



**Medical Justification Requirements for Travel
Effective July 15, 2021**

Required medical justification must be submitted in writing with non-emergency transportation requests indicated in the below table within 5 business days of the travel request or the request will be denied.

Telehealth Services: Telehealth must be considered prior to requesting transportation services. When telehealth is unavailable for services, medical justification must include language as to why telehealth cannot be utilized.

Medical Justification Requirements for Travel:

Transportation Request	Description	Required Documentation
Local Transportation	Travel within community of residence	<ul style="list-style-type: none"> • Letter Medical Necessity • Plan of Care / Treatment Plan • Medical Records (if requested by the department)
Out-of-State and/or Travel Bypassing Closest Available Provider	Out-of-state travel or travel to a specialist that is not the closest available	<ul style="list-style-type: none"> • Letter of Medical Necessity • Medical Exhaust Letter – if bypassing closer specialist • Plan of Care / Treatment Plan • Medical Records
Bypassing Least Expensive Mode of Transportation	Any travel request that is not the least expensive mode of transportation (ex: charter flight instead of commercial flight or wheelchair van instead of taxi or bus)	<ul style="list-style-type: none"> • Letter of Medical Necessity
Reoccurring Appointments	Travel that is expected on a regular or reoccurring schedule such as therapy or pain management services	<ul style="list-style-type: none"> • Plan of Care / Treatment Plan – submit for initial travel request and when changes occur or plan expires

*** Out of area travel within the state of Alaska not bypassing closest available provider only requires written justification upon request from the department.**

** 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

*** When setting up travel for members, providers must ensure members/escorts understand that extensions unrelated to member’s medical needs are not covered by the department.

Exceptions:

Transportation for Services Prior Authorized by the Department: If the department has prior authorized services related to the travel, provide the prior authorization number when requesting travel. Additional medical justification may be requested if needed. This includes but not limited to travel related to:

- Inpatient admissions
- Facility Transfers

Travel for Follow-Up Appointments: If travel is related to follow-up care from a previously approved travel request, submit a new letter of medical necessity and interim medical records. A new plan of care / treatment plan must be submitted if it has been updated.

Urgent and Emergency Healthcare Needs: These requests may be verbal, written medical justification may be requested if needed.

Facility Discharges: These requests may be verbal, no written medical justification required.

Minimum Requirements for Medical Justification Documents

Letter of Medical Necessity: must include the following:

- Recipient name, medical condition, and date of diagnosis
- Documentation of what care can/should be provided
- Documentation of why that care can't/shouldn't be provided locally
- Documentation of why that care can/should be provided at the requested location

Other pertinent information should also be included such as:

- Recipient declining services available locally, if so when and why
- Social dynamics of family affecting treatment location decisions

Medical Exhaust Letter: Must be from a specialist either locally or closest available and include the following:

- Details of service(s) that are medically necessary and rationale
- Statement that service(s) are not available in the local community, including if a similar service is available, why that service does not meet the needs of the recipient
- Clear statement of service that is available in location requested and clinical rationale for using that location in preference to other possibilities

Plan of Care/Treatment Plan: Must be current and describe the following:

- What care is needed and how often
- Continuity of care between all providers involved in the recipient's care
- Collaboration between local and non-local providers to ensure all care that can be done locally is done locally
- Known future travel needs for the recipient – how often is travel expected

Medical Records: Must support the letter of medical necessity and the plan of care

To submit medical justification please fax or emails documents to:

Conduent

Fax: 907.644.5982

ANTHC Travel Management Office

Electronic Requests: tmomedicaid@anthc.org

Fax: 907.729.2403

TCC Medicaid Patient Travel

Hours: Monday – Saturday, 8:00 a.m. – 5:30 p.m. AKT

Fax: 907.459.3927

YKHC Medicaid Patient Travel

Electronic Requests: Submit Travel Service Authorization form to PriorAuth@ykhc.org.

Fax: 907.543.6007