

**Appendix N**  
**Covered and Uncovered**  
**Services**

**COVERED and UNCOVERED SERVICES UNDER THE  
MEDICAL ASSISTANCE TRANSPORTATION**

**The following are covered under MATP when the services are provided by an MA eligible provider:**

1. All outpatient services provided by general hospitals, including psychiatric services;
2. Hospital discharges;
3. Admission to and discharge only from private psychiatric hospitals;
4. Admission to and discharge from inpatient drug and alcohol detoxification;
5. Admission to and discharge from inpatient drug and alcohol rehabilitation;
6. Non-hospital residential detoxification, rehabilitation, and halfway houses;
7. Mental Health Targeted Case Management (Intensive Case Management, Resource Coordination, and Blended Case Management);
8. Peer Support Services;
9. Mental Health Crisis Intervention Services;
10. Intensive Behavioral Health Services (site-based);
11. Drug and Alcohol Intensive Outpatient;
12. Drug and Alcohol Partial Hospitalization;
13. Licensed Independent Practitioner Services (Licensed Clinical Social Worker, Licensed Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor);
14. Visitation/Patient Education – Covered, subject to the following limitations:
  - a. A parent, foster parent or guardian is eligible to be transported to visit his or her client minor child(ren) who is an inpatient of a hospital, whether or not the parent is eligible. Transportation of individuals who are not MA recipients should be reported under the minor child's eligibility number; and
  - b. Transportation to visit adult recipient inpatient is not covered;
15. Waiver-Funded Services – Covered, subject to the following limitations:
  - a. If the waiver includes funding for medical transportation, the Grantee shall not provide MATP-funded transportation; and
  - b. If the waiver does not include funding for medical transportation, the Grantee may provide MATP-funded transportation to MA covered services;
16. Services rendered by or at the following provider types:
  - a. Physicians;
  - b. Dentists;

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- c. Podiatrists;
- d. Medical suppliers (including low vision centers and opticians);
- e. Chiropractors;
- f. Independent medical/surgical clinics;
- g. Independent laboratories;
- h. Rural health clinics/Federally Qualified Health Centers;
- i. Primary health care clinics;
- j. Drug and alcohol clinics (including methadone maintenance services);
- k. Outpatient - Rehabilitation hospitals and all covered outpatient services provided by the hospitals;
- l. Pharmacies;
- m. Prescribed Pediatric Extended Care (PPEC) Programs;
- n. Family planning clinics
- o. Midwives;
- p. Birth Centers;
- q. Psychiatric clinics (including mental health partial hospitalization);
- r. Optometrists;
- s. Hospice Programs;
- t. Freestanding dialysis clinics;
- u. Short procedure units;
- v. Ambulatory surgical centers;
- w. Certified registered nurse practitioners;
- x. Psychologists;
- y. Comprehensive outpatient rehabilitation facilities;
- z. Physical therapists;
- aa. Certified rehabilitation agencies;
- bb. EPSDT service providers, including audiologists, behavioral health wrap-around service providers, residential treatment facilities, occupational therapists, speech therapists, Easter Seal Society and Cerebral Palsy Associations;

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cc. Community Residential Facilities/ Therapeutic Rehabilitative Residential Treatment Facilities – Covered, subject to the following limitations:

- i. MATP-funded transportation can be provided for a consumer's admission to a community residential facility or a therapeutic rehabilitative residential treatment facility and upon discharge from the facility; and
- ii. no other MATP service will be provided while the recipient remains in the facility;

dd. Nursing Facilities- Covered, subject to the following limitations:

- i. MATP funded transportation can be provided for a consumer's admission to a nursing facility and upon discharge from the facility; and
- ii. It is the responsibility of the nursing facility, not the Grantee, to provide nonemergency transportation for their nursing home residents as part of their MA per diem;

ee. Personal Care Homes – Covered, subject to the following limitations:

- i. Consumers in a licensed personal care home have an agreement with the home as to what services are provided by the facility. If routine transportation services are provided for the consumer, then the MATP is not responsible for the funding of transportation to medical assistance covered services;
- ii. If routine transportation is not provided, then the MATP will fund transportation for medical assistance covered services; and
- iii. It is the MATP's responsibility (and not the consumer's) to contact and request a letter from the PCH Administrator whether routine transportation is provided to residents;

ff. Veterans Administration Hospitals - Covered subject to the following limitations: MATP-funded transportation cannot be provided to the VA hospital unless the consumer is receiving MA-covered services from an enrolled MA provider; and

17. Services provided to the following categories of consumers:

- a. General Assistance Recipients eligible for MA;
- b. School Age Children Receiving Physical and Mental Health Services – Covered, subject to the following limitations: If the child's Individual Education Plan does not provide for transportation but their medical service is MA covered, the child is eligible for MATP services during school hours;
- c. Medical Assistance Workers with Disabilities (MAWD) – Covered, subject to the following requirements:
  - i. Individuals who qualify for the MAWD Program are MA eligible and eligible for the same MATP service as other eligible recipients; and
  - ii. MATP agencies are required to provide cost data relating to MAWD

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recipients on the Quarterly Report. See Grantee Fiscal Requirement, Fiscal Reporting Requirements;

- d. HealthChoices Members – Covered, subject to the following requirements:
  - i. Any medical service received by an eligible MA consumer and being paid through the agreement by membership in an MCO (HealthChoices) is considered a covered service for MATP purposes;
  - ii. If the MCO has authorized the consumer to go to an out-of-network provider, the MATP is required to transport to that provider within program regulations and limitations (unless it is an exceptional transportation request);
  - iii. MA consumers are allowed to self-refer for particular medical services (dental, vision, OB/GYN, family planning, chiropractic, and behavioral health services). These services do not require prior approval by a Primary Care Physician (PCP);
  - iv. For family planning services, a consumer can go to a provider in or out of the network;
  - v. For dental, vision, OB/Gyn, chiropractic and behavioral health services, the consumer shall obtain the services from a provider within their MCO's network, unless the MCO has authorized the person to go out-of-network; and
  - vi. To verify that a provider participates in an MCO's network, contact the designated liaison at the MCO;
- e. Deceased Recipients – Covered, subject to the following requirements: The Grantee will only pay mileage reimbursement on behalf of a consumer who is deceased when an individual can prove that he or she transported the consumer to medical visits;
- f. Dual Eligibles – Covered, subject to the following requirements: Medical Assistance eligible consumers whose medical service is paid by Medicare can receive MATP service to a Medicare product or service from the Medicare Provider of his/her choice; and
- g. School Age Children Receiving Physical and Mental Health Services – Covered, subject to the following limitations:
  - i. The MATP Grantee should verify with the local Intermediate Unit if transportation for particular medical services is provided for in the child's Individual Education Plan (IEP);
  - ii. If transportation is not provided for and the medical service is MA covered, the MATP is responsible for transporting the child during school hours; and
  - iv. If transportation is provided for in the IEP, the MATP is not responsible for transporting the child.

## **COVERED and UNCOVERED SERVICES UNDER THE MEDICAL ASSISTANCE TRANSPORTATION**

**The MATP does not cover the following transportation services:**

1. Emergency ambulance transportation;
2. Non-emergency medically necessary ambulance transportation;
3. Transportation to sheltered workshops;
4. Transportation to day care programs (including adult day care);
5. Transportation to any service not covered through the Department's Medical Assistance Program, including, for example, transportation to medical marijuana dispensaries or appointments for services funded by other programs such as the Women, Infants and Children ("WIC") program;
6. Transportation as part of inpatient treatment (responsibility of the inpatient facility);
7. Exceptional transportation service as defined at 55 Pa. Code 2070.4;\*
8. Air travel, lodging, meals;\*
9. Non-medically necessary escorts for adult consumers, stretcher service, door-through-door service;
10. Transportation for visitation purposes;
11. Transports to nonmedical services;
12. Transportation during severe inclement weather when it is deemed unsafe as specified under the applicable local bad weather policy or plan; \*\* and
13. Transportation to Urgent Care Centers.

\* The County Assistance Office (CAO) may provide the service/reimbursement.

\*\* If medically necessary, an attendant in this instance can escort an adult consumer to their medical appointment. The cost of that transportation would be covered as part of the PMPM rate.