

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305980
Decision Date:	9/12/2023	Hearing Date:	08/23/2023
Hearing Officer:	Susan Burgess-Cox	Record Open to:	08/28/2023

Appearance for Appellant:

 (mother)

Appearance for MassHealth:

Katina Dean



*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:	Prior Authorization
Decision Date:	9/12/2023	Hearing Date:	08/23/2023
MassHealth's Rep.:	Katina Dean	Appellant's Rep.:	Mother
Hearing Location:	All Parties Appeared by Telephone		

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, July 14, 2023, MassHealth denied the appellant's request for medical transportation services. (130 CMR 407.411; Exhibit 1). The appellant filed an appeal in a timely manner on July 20, 2023. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal.

Action Taken by MassHealth

MassHealth denied the appellant's request for medical transportation services.

Issue

Whether MassHealth was correct in denying the appellant's request for medical transportation services.

Summary of Evidence

All parties appeared by telephone. The appellant is enrolled in a MassHealth coverage type that provides transportation services. The appellant's provider submitted a Prescription for Transportation (PT-1) form for the agency to authorize coverage for non-emergency ambulatory transportation services. (Exhibit 4). MassHealth denied this request as the regulations contain specific authorization requirements for each mode of transportation and the PT-1 form does not meet the requirements for non-emergency ambulatory transportation services. At hearing, the MassHealth representative could not provide clear testimony on the process for obtaining authorization for coverage of non-emergency ambulatory transportation services, only that it was not something authorized through the submission of a PT-1 form.

The appellant's representative testified that the appellant has received non-emergency ambulatory transportation services in the past. Upon receipt of the notice on appeal, the appellant's representative became concerned that the appellant would be billed for non-emergency transportation services. At hearing, the appellant's representative noted that she has not received a bill or been in contact with the provider of the non-ambulatory transportation services to see if the services were covered by her primary insurance carrier or MassHealth. The appellant's representative did not dispute the fact that the appellant required non-emergency ambulatory transportation services.

The record was held open to provide the appellant's representative with the opportunity to present additional evidence. (Exhibit 5). During the record open period, the appellant's representative contacted the provider and was informed that they submitted a bill to the appellant's primary insurance carrier. (Exhibit 6). The appellant's representative noted that it was her understanding that the bill would be submitted to MassHealth if not covered by the primary insurance carrier. (Exhibit 6). The appellant's representative wanted to reserve the right to request a fair hearing if the service is not covered by MassHealth. (Exhibit 6). The appellant's representative acknowledged that the PT-1 form was denied because the appellant needed transportation services that had other authorization procedures and requirements. (Exhibit 6).

Findings of Fact

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

1. The appellant is a MassHealth member whose MassHealth benefits include potential transportation services.
2. The appellant's provider submitted a PT-1 form seeking coverage for non-emergency ambulatory transportation services.

3. MassHealth denied the request for non-emergency ambulatory transportation services.

Analysis and Conclusions of Law

MassHealth 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. (130 CMR 407.411(A)). Members who qualify for MassHealth Standard or CommonHealth may be eligible for transportation services. (130 CMR 450.105).

Specific authorization requirements for each mode of transportation are provided in the sections of the regulations for each mode of transportation. (130 CMR 407.421(A)(2)). The Provider Request for Transportation (PT-1) Form must be used to request authorization for brokered transportation. (130 CMR 407.421(C)). Brokered transportation is defined as services that are provided pursuant to a selective contract as described in 130 CMR 407.407. (130 CMR 407.402). The transportation services requested by the appellant (non-emergency ambulance transportation services) do not meet this definition.

Non-emergency ambulance transportation services require the submission of a Medical Necessity Form completed in accordance with 130 CMR 407.421(D)). (130 CMR 407.481(C)). A Medical Necessity Form is used to document the medical necessity of fee-for-service transportation services. (130 CMR 407.421(D)). The member's medical record must support the information given on the Medical Necessity Form. (130 CMR 407.421(D)(1)).

The transportation provider is responsible for ensuring that the Medical Necessity Form is signed by an authorized provider or managed-care representative and completed in accordance with 130 CMR 407.421(D). (130 CMR 407.421(D)(2)). The completed Medical Necessity Form must be kept by the transportation provider as a record for six years from the date of service. (130 CMR 407.421(D)(2)). A completed Medical Necessity Form must contain adequate information to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip's destination. (130 CMR 407.421(D)(3)). 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. (130 CMR 407.421(D)(4)). The anticipated dates of each trip and the anticipated total number of trips must be entered on the form. (130 CMR 407.421(D)(4)).

In the case of fee-for-service ambulance and wheelchair van transportation, 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 covered by MassHealth. (130 CMR 407.411(A)(2)). If a member is in

doubt as to whether or not a medical service is not covered by MassHealth, the member should contact MassHealth. (130 CMR 407.411(A)(2)).

The non-emergency ambulance transportation services requested by the appellant have specific authorization requirements that were not followed in the submission on appeal. The decision made by MassHealth regarding the denial for services listed on a PT-1 form was correct.

This appeal is denied.

As noted above, the appellant can discuss the specific authorization requirements with the transportation provider who has certain responsibilities in ensuring that the services they are providing are covered and advising the member in cases where the provider may believe the services may not be covered by MassHealth. These discussions and their outcome are beyond the scope of this appeal which can only speak to the agency's denial of services utilizing the submission of a PT-1 form for non-emergency transportation services. As noted above, that decision was correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Katina Dean, MAXIMUS - Transportation, 1 Enterprise Drive, Suite 310, Quincy, MA 02169, 800-841-2900

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