

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507638
<b>Decision Date:</b>	07/31/2025	<b>Hearing Date:</b>	06/13/2025
<b>Hearing Officer:</b>	Christopher Jones		


**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Katina Dean – Transportation Unit



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Transportation; Covered Medical Services
<b>Decision Date:</b>	07/31/2025	<b>Hearing Date:</b>	06/13/2025
<b>MassHealth's Rep.:</b>	Katina Dean	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Telephonic	<b>Aid Pending:</b>	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 May 7, 2025, MassHealth denied a Provider Request for Transportation (PT-1) because the "provider does not participate with Medicaid." (Exhibit 2; 130 CMR 407.411.) The appellant filed this appeal in a timely manner on May 16, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

### Action Taken by MassHealth

MassHealth denied the PT-1 for transportation because there was not a MassHealth contracted provider at the destination.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.411 and 407.421, in denying transportation to a location because no MassHealth payable services were being provided there.

## Summary of Evidence

MassHealth's representative testified that the appellant's primary care provider submitted a Provider Request for Transportation (PT-1) for the appellant to go to a specific address 8 times a month. MassHealth denied the requested transportation services, because no MassHealth contracted provider was associated with the address. MassHealth's representative testified that it only allows transportation for MassHealth covered services provided by providers contracted with MassHealth.

The appellant testified that the transportation services were to [REDACTED] meetings. The meetings were not in a medical building, and there was no medical provider operating out of the location. The appellant felt that these services were medically and spiritually necessary for her overall well-being. Ostensibly, her primary care provider agreed, as they wrote the PT-1 for transportation. The appellant also noted that courts often order attendance at [REDACTED] meetings, and she questioned who would provide transportation in those circumstances.

MassHealth's representative conjectured that, if the appellant found an [REDACTED] meeting that occurred at a medical facility, the transportation services might be covered. It was noted that MassHealth's position was that transportation must be to a MassHealth covered service. Therefore, it was unclear how the PT-1 could be approved if there is no cost to MassHealth for attending the [REDACTED] meeting even if it was at a medical facility. MassHealth's representative testified that her department did not handle the covered service issue, she only handled initial approvals of PT-1s. She testified that in reviewing PT-1s for approval, her department only looks at whether the transportation is to a location at which a Medicaid contracted provider operates. MassHealth's representative did not know if there would be any further review to confirm that a covered service was provided at the medical facility.

The appellant felt that it was absurd to require that she seek counseling from a location that billed MassHealth when she could receive similar or more effective care for free by attending [REDACTED] meetings.

## Findings of Fact

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

- 1) The appellant's primary care provider completed a PT-1 requesting 8 visits per month to a non-medical facility for the appellant to attend [REDACTED] meetings. (Exhibit 1; testimony by the appellant.)
- 2) MassHealth denied the PT-1 because MassHealth had no record of a MassHealth contracted provider operating at the location. (Exhibit 1; testimony by MassHealth's representative.)

## Analysis and Conclusions of Law

Transportation benefits require prior authorization for coverage by MassHealth. (See 130 CMR 407.421(A).) A Provider Request for Transportation (PT-1) or a medical necessity form must be submitted on the member's behalf. (130 CMR 407.421(A)(1).) MassHealth "pays for transportation services ... 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) (emphasis added).) Some transportation services are also non-covered, even when a covered medical service is provided at the location, such as "transportation ... to adult day health programs"; "transportation to a medical service that is within 0.75 miles of the member's home ... when the member is able to ambulate freely"; or "transportation to pharmacies to obtain medications ... ." (130 CMR 407.411(B)(2), (8), (9).)

One requirement of the PT-1 form itself is "that the member will receive a medically necessary service **covered by MassHealth at the trip's destination** ... ." (130 CMR 407.421(C)(3)(a) (emphasis added).) This requirement is echoed in the regulations governing authorizations through a Medical Necessity Form or for reimbursement of public transportation costs. (See 130 CMR 407.421(D)(3); 130 CMR 407.431(B)(1).)

MassHealth's regulations clearly require that a covered service must be provided at a destination in order for transportation services to be covered to that location. This decision can find no grounds for approving the PT-1; therefore, 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.

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Christopher Jones  
Hearing Officer  
Board of Hearings

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