




Commonwealth of Massachusetts
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MassHealth
Transmittal Letter TRN-29
December 2007

TO: Transportation Providers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: *Transportation Manual* (Revised Transportation Regulations)

The letter transmits regulation changes to the transportation regulations.

The revised regulations allow members who are receiving medical services from psychologists to receive their requests for transportation services directly from the servicing medical provider, and also add a requirement that all transportation providers must have all drivers and attendants undergo a Criminal Offender Record (CORI) check. Other changes have been made to reflect updated information, definitions and terms, to be consistent within the regulations.

These regulations are effective January 1, 2008.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Transportation Manual

Pages 4-1 through 4-10, 4-13, and 4-14

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Transportation Manual

Pages 4-1 through 4-10, 4-13, and 4-14 — transmitted by Transmittal Letter TRN-27

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407.401: Introduction

All transportation providers participating in MassHealth must comply with the regulations governing the MassHealth agency, including but not limited to MassHealth regulations set forth in 130 CMR 407.000 and 450.000.

407.402: Definitions

The following terms used in 130 CMR 407.000 and Subchapter 6 of the *Transportation Manual* have the meanings given in 130 CMR 407.402, unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 407.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 407.000 and 450.000.

Additional person — a person traveling in the same vehicle with another person for the purpose of receiving services covered by MassHealth.

Advanced Life Support, Level 1 (ALS1) — When medically necessary, the provision of an assessment by an advanced life support (ALS) ambulance provider or supplier and the furnishing of one or more ALS interventions. An ALS assessment is performed by an ALS crew and results in the determination that the patient’s condition requires an ALS level of care, even if no other ALS intervention is performed. An ALS provider or supplier is defined as a provider trained to the level of the Emergency Medical Technician-Intermediate (EMT-Intermediate) or Paramedic as defined in the National Emergency Medicine Services (EMS) Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint as most recently published in the *Federal Register*.

Advanced Life Support, Level 2 (ALS2) — When medically necessary, the administration of at least three different medications or the provision of one or more of the following ALS procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, intraosseus line as most recently published in the *Federal Register*.

Ambulance — An aircraft, boat, motor vehicle, or other means of transportation, including a dual-purpose vehicle, however named, whether privately or publicly owned, that is intended to be used for and is maintained and operated for the transportation of sick, injured, or disabled persons and that has in force a valid certificate of inspection and license issued by the Department of Public Health as set forth in 105 CMR 170.000 of the regulation for the implementation of M.G.L. c. 111C, regulating Ambulances and Ambulance Services (Department of Public Health).

Basic Life Support (BLS) — When medically necessary, the provision of basic life support (BLS) services as defined in the National EMS Education and Practice Blueprint for the EMT-Basic including the establishment of a peripheral intravenous (IV) line as most recently published in the *Federal Register*.

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Dial-a-Ride — a motor vehicle for hire that is used to transport ambulatory persons on a demand-response, shared-ride basis, and is licensed by the city or town in which the business is located.

Emergency Medical Condition — a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the member or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, as further defined in section 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. section 1395dd(e)(1)(B).

Emergency Services — medical services that are provided by a provider that is qualified to provide such services, and are needed to evaluate or stabilize an emergency medical condition.

Escort — An escort can be a parent, guardian of a child, a caretaker, a guardian of a mentally incompetent member, or an individual who physically assists a member with ambulating to and from a medical appointment.

Loaded Miles — the distance traveled while a member is in the vehicle.

Managed-Care Representative — a clinical employee of a managed-care organization (MCO) or other MassHealth managed-care provider who has been designated to handle the transportation requests of enrolled members, including a physician and nurse practitioner, or a registered nurse, licensed practical nurse, and a licensed social worker under the supervision of a physician or nurse practitioner. For MassHealth managed-care providers of mental health and substance abuse services, a clinical employee includes, in addition to those individuals listed above, a licensed clinical psychologist or a licensed, independent clinical social worker.

Other Licensed Carrier — any carrier, including bus, train, plane, or boat, that is licensed by the appropriate licensing board or agency.

Prescription for Transportation (PT-1) — a form developed by the MassHealth agency to determine the necessity of nonemergency medical transportation.

Primary Care — the provision of coordinated, comprehensive medical services, on both a first-contact and a continuous basis, to members enrolled in managed care. Services include: an initial medical history intake, medical diagnosis and treatment, communication of information about illness prevention, health maintenance, and referral services.

Private Carrier — a transportation carrier operated by an entity other than a state or a political subdivision thereof.

Private Transportation — personal transportation, or transportation provided by family or friends, not private carriers.

Public Transportation — a system of transportation that is operated in an area on a regularly scheduled basis, including public and private carriers.

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Shared Ride — transportation service provided to two or more members traveling in the same vehicle (for example, taxi or dial-a-ride) for the purpose of receiving medical services covered by MassHealth.

Taxi — a motor vehicle for hire that is used to transport persons on an individual basis and is licensed by the city or town in which the business is located.

Urgent Care — medical services that are not primary care, and are needed to treat a medical condition that is not an emergency medical condition.

Verbal Authorization — authorization of transportation by telephone or other verbal means obtained from the MassHealth agency when a Prescription for Transportation (PT-1) has been signed by the prescriber but has not been received by the MassHealth agency or when urgent medical care is required.

Waiting Time — the time spent by a vehicle and its driver and attendants in waiting to return a member to the point of trip origin. Waiting time applies only when the member is not in the vehicle.

Wheelchair Van — a motor vehicle that is specifically equipped to carry one or more persons who are mobility-handicapped or using a wheelchair.

407.403: Eligible Members

- (A) (1) MassHealth Members. The MassHealth agency covers transportation services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. MassHealth regulations at 130 CMR 450.105 specifically state, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.

- (B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

407.404: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

MassHealth offers and provides, when appropriate under policy provisions, transportation services to all eligible MassHealth members under 21 years of age to facilitate their access to comprehensive health care. See 130 CMR 450.140 et seq. for regulations about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

407.405: Provider Eligibility: In State

- (A) In order to be eligible to receive payment from MassHealth, a potential provider must be a Medicare provider, complete a provider application form, and be assigned a MassHealth provider number by the MassHealth agency.

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The provider must ensure that drivers and attendants, prior to any contact with a MassHealth member, provide written references and undergo a Criminal Offender Record Information (CORI) check. The CORI must be in compliance with guidelines that the Executive Office of Health and Human Services may issue. The CORI must remain on file at the transportation provider's place of business and the CORI must be conducted annually thereafter.

(B) Except where the MassHealth agency elects to limit and/or terminate provider agreements in accordance with 130 CMR 407.407 and 450.109 in areas of the state where a selective contract with a transportation broker is in effect, the MassHealth agency accepts and approves applications from providers that qualify and meet given regulations or licensure requirements as are adopted by the Massachusetts Department of Public Health, the MassHealth agency, or the Massachusetts Registry of Motor Vehicles for one or more of the following modes of transportation: dial-a-ride, taxi, wheelchair van, ambulance, or other licensed carriers.

407.406: Provider Eligibility: Out-of-State Emergency Services

An out-of-state transportation provider may be paid by the MassHealth agency for transportation services provided in accordance with 130 CMR 407.000 only if the provider is a Medicare provider, submits an application to become an approved MassHealth provider, and is assigned a MassHealth provider number by the MassHealth agency. An out-of-state provider must have a valid license issued by the appropriate regulatory agency within its state in order to be approved as a MassHealth provider.

407.407: Selective Contracting

(A) In some regions the MassHealth agency may provide transportation services through selective contracts with regional transit authorities or other transportation entities. In areas of the state where a selective contract with a transportation broker is in effect, services are provided in accordance with all applicable MassHealth regulations and the terms of the contract.

(B) The MassHealth agency may terminate, in whole or in part, existing provider agreements with transportation providers in those regions where selective contracts are in effect. In the event of any such termination, the MassHealth agency notifies the affected providers in writing, at least 30 days before termination. Such termination will not affect payments to providers for services provided before the date of termination.

(C) Members in regions where selective contracts are in effect are notified by the MassHealth agency of the transportation available to them under the terms of such contracts.

(130 CMR 407.408 through 407.410 Reserved)

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407.411: Transportation Utilization Restrictions

(A) Covered Services. 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 (see 130 CMR 450.105).

- (1) In the case of taxi, dial-a-ride, bus, and public transportation, the MassHealth agency determines those medical services that are covered by MassHealth.
- (2) In the case of ambulance and wheelchair van transportation not provided through a selective contract with a transportation broker, 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 not covered by MassHealth. If a member is in doubt as to whether or not a medical service is covered by MassHealth, the member should contact the MassHealth agency.
- (3) In the case of taxi, dial-a-ride, and wheelchair van transportation provided through a selective contract with a transportation broker, the MassHealth agency determines those medical services that are covered by MassHealth.

(B) Noncovered Services. The following are examples of transportation services that are not covered by MassHealth:

- (1) transportation to child day-care centers and nurseries;
- (2) transportation of persons who are elderly or disabled to adult day health programs, except when arranged by special contract with the MassHealth Adult Day Health Program;
- (3) transportation to schools, summer camps, and recreational programs (for example, swimming classes);
- (4) transportation of family members to visit a hospitalized or institutionalized member;
- (5) transportation to a medical facility or physician's office for the sole purpose of obtaining a medical recommendation for homemaker/chore services;
- (6) transportation to government-agency offices;
- (7) transportation to visit a child in foster-care placement or in group-care placement;
- (8) transportation to a medical service that is within .75 miles of the member's home or other MassHealth agency-approved point of origin, when the member is able to ambulate freely with or without an escort;
- (9) transportation to pharmacies to obtain medications; and
- (10) transportation to obtain computerized axial tomography (CAT) scans at a facility other than one that has been issued a Certificate of Need by the Massachusetts Department of Public Health.

(C) Locality Restrictions. MassHealth pays for an eligible member to be transported to sources of medical care only within the member's locality, unless otherwise authorized by the MassHealth agency. Locality refers to the town or city in which the member resides and to immediately adjacent communities. However, when necessary medical services are unavailable in the member's locality, transportation to the nearest medical facility in which treatment is available is covered by MassHealth. Medical transportation originates from the member's home and proceeds to the location of the medical appointment. Other points of origin, such as from one doctor's office to another, require approval from the MassHealth agency.

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(D) Institutionalized Members. When specialized equipment required for medical treatment for an institutionalized member is not available at a facility, the member may be transported to the site of such specialized equipment. Medical services that may require specialized equipment include X-ray services, cast removal, fitting for artificial limbs, and radiation therapy.

(E) Types of Transportation. Members must use personal transportation resources such as family or friends whenever possible. When personal transportation resources are unavailable, a member must use public transportation, if available in the member's locality and suitable to his or her medical condition. Private transportation is covered by MassHealth only when public transportation suitable to the member's medical condition is unavailable.

(F) Shared Ride.

- (1) When two or more members are traveling to the same locality at the same time, they must share transportation when such arrangements are made by the MassHealth agency, transportation provider, transportation broker, or medical provider.
- (2) When two or more members are traveling together to the same locality, only one member may obtain reimbursement for use of a private automobile.

(130 CMR 407.412 through 407.420 Reserved.)

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407.421: Authorization for Transportation

(A) Types of Authorization.

(1) All forms of transportation except public transportation require prior authorization from the MassHealth agency. The authorization must consist of one or more of the following:

- (a) verbal authorization for transportation;
- (b) a Prescription for Transportation (PT-1) completed by a physician, physician assistant, nurse midwife, dentist, nurse practitioner, psychologist, or managed-care representative; or
- (c) a completed Medical Necessity Form.

(2) Specific authorization requirements for each mode of transportation are provided in the sections of regulations for each type of vehicle.

(B) Authorization for Out-of-State Transportation. Transportation to specially approved out-of-state medical services requires prior authorization from the MassHealth Prior Authorization Unit. Transportation to these out-of-state medical services must be the least costly mode suitable to the patient's condition.

(C) Prescription for Transportation.

(1) A prescription for dial-a-ride or taxi transportation must be written by a physician, physician assistant, nurse midwife, dentist, nurse practitioner, psychologist, or managed-care representative on a Prescription for Transportation (PT-1) form.

(2) A completed PT-1 must contain the following information:

- (a) the member's social security number, name, and address;
- (b) the specific physical or mental disability that prohibits the use of public transportation;
- (c) the medical care that will be received;
- (d) how often transportation is needed (specific dates or specified number of trips per week for the duration of treatment);
- (e) destination of the trip (the name and address of the location of the service covered by MassHealth);
- (f) the expected duration of the need for transportation (specific time period not to exceed six months for acute illness and one year for chronic illness);
- (g) the date on which the prescription is written;
- (h) the signature of the physician, physician assistant, nurse midwife, dentist, nurse practitioner, psychologist, or managed-care representative;
- (i) if the member is residing in a nursing facility, the medical services or equipment that are needed and cannot be obtained in the facility; and
- (j) if the treatment destination is outside the member's locality, the medical services or equipment that are needed and cannot be obtained locally.

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(D) Medical Necessity Form.

(1) Purpose. The Medical Necessity Form is used to authorize medical necessity for nonemergency ambulance and wheelchair van trips. The member's medical record must support the information given on the Medical Necessity Form.

(2) Required Signature. Only a physician, physician's designee, physician assistant, nurse midwife, dentist, nurse practitioner, psychologist, or managed-care representative may sign a Medical Necessity Form. The Medical Necessity Form may be signed either at the trip's origin or destination. If the Medical Necessity Form is signed by a physician's designee, the physician's name and the authority of the designee must be noted on the Medical Necessity Form where designated.

(3) Transportation Provider's Responsibility.

(a) The transportation provider must obtain a signature on the Medical Necessity Form from one of the individuals specified in 130 CMR 407.421(D)(2).

(b) Transportation providers are responsible for completeness of Medical Necessity Forms. The completed Medical Necessity Form must be kept by the transportation provider as a record for six years from the date of service.

(4) Recurring Need. 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. The anticipated dates of each trip and the anticipated total number of trips must be entered on the form.

(5) Special Circumstances. If a member is ambulatory but must be accompanied by an escort whose mobility is limited, the escort's medical condition determines the appropriate mode of transportation.

(130 CMR 407.422 through 407.430 Reserved.)

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407.431: Reimbursement to Members for Transportation Expenses

(A) Reimbursable Expenses. Members may obtain full or partial direct reimbursement from the MassHealth agency for expenses incurred in traveling to services covered by MassHealth, based on the least expensive mode of transportation available to the member. Members who receive brokered transportation services from MassHealth are not eligible for reimbursement.

Reimbursement for transportation is limited to the following expenses:

- (1) private automobile costs, when the use of a private automobile is less expensive than other available transportation;
- (2) public transportation costs (MBTA, local buses);
- (3) any licensed carrier costs, when there is no transportation provider in the member's locality enrolled in MassHealth and when documentation of medical necessity for the mode of transportation used can be provided by a physician, registered nurse, physician assistant, licensed practical nurse, nurse midwife, dentist, nurse practitioner, medical-facility social worker, psychologist, or managed-care representative; and
- (4) dial-a-ride, taxi, or wheelchair van transportation costs in cases of urgent medical need when the need occurs outside of regular business hours.

(B) Method and Amount of Reimbursement.

(1) In order to obtain reimbursement for transportation expenses, a member must obtain documentation from his or her physician, registered nurse, physician assistant, licensed practical nurse, nurse midwife, dentist, nurse practitioner, medical-facility social worker, psychologist, or managed-care representative that medical services covered by MassHealth were received. The documentation must give the date on which medical services were received as well as the specific address where medical services were received. In cases of urgent medical need, the documentation must also state the time medical services were received. Transportation receipts are also required when available. The member must submit documentation and receipts to the MassHealth agency and request reimbursement for transportation expenses.

(2) Transportation costs must total \$5.00 or more in order for the member to request reimbursement. The member must submit a request for reimbursement no later than 90 days after the earliest date on which transportation costs in excess of \$5.00 occurred. The amount of reimbursement for private automobile costs is the lesser of either the automobile mileage cost as calculated from the MassHealth mileage manual using the reimbursement rate currently authorized for MassHealth agency employees and recognized mileage technology, or the cost of other available transportation.

(3) If a member traveled outside his or her locality, as defined in 130 CMR 407.411(C), the documentation must state the medical services that were needed and that could not be obtained locally. If a member traveled outside his or her locality when necessary medical services were available locally, transportation costs incurred are not reimbursable unless authorized by the MassHealth agency.

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407.432: Payment to Providers for Transportation Services

(A) Amount of Payment. Payment for transportation is made directly to providers of services except in the circumstances specified in 130 CMR 407.431, or in areas of the state where a selective contract with a transportation broker is in effect. Where such a contract is in effect, payment is made in accordance with the terms of the contract. In all other cases, the maximum allowable fee for transportation services provided to members is either the fee established for the service by the Massachusetts Division of Health Care Finance and Policy (DHCFP) or the provider's usual and customary charge, whichever is lower. When a member and an individual who is not a member or an escort are transported together, the member is considered the "additional person" for billing purposes.

(B) Usual and Customary Charge Definition. The term "usual and customary charge" means the amount a provider would charge for substantially the same service to an individual who is not eligible for direct public assistance for that service. However, a special rule may apply to certain providers that operate low-cost transportation systems intended to benefit classes of individuals for whom no direct public assistance, insurance coverage, or other sources of third-party payment are available, where the amount charged to such individuals is less than the actual cost of providing the service, and when the operation of the system depends upon higher charges for services to individuals who have third-party sources of payment. In such cases, if the provider can demonstrate, by evidence satisfactory to the MassHealth agency, that its charges for services to individuals who are not eligible for direct public assistance are significantly less than the cost of providing the services, the MassHealth agency will establish a rate under individual consideration, which will be deemed to be the provider's usual and customary charge for the purpose of payment by the MassHealth agency. In no event will this established rate exceed either the maximum fee established by DHCFP or the actual cost of the service.

(130 CMR 407.433 through 407.440 Reserved)

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407.451: Taxi

(A) Vehicle Standards.

(1) Every vehicle used by taxi providers must be maintained in such a manner as to ensure the safety and comfort of the passengers being transported. Such vehicles must be clean, sanitary, vermin-free, and protected against motor-exhaust fumes. The vehicle must carry no more than the number of passengers for which it was designed, in accordance with local town or city licensing regulations. The provider must maintain a system of regular vehicle inspection in accordance with the rules and regulations set by the local city or town licensing authority.

(2) Every vehicle used by taxi providers must be duly registered with the Massachusetts Registry of Motor Vehicles and must meet all safety and inspection requirements of the Registry.

(B) Personnel Qualifications.

(1) Every taxi driver providing transportation services under MassHealth must possess a valid Massachusetts driver's license.

(2) Every taxi provider must ascertain that each operator employed in the operation of the vehicle is fit and proper to operate the vehicle and is fully instructed about the motor-vehicle laws of Massachusetts.

(C) Application for Participation.

(1) Except in areas of the state where a selective contract with a transportation broker is in effect, every taxi company requesting to participate in MassHealth must submit the following information to the MassHealth agency for review:

- (a) a completed Transportation Services Questionnaire;
- (b) a copy of the license issued by the appropriate legal authority in the city or town where the taxi company is located; and
- (c) a copy of the company's certificate of insurance.

(2) The MassHealth agency will review the information submitted, and may make an on-site review or request a meeting with a representative of the taxi company. In addition, the MassHealth agency may request information from other agencies about the services provided by the taxi company.

(3) In areas of the state where a selective contract with a transportation broker is in effect, the transportation broker selects taxi companies as their subcontractors in accordance with the requirements of the contract. All such subcontracts are subject to approval by the MassHealth agency.

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(D) Criteria for Use.

- (1) Taxi service is not appropriate when public transportation is available. Availability of public transportation means that a public system is operated in the area on a regularly scheduled basis. A wait of up to one hour for a regularly scheduled ride or up to two transfers in transit is considered reasonable.
- (2) Taxi service is appropriate for persons who are unable to use public transportation because of physical or mental disabilities. Taxi services are also appropriate to ensure necessary transportation in instances where no dial-a-ride or public transportation is available.
 - (a) Physical inability to use public transportation means that a person needs assistance to walk or is unable to climb bus steps.
 - (b) Mental inability to use public transportation means that a person has crowd phobias, dementia, or violent or assaultive behavior, or is seriously confused and disoriented.
- (3) Lack of an escort for a young child is not an appropriate criterion for the use of a taxi.

(E) Prescription Requirement.

- (1) All taxi transportation requires a Prescription for Transportation (PT-1) completed by a physician, physician assistant, nurse midwife, dentist, nurse practitioner, psychologist, or managed-care representative detailing the member's physical condition that prohibits the use of rapid transit or bus service.
- (2) When urgent medical need necessitates immediate taxi transportation to medical services, and when there is no prescription on file with the MassHealth agency, verbal authorization may be granted by the MassHealth agency without a prescription with the provision that the member obtain a prescription from his or her physician, physician assistant, nurse midwife, dentist, nurse practitioner, psychologist, or managed-care representative verifying the urgent medical need for taxi transportation. Such prescriptions must be submitted to the MassHealth agency within two business days after the day on which the prior authorization was granted.

(F) Authorization Requirement. Except as otherwise provided in a selective contract with a transportation broker in an area of the state where such a contract is in effect, all taxi transportation requires prior authorization from the MassHealth agency. The MassHealth agency grants authorization only when the request is accompanied by a completed PT-1, if required. Payment is subject to all general conditions of the MassHealth, including member eligibility, third-party resources, and program restrictions.