



**Medical Coverage Determination  
Non-Emergency General Transportation Services  
for Members Assigned to Nationwide Provider Network (NPN)**

**Publish Date: January 18, 2018**

*Most Recent Revision Date: May 15, 2019*

- I. **Title:** Non-Emergency General Transportation Services for Members Assigned to the NPN
- II. **Description:** Coverage of Non-Emergency General Transportation Services, and Expenses Incident to Non-Emergency General Transportation Services, for Members Assigned to the NPN

III. **Coverage Overview**

The WTC Health Program may provide coverage of primary and incidental<sup>1</sup> expenses for necessary and reasonable<sup>2</sup>, non-emergency general transportation services<sup>3</sup> for members assigned to the Nationwide Provider Network (NPN).

This transportation must be for the purpose of the member securing medically necessary treatment for a certified WTC-related health condition, or health condition medically associated with a certified WTC-related health condition. In addition, the travel must exceed 250 miles roundtrip from the member's place of current residence (or a WTC Health Program-affiliated healthcare facility or office), to a WTC Health Program-affiliated healthcare facility or office.<sup>4</sup> Travel is reimbursed according to General Services Administration (GSA) rates and practices.

To obtain authorization for non-emergency general transportation services, the NPN member must have a Prior Authorization in place that meets all requirements set forth in this Medical Coverage Determination.

IV. **Coverage Guidelines – General Eligibility Requirements for Non-Emergency General Transportation Services for NPN Members**

All non-emergency general transportation services must meet the criteria below.

**A. Prior Authorization Level 3 - Authorization by the WTC Health Program**

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<sup>1</sup> Incidental expenses are those that are "incident to the necessary and reasonable, non-emergency general transportation," and may include meals, lodging, or certain other expenses that are necessary to effectuate a successful transport.

<sup>2</sup> Reasonableness will be determined by the Program after a review of the member's situation and available transportation options. A variety of factors will be taken into account, including travel time, a member's health status, as well as cost.

<sup>3</sup> The term "non-emergency general transportation services" is defined by the WTC Health Program as the mode of transportation that is provided by the Program to the NPN member, including but not limited to automobile, bus, train, and airplane.

<sup>4</sup> The WTC Health Program may provide coverage, on a case-by-case basis, of travel between NPN-affiliated offices or facilities in the same trip where both are greater than 250 miles roundtrip from the member's current residence.

A Prior Authorization Level 3 (PA3) is required for all non-emergency general transportation services. The WTC Health Program will review the medical justification provided by the NPN Clinical Director to determine whether the non-emergency general transportation services are medically necessary to manage, ameliorate, or cure the member's certified WTC-related health condition, or health condition medically associated with a certified WTC-related health condition. The WTC Health Program will also confirm that the member meets the Prior Authorization Criteria listed below in Section IV.B. and that such criteria is appropriately documented in the member's medical record.

## **B. Initial Authorization Criteria for Non-Emergency General Transportation**

The NPN Clinical Director may request authorization from the WTC Health Program for non-emergency general transportation if **ALL** of the criteria (**1** through **10**) are met and clearly documented in the member's medical record. To request non-emergency general transportation services, the NPN Clinical Director must submit a PA3 Request to the WTC Health Program documenting and attesting to the following information on the PA3 request form:<sup>5</sup>

1. Member ID, name, date of birth, and list of most relevant certified conditions;
2. Documentation that the member's travel is for the purpose of obtaining treatment for a health condition that is certified by the WTC Health Program as WTC-related or medically associated with a certified WTC-related health condition;
3. Documentation that the member is assigned to an NPN-affiliated physician or provider and that the transportation is necessary to receive treatment services to manage, ameliorate, or cure the currently certified WTC-related condition, or health condition medically associated with a certified WTC-related health condition. Please specify that the member meets requirements a. AND b:
  - a. The remoteness of the member's current residence from an NPN-affiliated provider – a minimum of 250 miles distance roundtrip must be established;<sup>6</sup>

### **AND**

- b. The travel distance to an NPN-affiliated provider is reasonable and efficient for meeting both member and Program needs. As part of the documentation of reasonableness, please include a discussion on the PA3 form of any situation where exceptional continuity of care needs for an established member/provider relationship and/or specialty care for a member with ongoing complex medical needs supercedes the priority of minimizing travel expenses.
4. Documentation that the vehicle (automobile, bus, train, airplane) providing services to the member must be traveling directly to and/or from one of the below listed locations:

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<sup>5</sup> See WTC Health Program Administrative Manual, [Chapter 4, Section 11], at <https://www.cdc.gov/wtc/ppm.html>.

<sup>6</sup> See 42 U.S.C. § 300mm-22(b)(4)(C); 42 C.F.R. § 88.2(b).

a. Place of current residence;

b. NPN-affiliated facility or office;<sup>7</sup>

**OR**

c. In the event the travel does not meet the above requirements, a detailed itinerary with explanations of each stop or way-point;<sup>8</sup>

5. Documentation of number of trips during one 30-day authorization period, to include:

a. Name of provider(s);

b. Specific address(es) of appointment(s);

c. Date(s) and time(s) of appointment(s);

**AND**

d. Purpose of each appointment.

Multiple appointments should be scheduled on the same day when possible. For multiple appointments which cannot be scheduled on the same day, justification must be provided on the PA3 request form;

6. Documentation that the authorized mode of travel being utilized is the most reasonable mode available (e.g., taxi or other livery service,<sup>9</sup> rental car, bus, train, air, or privately owned vehicle [POV], etc.);

7. Documentation that the days of travel occur no more than 24 hours prior to the first appointment and no more than 24 hours after the last appointment.<sup>10,11</sup>

8. Documentation that the authorized mode of travel being utilized is the most cost effective for the day of travel (see Section IV.B.4.); and

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<sup>7</sup> The WTC Health Program may provide coverage, on a case-by-case basis, of travel between NPN-affiliated facilities or offices in the same trip where both are greater than 250 miles from the member's current residence.

<sup>8</sup> May include multiple forms of transportation, (e.g., taxi from current residence to train station; train to medical office).

<sup>9</sup> Livery services are defined as vehicles used for hire, including, but not limited to, taxis, Uber, and Lyft. NPN should prioritize hiring the most economical and reasonable service available.

<sup>10</sup> In the event that the treating NPN-affiliated provider advises the NPN Clinical Director that travel greater than 24 hours prior to the first appointment and/or greater than 24 hours after the last appointment is medically necessary, the NPN Clinical Director should include this with a strong narrative for justification in the PA3 request. In determining the length of approved travel and in limited situations, the Program may also consider adjustment of travel schedule based on travel efficiencies and medical appointment scheduling needs.

<sup>11</sup> In the event that the treating NPN-affiliated provider advises the NPN Clinical Director that travel within 24 hours of the last appointment would pose a threat to the member's survival or seriously endanger the member's health, the NPN Clinical Director should include this with a strong narrative for justification in the PA3 request. In the event that medical concerns or complications arise during the approved travel such that completion of travel as approved is impossible, the NPN-affiliated provider must contact the NPN Clinical Director for approval. The NPN Clinical Director should re-submit the approved PA3 Request Form to WTC Health Program with justification of additional expenses.

9. Documentation that all anticipated expenses are incident to the non-emergency general transportation services.

### **C. Second Opinions**

Requests for transportation to facilitate authorized second opinions will be evaluated on a case-by-case basis and must include a strong narrative for justification on the PA3 request form. Also, include documentation of the NPN Clinical Director's approval of the second opinion along with all known trip details, such as appointment date(s), time(s) and location(s) on the PA3 request form in the area provided.

### **D. Subsequent Authorizations**

Additional PA3 Requests are required if the member continues to have appointments of over 250 miles roundtrip after the initial 30-day authorization period. Each subsequent PA3 request may list multiple appointments requiring transportation, as long as they fall within one 30-day authorization period. Each subsequent PA3 Request for non-emergency general transportation services will be evaluated on a case-by-case basis.

### **E. Reimbursement Rates**

The WTC Health Program reimburses travel based on the Federal Travel Regulation (41 C.F.R. pts. 300-304) at rates established by the GSA. The reimbursement rates are subject to change by GSA. To view the current mileage reimbursement rate and rates for other incidental expenses, please visit the [GSA website](#). Members must be in travel status for more than 12 hours to be eligible for per diem reimbursement.

1. Incidental expenses reimbursed at GSA rates<sup>12</sup> may include one or more of the following:
  - a. Cost of mileage for a privately owned vehicle;
  - b. Cost of vehicle/carrier/public transportation providing services to the member;
  - c. Parking;
  - d. Required tolls during travel;
  - e. Lodging necessary for member during travel directly to and/or from member's place of current residence and the NPN-affiliated facility or office;
  - f. Rental car and rental car fuel reimbursement;<sup>13</sup>

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<sup>12</sup> GSA sets rates for certain incidental expenses including mileage for use of personally owned vehicles, per diem amounts to cover meals, and lodging rates for specific locations and time periods; for other incidental expenses, GSA reimbursement is based on actual costs. Please see the GSA website for more information. All incidental expenses incurred should be at the lowest priced possible option. For lodging, rates should be at or below the GSA rate; in the event of documented limited availability, the Program may provide reimbursement of actual costs of no more than 15% over the government rate.

<sup>13</sup> The member is responsible for the cost of rental insurance, rental car upgrades, and/or any damages incurred during the rental period.

- g. Meals necessary for the member during travel directly to and/or from member's place of current residence and the NPN-affiliated facility or office;
- h. A medically necessary companion and their pre-approved associated expenses;<sup>14</sup>

**AND**

- i. Other incidental expenses (e.g. airline baggage fees).

**V. Prior Authorization Request Submission Requirements**

The Non-Emergency General Transportation Services PA3 Request must be signed by the requesting NPN Clinical Director and submitted to the Health Program Support (HPS) contractor through the Secure File Transfer Protocol (SFTP) server. Incomplete requests will be returned to the NPN for additional information. The WTC Health Program will decide whether to authorize the transportation and will inform the HPS contractor, who will subsequently inform the NPN of the decision. The NPN will document the request, all required criteria, and the decision in the member's record.

**VI. Travel Expenses and Reimbursement**

Once the member has completed their travel, the NPN will submit a claim for payment via the Non-Emergency General Travel Reimbursement form. The claim will include itemized expenses with GSA rates for reimbursement of the actual amounts paid for transportation services and GSA per diem rates for other incidental expenses. Incidental expenses may include mileage (if the member drives), carriers/public transportation to include rental car fees, parking, tolls, lodging, a medically necessary companion, and/or meals, as the NPN determines appropriate on a case-by-case basis. The NPN must submit the form and the approved PA3 Request along with all receipts to the HPS contractor for reimbursement. The NPN is responsible for reimbursing the member in accordance with GSA rates and practices. The NPN will keep a file on each reimbursement claim with a written request for reimbursement prepared by the NPN case manager along with the written decision on why travel reimbursement was granted or denied.

All documentation for completed non-emergency general transportation service PA3 Requests are subject to audit by the WTC Health Program.

**VII. Billing/Codes Guidelines**

All applicable codes are listed in the WTC Health Program codebook, located on the Secure Access Management services (SAMs) portal.

For consideration of codes that are not currently included in the WTC Health Program codebook,

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<sup>14</sup> Companion expenses may ~~only include meals and lodging~~ include airfare and lodging, as well as meals and incidentals at the same reimbursement rate allotted to the member. Companions may not travel in a separate POV or other carrier. In order for companion expenses to be considered for reimbursement, the companion must be medically necessary and justification must be included on the PA3 Request in order for costs to be reimbursed.

please submit a WTC-5 Medical Code Request form via the standard [WTCMedCode@csra.com](mailto:WTCMedCode@csra.com) mailbox process.

## **VIII. Revision History**

- 1.** Code ranges removed and specific applicable codes listed, as currently listed in the WTC Health Program codebook. Formatting of headers adjusted. Formatting of Appendix A adjusted. Language added to section V. *January 29, 2018*
- 2.** Replaced “Karna” with “Health Program Support contractor”. Revised language to footnote 1. Revised language to and IV.B.1.a. Revised language to footnote 10. Revised language to VI.B. Deleted Appendix A. Revised language in reference to the Level 3 Prior Authorization Requests throughout. Revised “place of residence” to “place of current residence” throughout. Added “monitoring” language throughout. *February 27, 2018*
- 3.** Changed the format and outline to match the current MCD outline and format throughout. Removed the word “designee” throughout. Added continuity of care and justification language IV.B.3.c. Replaced “episode of care” with “authorization period” throughout. Added most reasonable mode of transportation IV.B.7. Added travel vs appointment language IV.B.8. Added cost effective mode of travel. IV.B.9. Added second opinion language IV.C. Added “pre-approved” to IV.E.8. Added “e.g. airline baggage fees” to IV.E.1.i. *October 22, 2018*
- 4.** Removed “monitoring” language throughout. Defined “reasonableness”. Strengthened language of criteria under 3. Defined livery services. Strengthened language which addresses multiple appointments. *May 15, 2019*
- 5.** Removed duplicative language related to the member’s residence being a minimum of 250 miles distance roundtrip from an NPN-affiliated provider in Section IV.B. Change resulted in renumbering of the MCD criteria in this section. *May 15, 2019*
- 6.** Added Footnote 14 to specify member’s responsibility for rental car costs. *May 15, 2019*
- 7.** Clarified companion costs in Footnote 15. *May 15, 2019*