

## Department of Health

DIVISION OF HEALTH CARE SERVICES Medicaid Operations Unit

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# Required Documentation for Travel Updated December 5, 2022 Supersedes Medical Justification for Travel Clarification dated 1/12/2022

Alaska Medicaid has streamlined our process for requesting travel to better serve providers and members. The new Certification of Medical Necessity (COMN) is designed to **reduce** the paperwork burden. Use the below table to determine required documentation when requesting travel. Required documentation must be submitted within 5 business days of the travel request or the request will be denied. For travel that does not require additional documentation, information must be provided verbally when requesting travel.

## **Required Documentation for Travel:**

Transportation Request	Description	Required Documentation Initial Appt	Required Documentation Follow-up Appt(s)
Local Transportation	Travel within community of residence	<ul> <li>Certification of Medical Necessity <sup>1,2</sup> (Form is required)</li> <li>Medical Records <sup>3</sup> - if requested by the department</li> </ul>	<ul> <li>Plan of Care / Treatment         Plan- Submit when changes occur, or plan expires     </li> <li>Medical Records<sup>3</sup> - if requested by the department</li> </ul>
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> <li>Certification of Medical Necessity <sup>1,2</sup> (Form is required)</li> <li>Medical Records <sup>3</sup></li> </ul>	<ul> <li>Plan of Care / Treatment</li> <li>Plan</li> <li>Medical Records <sup>3</sup></li> </ul>
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)	Certification of Medical Necessity <sup>1,2</sup> (Form is required)	New COMN needed after expiration of certification period on original COMN

<sup>\*</sup> 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.

<sup>\*\*</sup>Should the provider submit a traditional letter of medical necessity instead of using the COMN form, it may trigger a more detailed review out of respect for the provider.

<sup>&</sup>lt;sup>1</sup> COMN is only required for the initial visit for each episode of care. The department needs a current Plan of Care / Treatment Plan to continue authorizing travel.

<sup>&</sup>lt;sup>2</sup> For Local Transportation to receive PT/OT/SLT services: a referral can be used in place of an COMN when the provider requesting travel is the receiving provider

<sup>&</sup>lt;sup>3</sup> Must contain the Assessment/Plan part of the medical records

#### **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.

### **Exceptions**

**Out of Area Travel within the State of Alaska**: If not bypassing closest available provider, information may be provided verbally when requesting travel unless the department requests additional information.

**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 outside of a Plan of Care / Treatment Plan:** If travel is related to follow-up care from a previously approved travel request, but outside of a Plan of Care / Treatment Plan, submit a new certification of medical necessity and interim medical records. A new Plan of Care / Treatment Plan must be submitted for continued follow-up care.

**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**

**Medical Records**: Must support the Certification of Medical Necessity and the Plan of Care / Treatment Plan – to include all providers involved in the decision for the travel need. (i.e., Providers that were consulted, Providers that were seen, Referring provider, PCP)

#### To submit medical justification please fax or email documents to:

Conduent	ANTHC Travel Management Office	
Hours: Monday – Saturday: 8am – 5pm	Hours: Monday – Saturday: 8am – 5pm	
Sunday: 12pm – 4pm	Electronic Requests: tmomedicaid@anthc.org	
<b>Fax:</b> 907.644.5982	<b>Fax:</b> 907.729.2403	
TCC Medicaid Patient Travel	YKHC Medicaid Patient Travel	
Hours: Monday – Friday: 8am – 5:30pm	Hours: Monday – Sunday: 8am – 5pm	
Saturday: 10am – 2pm	Electronic Requests: PriorAuth@ykhc.org	
<b>Fax:</b> 907.459.3927	<b>Fax:</b> 907.543.6007	

<sup>\*\*</sup>Please kindly remind your patients when setting up travel that extensions <u>unrelated</u> to their medical needs are not covered by Alaska Medicaid\*\*