

Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512455
Decision Date:	10/20/2025	Hearing Date:	September 15, 2025
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Katina Dean, Transportation Unit



Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth of Medical Assistance
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Transportation 130 CMR 407.421
Decision Date:	10/20/2025	Hearing Date:	September 15, 2025
MassHealth Rep.:	K. Dean, Transportation Unit	Appellant Rep.:	Pro se
Hearing Location:	Quincy MEC		

Jurisdiction

The Appellant received a notice dated August 20, 2025 stating her request for reimbursement for personal transportation for physical therapy has been denied. (Exhibit 1).

The Appellant appealed the action timely on August 26, 2025. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for transportation services is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for transportation to the provider [REDACTED]

Issue

Is the Appellant eligible for transportation to her requested provider?

Summary of Evidence

MassHealth testified that on August 20, 2025, the Appellant submitted a PT-1 form requesting transportation to [REDACTED] for physical therapy. The request was denied after two separate provider databases confirmed that [REDACTED] was not listed as an authorized MassHealth provider or listed with a provider number as required. (Testimony)

The Appellant testified that she has been told by a staff member of [REDACTED] that [REDACTED] is an

authorized MassHealth provider. She further stated that other providers had informed her that her PCP is responsible for placing the authorization ID number on the PT-1 form. The Appellant vocalized her frustration with MassHealth and members of her healthcare team regarding who is responsible for properly completing the PT-1 forms.

MassHealth responded that any MassHealth-authorized provider or treating location can submit the PT-1 form with the proper provider number, but reimbursement is only available when the location is verified as a MassHealth-authorized provider. The appellant was advised to contact [REDACTED] and have them resubmit the PT-1 with the required provider number in section 2 as required.

Findings of Fact

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

1. The Appellant requested transportation to [REDACTED] for physical therapy. (Testimony)
2. The Appellant submitted a PT-1 without a MassHealth provider ID to denote that the location is an authorized MassHealth provider. (Testimony)
3. There has been no evidence presented that [REDACTED] is a MassHealth authorized provider. (Testimony).

Analysis and Conclusions of Law

The Appellant submitted a PT-1 to attend physical therapy at [REDACTED]. MassHealth testified there is no evidence that [REDACTED] appears in its provider databases. No provider number was submitted with the Appellant's PT-1 and the Appellant has presented no documentation indicating [REDACTED] is an enrolled MassHealth provider.

MassHealth provides non-emergency transportation for many MassHealth members living in the community who are going to medical appointments with MassHealth providers to get MassHealth-covered services. MassHealth transportation benefits are governed by 130 CMR 407.000 et seq. In particular, 130 CMR 407.421(C) requires that a Provider Request for Transportation (PT-1) form be used to request transportation authorization. The PT-1 must be completed and submitted by an authorized provider or program representative; and the request must be approved by MassHealth before reimbursement is available.

The regulation makes clear that transportation authorization is contingent upon the destination being an authorized MassHealth provider. Without proper enrollment, MassHealth cannot legally approve transportation reimbursement, regardless of need.

Transportation reimbursement is limited to authorized MassHealth providers. Since there is no

evidence that [REDACTED] is an authorized provider, MassHealth correctly denied the PT-1 request and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Transportation Unit