



Memorandum

Date: November 4, 2021

To: Provider staff arranging travel for Medicaid beneficiaries

From: Krystal Nichols, Operations Manager

Subject: Medicaid policy clarification for non-emergent travel and escort coverage

Supersedes May 1, 2015, version

This memo provides updated guidance and clarification concerning Alaska Medicaid travel policy.

Alaska Medicaid members may qualify for travel benefits when approved by prior authorization under Department regulations [7 AAC 105.130(a)(1); 7 AAC 120.405(2)]. Medicaid may also authorize an escort to accompany a member requiring travel under certain circumstances [7 AAC 120.430]. An overview of relevant arranging patient travel policies may be found in the [Arranging Patient Travel Billing Manual](#).

The attached tables are intended to help guide providers arranging Medicaid travel, who may refer to the examples listed to determine whether a particular member's trip may qualify for coverage, and whether an escort may be authorized. The examples apply to non-emergent travel and are grouped by member age: under 21 years old vs. 21 years or older for the travel benefit itself; 17 years or under vs. 18 years or older for possible escort coverage. The department's travel arrangers (Conduent, ANTHC, YKHC, and TCC) will continue to be responsible for approving member travel and will use this guidance when making determinations.

In accordance with regulations concerning sustained fiscal integrity of Medicaid and avoidance of waste and abuse [7 AAC 105.130(c)(2)-(3)], travel may not be arranged for members' personal needs. When arranging travel, all attempts must be made to coordinate appointments so that all necessary provider visits may occur during a single trip when possible. Attempts should also be made to coordinate appointments into a single trip when multiple members within a family need care.

Non-Emergent Medical Travel Policy Medicaid Member Policy Clarifications

Policy Clarification Examples	Child (Under 21 years)	Adult (21 years or older)
Non-emergent diagnostic, therapeutic, or treatment services: out of area travel for services available locally by CHA, BHA, licensed provider, and/or telehealth, or expected to be locally available within 3 months (by traveling provider or by telehealth).	Not Covered	Not Covered
Non-emergent diagnostic, therapeutic, or treatment services: local ground transportation within a member’s home community.	Covered with letter of medical necessity by an MD, ARNP, PA, or DMD	Covered with letter of medical necessity by an MD, ARNP, PA, or DMD
Non-emergent diagnostic, therapeutic, or treatment services recommended by non-licensed provider (e.g., CHA, BHA, MA) without consulting provider.	Not Covered	Not Covered
Non-emergent diagnostic, therapeutic, or treatment service: Out of area travel for services determined by licensed provider (MD, ARNP, PA, DMD) to be medically necessary for a specific condition at a level higher than available locally or with telehealth, and not expected to be available for at least 3 months.	Covered	Covered
Non-emergent diagnostic, therapeutic, or treatment service: out of area travel for a service expected to be locally available within 3 months, but licensed provider specifies care is needed before available locally.	Covered with letter of medical necessity by an MD, ARNP, PA, or DMD	Covered with letter of medical necessity by an MD, ARNP, PA, or DMD
Adult preventive services (screenings): colonoscopy or flexible sigmoidoscopy, pap smears, vision exams, and other screening services related to preventive care except mammograms and routine dental services.	N/A	Not Covered
Adult preventive services (screenings): out of area travel for mammograms and routine dental services not expected to be locally available for at least 3 months and no other travel is planned for future diagnostic, therapeutic, or treatment services.	N/A	One travel event covered per calendar year – travel must be combined with other travel events if applicable
Adult preventive services (screenings): out of area travel for mammograms and routine dental services expected to be available within 3 months and/or the member has travel planned for future diagnostic, therapeutic, or treatment services.	N/A	Not Covered
Adult preventive services (screening): local ground transportation within home community for mammograms and routine dental services.	N/A	Covered with letter of medical necessity by an MD, ARNP, PA, or DMD

Policy Clarification Examples	Child (Under 21 years)	Adult (21 years or older)
Adult vaccines: local or out of area travel for vaccines other than the COVID-19 vaccine.	N/A	Not Covered
Pediatric vaccines: local ground transportation within member's home community.	Covered with letter of medical necessity by an MD, ARNP, or PA indicating why other services are not being coordinated with vaccine	N/A
Pediatric vaccines: out of area travel for the sole purpose of a vaccine.	Not Covered	N/A
Adult or pediatric COVID-19 vaccine: local ground transportation within member's home community.	Covered	Covered
Adult or pediatric COVID-19 vaccine: travel outside of the member's home community.	Not Covered	Not Covered
Pediatric preventive service (screening): out of area travel for recommended preventive services not available in local community from CHA or licensed provider, and not expected to be available within three months.	Covered	N/A
Therapies (behavioral health/PT/OT/speech): out of area travel for therapy services which are not available locally, including through the local school district or by telehealth and is not expected to be available locally or through telehealth within the next 3 months.	Covered – POC/treatment plan required after initial visit	Covered – POC/treatment plan required after initial visit
Pediatric therapies (behavioral health/PT/OT/speech): out of area travel for therapy services only available through the school district or ILP program.	Not Covered	N/A
Therapies (behavioral health/PT/OT/speech): Local ground transportation within member's home community.	Covered – letter of medical necessity required for initial visit and POC/treatment plan required for continued care	Covered – letter of medical necessity required for initial visit and POC/treatment plan required for continued care
Therapies (behavioral health): member requires behavioral health counseling services but has a personal relationship with all local counselors and behavioral telehealth is unavailable.	Covered with letter of medical necessity by MD, ARNP, PA, psychologist, social worker, or mental health clinician	Covered with letter of medical necessity by MD, ARNP, PA, psychologist, social worker, or mental health clinician

Non-Emergent Medical Travel Policy Escort Policy Clarifications

Policy Clarification Examples	Child (Under 18 years)	Adult (18 years or older)
Member who does not meet PA criteria for travel coverage.	Not Covered	Not Covered
Child traveling for a covered service that has been approved for travel.	Covered	N/A
Adult member with limited English language ability needing an escort for the sole purpose of translation.	N/A	Not Covered
Elderly member who is not mobile or who cannot ambulate on his/her own or with cane/walker.	N/A	Covered - letter of medical necessity required to justify a medical need for an escort
Elderly member who is mobile and able to ambulate on his/her own or with cane/walker.	N/A	Not Covered
Member with significant cognitive or physical dysfunction from developmental disability or from acquired conditions such as stroke or dementia.	Covered	Covered - letter of medical necessity required to justify a medical need for an escort
Developmentally disabled adult , without significant cognitive dysfunction or physical disability (e.g., CP or muscular dystrophy).	N/A	Not Covered
Confined to a wheelchair or blind.	Covered	Covered
Adult with a diagnosis of an anxiety disorder who is being treated by a behavioral health provider or mental health clinician with submission of a letter of medical necessity from the provider treating the anxiety disorder.	N/A	Covered - letter of medical necessity required to justify a medical need for an escort
Adult with a diagnosis of generalized anxiety who is not currently being treated by a behavioral health provider or mental health clinician for the anxiety disorder with or without pharmaceutical management by primary care provider.	N/A	Not Covered

*This document does not negate any other documentation requirements already in place for other programs such as travel for long term care and behavioral health.