

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2514108
<b>Decision Date:</b>	11/5/2025	<b>Hearing Date:</b>	10/24/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Katina Dean, Transportation Authorization  
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
<b>Decision Date:</b>	11/5/2025	<b>Hearing Date:</b>	10/24/2025
<b>MassHealth's Rep.:</b>	Katina Dean	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 September 26, 2025, MassHealth denied the appellant's prior authorization request for coverage of transportation services. See 130 CMR 407.411(B)(2) and Exhibit 1. The appellant filed this appeal in a timely manner on September 26, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for coverage of transportation services.

### Issue

Whether MassHealth correctly denied the appellant's request for coverage of transportation services.

### Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the

MassHealth Transportation Authorization Unit. The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant's provider submitted a prescription for transportation (PT-1) form for non-emergency ambulance service to a medical facility providing primary care. The submitted PT-1 form stated that the appellant is bedbound and needs transportation in a van or an ambulance with a stretcher as she is unable to sit in a wheelchair. See Exhibit 4. On September 26, 2025, MassHealth denied that request because the member requires a stretcher, and as such the requested service must be referred to a non-emergency ambulance service. She explained that MassHealth's brokered transportation services cannot accommodate any medical equipment or fit a stretcher.

The appellant confirmed that she cannot sit in a wheelchair as her knees do not bend. As such, she will need a stretcher to visit her primary care physician. She expressed concern that she is being discriminated against based on her disability. She added that MassHealth does provide non-emergency ambulance service under certain circumstances, and she received confirmation of this fact when she contacted MassHealth.

The MassHealth representative stated that this information is not accurate. She added that there is no record of any calls from the appellant to MassHealth noted in the system.

## **Findings of Fact**

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

1. The appellant's provider submitted a prior authorization request for non-emergency ambulance transportation service to a medical facility providing primary care. (Testimony and Exhibit 4).
2. The submitted PT-1 form stated that the appellant is bedbound and needs transportation in a van or an ambulance with a stretcher as she is unable to sit in a wheelchair. (Testimony and Exhibit 4).
3. On September 26, 2025, MassHealth denied that request because the member requires a stretcher, and as such the requested service must be referred to a non-emergency ambulance service. (Testimony and Exhibit 1).
4. MassHealth's brokered transportation cannot fit a stretcher. (Testimony).
5. The appellant filed a timely notice of appeal on September 26, 2025. (Exhibit 2).

5. The appellant requires a stretcher for transportation as her knees will not bend, and she cannot sit in a wheelchair. (Testimony and Exhibit 4).

## **Analysis and Conclusions of Law**

The MassHealth agency 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. See 130 CMR 407.411(A); 130 CMR 450.105.

Ambulance services are always covered in emergency situations. An emergency situation is defined as one in which the member has a critical or unknown illness or injury that apparently demands immediate medical attention at a hospital to prevent permanent injury or loss of life. Emergency cases must be transported to the nearest medical facility equipped for and capable of treating such emergency cases. See 130 CMR 407.481(A)(1). In non-emergency situations, ambulance services are covered when medically necessary as set forth in 130 CMR 407.481(B).

The request for non-emergency ambulance transportation requires the submission of a medical necessity form in accordance with 130 CMR 407.421(D). See 130 CMR 407.481(C)(2). The medical necessity form is used to document the medical necessity of fee-for-service transportation services and the member's medical record must support the information given on the form. See 130 CMR 407.481(C). 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. See 130 CMR 407.421(D)(3).

Here, the specific authorization requirements needed for non-emergency ambulance transportation services were not followed because the required medical necessity form in accordance with 130 CMR 407.421(D) was not submitted. The PT-1 form used in this case is meant to request authorization for brokered transportation. See 130 CMR 407.421(C)(brokered transportation are services pursuant to a selective contract as described in 130 CMR 407.407). As such, the transportation services requested by the appellant (non-emergency ambulance transportation services) do not meet this definition. Accordingly, I find that MassHealth correctly denied the request for transportation services listed on the PT-1 form.

For the forgoing reasons, 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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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

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