

Coverage Summary: Standard Benefit for Out of Area Travel for Organ and Tissue Transplants

Policy Number:

Products: Medicare Advantage Core (HMO) and Core (HMO-POS)

Approved by:

Original Approval Date:

Next Review Date:

This benefit applies to all MA Core (HMO) and MA Core (HMO-POS) members. Original Medicare covers travel and lodging only for Medicare approved organ transplants at distant locations, the scope of the benefit, reimbursement methodology, maximum payment amounts and member cost-sharing are determined by Blue Cross Blue Shield of Nebraska.

Eligibility for travel and lodging benefit is limited to:

1. The MA Core (HMO) and/or MA Core (HMO-POS) member receiving the transplant is eligible for the benefit. The member is entitled to have:
 - a. Two (2) companions for beneficiaries up to 18 years of age
 - b. Two (2) companions if the transplant involves a living donor
 - c. One (1) companion in all other scenarios

Conditions for coverage

1. Travel and lodging is covered for certain solid organ transplants at facilities that have a Medicare provider agreement and are certified by CMS for the relevant covered procedure. Travel and lodging is also covered for other transplants such as stem cell and cornea. Stem cell and cornea transplants may not be limited to CMS certified facilities. For some medical conditions, stem cell transplants may only be covered when provided within the context of a Medicare approved clinical trial.
 - a. Lists of the solid organ and other transplants covered by Medicare are found at:
 - i. [Transplant \(adults\) – Medicare.gov](#)
 - ii. [Transplant \(children\) – Medicare.gov](#)
 - iii. [National Coverage Determination Repository \(NCD\) - Section 260](#)
 - iv. [NCD for Stem Cell Transplantation](#)
 - b. To receive the travel and lodging benefit, the transplant facility or approved stem cell clinical trial location must be located at least 100 miles (one way) from the enrolled members' address of record.
2. The cost of lodging at a facility (e.g. hotel, motel) is for the patient (exclusive of inpatient hospital admission) and eligible person(s) accompanying the patient during the patient's episode of care.
3. The cost of travel is for the patient and person(s) eligible to accompany the patient during the patient's episode of care.

Benefit period and limits defined

The maximum amount payable for all allowed travel and lodging services related to a covered transplant is \$5,000.

The benefit period for a covered transplant begins five days prior to the transplant and extends through the patient's transplant episode of care (not to exceed one year from the date of the transplant).

1. Benefits for the member and/or eligible companion(s) are payable up to a combined maximum of \$150 per day for lodging and travel per person.
 - a. The daily combined maximum will not be multiplied by the number of covered days to establish the maximum amount payable for the episode (i.e., each covered day for each qualified person will be considered independently for reimbursement).
 - b. The daily combined maximum may include:
 - i. Lodging
 - ii. Round trip airfare for each qualified person from the originating location to the transplant facility location. Roundtrip airfare is considered to be the equivalent of two (2) days of travel per person.
 - iii. Mileage reimbursement for personal vehicle usage.
 - Internal Revenue Service (IRS) defined mileage rates in effect at the time of service will be used to calculate mileage reimbursement for the use of personal vehicles.
 - Mileage will be calculated as the distance from the enrolled member's street address of record (not a PO Box) to the street address of the approved transplant facility that is selected by the member to perform the service.
 - Mileage for daily travel will be calculated based on the street addresses (no PO Boxes) of the approved transplant facility and that of the lodging facility.
 - iv. When rental vehicles are used, rental fees and gasoline are covered, but not mileage.
 - When rental receipts do not clearly indicate a daily rate, the payable portion of the bill can be divided by the total number of days of the rental to arrive at a daily rate.
 - v. Travel between the local lodging and transplant facility, parking and tolls with legible receipts up to the combined daily allowance.
 - c. Excluded Services
Items not directly related to travel and lodging expenses are not payable. They include, but are not limited to:
 - i. Alcoholic beverages
 - ii. Car maintenance
 - iii. Cards, stationary, stamps
 - iv. Clothing
 - v. Dry cleaning
 - vi. Entertainment (i.e., cable television, books, magazines, movie rentals, etc.)
 - vii. Flowers
 - viii. Household products
 - ix. Household utilities, including cell phone charges, maid, baby-sitter or day care services

- x. Kennel fees
- xi. Laundry services
- xii. Meals for the patient and person(s) eligible to accompany the patient (Note: meals for the patient during an inpatient hospital stay are covered as part of the inpatient hospital care)
- xiii. Security deposits
- xiv. Toiletries
- xv. Toys

Documentation required for reimbursement

1. To be reimbursed for covered services members must submit their request along with the following information to the address below.
 - a. Member name
 - b. Member MA Core (HMO) or MA Core (HMO-POS) contract and group number
 - c. Member address
 - d. Street addresses (no PO Boxes) of the following to permit calculation for mileage reimbursement
 - i. Starting location (member primary residence or acute or extended care facility if applicable)
 - ii. Approved transplant facility
 - iii. Lodging facility
 - e. Legible bills and/or itemized statements
 - f. Legible paid receipts
2. The member will send the request and all supporting information to the following address:
Confirm and/or update with the appropriate NE plan address for the submission of pay subscriber requests
Blue Cross Blue Shield of Michigan
Imaging and Support Services
PO Box 32593
Detroit, MI 48232-0593

Codes used to pay claims for services

1. A0090 – non-emergency transportation per mile vehicle provided by individual (family member, self, neighbor) with vested interest
2. A0100 – non-emergency transportation, taxi
3. A0110 – non-emergency transportation, bus intra or interstate carrier
4. A0140 – non-emergency transportation and air travel (private or commercial) intra or interstate
5. A0170 – transportation, ancillary; parking, fees, tolls, other
6. A0180 – non-emergency transportation: ancillary: lodging-recipient
7. A0200 – non-emergency transportation: ancillary: lodging-escort

Terms of the standard benefit defined by BCBS of Nebraska

1. The inclusion of return travel from the transplant facility which is not a clearly specified requirement of CMS.
2. The inclusion of companion travel allowances for those under 18 and with living donor.
3. The mileage definition of distant facility
4. The combined daily maximum allowance of \$150.
5. The \$5,000 maximum per transplant episode of care.
6. The definition of an episode of care.