedic conditions ***always*** requires transportation by ambulance:

(a) total body cast; or

(b) hip spicas or other casts that prevent flexion at the hip.

(C) Medical Necessity Form Requirement.

(1) Emergency ambulance trips do not require a Medical Necessity Form. However, the nature of the emergency must be supported by medical records at the hospital to which the member was transported.

(2) ***Nonemergency ambulance transportation requires a Medical Necessity Form completed in accordance with 130 CMR 407.421(D).***

(Emphasis added).

While appellant's medical condition is not listed in 130 407.481(B)(1) or (2), nonemergency ambulance transportation requires that the provider submit a Medical Necessity Form as highlighted in the regulation above (see 130 CMR 407.481(C)(2)). The provider here submitted a PT-1 form which was appropriately denied by MassHealth as it is not the correct type of form for the provider to use. The requirements for the medical necessity form are set forth at 130 CMR 407.421(D):

(D) Medical Necessity Form.

(1) The Medical Necessity Form is used to document the medical necessity of fee-for-service transportation services. The member's medical record must support the information given on the Medical Necessity Form...

Based on the above analysis MassHealth was correct to deny the PT-1 form submitted. Appellant may try to have the provider resubmit with the correct form. This appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Katina Dean, MAXIMUS - Transportation, 55 Summer St., 8th Fl.,
Boston, MA 02110