

Application

Application of this Medical Policy applies to:
INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Application Excluded for:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Extended Family Planning (EFP), Commercial (HBE)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

This policy outlines the services that are covered when a member has a transplant at a facility outside of the normal community pattern of care.

In any circumstance in which Neighborhood provides transplant services at a more distant location (outside of the normal community pattern of care), the MA plan must:

- a. Provide reasonable transportation for the transplant recipient and one companion to the distant facility; and
- b. Provide reasonable accommodations for the transplant recipient and one companion while in the distant location for medical care.

Definitions

Companion	May be a spouse or partner, family member, legal guardian or any person not related to the transplant recipient but actively involved in the transplant recipient's care.
Lodging	Refers to a temporary place to stay/sleep, including hotels, motels, extended stay facilities or apartments.
Transplant Recipient	A Neighborhood-enrolled member who is receiving a covered, approved transplant service.
Transportation	The movement of humans from one location to another. Modes of transportation include automobile, bus, rail and/or air.

Coverage Determination

Travel and lodging expenses are covered for the transplant recipient (exclusive of the inpatient hospital admission) and one eligible companion. Coverage will be provided for transportation and/or lodging related to an approved transplant when the criteria and guidelines shown below are met.

1. The associated transplant has been pre-approved by Neighborhood for the transplant recipient, **and**
2. Travel and Lodging reimbursement is limited to the transplant period which is defined as 5 days prior to the transplant and ends when the transplant recipient returns home after discharge from inpatient (Skilled Nursing or Rehabilitation) Facility, not to exceed one year after surgery, **and**
3. Transplantation service is performed at a Center for Medicare & Medicaid Services' Medicare-approved provider that is outside of the normal community pattern of care, **and**
4. Costs are for the transplant recipient and companion traveling to and from home/lodging to the approved transplant facility only. (Any additional miles during the stay are ineligible.), **and**
5. Automobile mileage will be reimbursed at the IRS-medical care mile approved rate in effect on the date of travel which can be found at www.irs.gov, (The rates apply to fully-electric and hybrid automobiles, as well as gasoline and diesel-powered vehicles.) **and/or**
6. Reimbursement of lodging will be based up to the per diem rate for lodging specified by the US General Service which is available at available at: www.gsa.gov.

If a transplant recipient is unable to travel home via private transportation due to bed confined status, then refer to Neighborhood Clinical Medical Policy #I-010 Non-Emergency Ambulance Services for coverage guidance.

Exclusions and Limitations

1. Travel and Accommodations for transplant evaluation and/or follow up visits are excluded from this benefit.
2. The maximum amount payable for travel and lodging services related to the transplant is limited to \$10,000.00 per transplant, which includes costs for both the transplant recipient and the companion. Two or more organs (i.e., heart-lung, kidney-pancreas) transplanted during one hospitalization are considered one transplant and reimbursement is subject to the \$10,000 combined maximum for the episode of care.
3. Lodging is not a reimbursable expense if staying with family or friends in the area.
4. Airfare reimbursement is:
 - a. Limited to coach or economy fares, and
 - b. Excluded when airline travel is only required because the transplant recipient is at a more distant location than the primary residence. For example, if the transplant recipient has a secondary temporary or permanent residence or is away from the primary residences thereby requiring airline travel to the transplant center due to the expanded distance, the airline travel is not reimbursable.
5. All requests for reimbursement of covered services must be submitted within 180 days from discharge.
6. Transplant-related travel and lodging costs are not covered unless you are a Neighborhood INTEGRITY for Duals or Duals CONNECT member at the time you receive your transplant and at the time the transplant related expense is incurred.
7. No reimbursement will be made for expenses that were paid by a third party, including grants, government funds, SNAP, charity groups (e.g., St. Jude, Ronald McDonald House, Angel's Flight, Make-a-Wish), go-fund me dollars, etc.
8. Transportation dates must align to all lodging dates.
9. Items not directly related to transportation and lodging expenses are not reimbursable. They include but are not limited to:
 - Air Miles
 - Air ambulance and private jets.
 - Alcoholic beverages or tobacco products
 - Car maintenance for motorized and hybrid, and electric car (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
 - Car rental and care rental club memberships
 - Cards, stationary, stamps
 - Cell phone/mobile phone expenses such as replacement parts, bills and accessories
 - Clothing and footwear
 - Entertainment (i.e., cable television, books, magazines, movie rentals, movie subscriptions, etc.)

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Last reviewed: 04/08/26

- Expense for persons other than the patient and his/her covered companion or caregiver
- Fines or traffic tickets, court costs or other loss or damage resulting from legal and traffic violations or incidents
- Flowers
- Groceries (i.e. grocery stores, Walmart, K-Mart, Target, etc.)
- Gym fees
- Fuel costs/charging station fees
- Household products (i.e., cleaning supplies, kitchen utensils, paper products, etc.)
- Household utilities, including cell phone charges, maid services, pet sitter services, child care/babysitter services, house sitter, day care, gas, water, electric, lawn maintenance and internet services (including Wi-Fi)
- Laundry services and/or dry cleaning
- Loss of money or loss/damage to luggage, clothing or other items
- Loss of wages due to time off from work required for the transplant for the transplant recipient or companion
- Meals, snacks, food, or beverages for the transplant recipient and approved companion (Note: meals for the transplant recipient during an inpatient hospital stay are covered as part of the inpatient hospital care)
- Mileage reimbursement is inclusive of gasoline, oil, & other care-related expenditures for purposes of traveling to and from home, hospital/clinic and/or applicable hotel only. Mileage reimbursement is excluded for:
 - sightseeing or visits to friends/relatives
 - vehicles that are not personally owned (i.e. rental cars, taxi, Uber, Lyft, subway, etc.)
 - personal reasons
 - more than one vehicle for the transplant recipient and companion
 - Longer/indirect routes - must take most direct route, excessive mileage submission is subject for audit and denial.
- Non-legible receipts
- Parking fees incurred other than at lodging or medical facility, and tolls
- Pet services, including but not limited to pet kennel, boarding, pet sitting, pet care items and pet transportation fees
- Postage
- Ride services (i.e., taxi, Uber, Lyft, etc.)
- Security deposits
- Storage rental units
- Toiletries/ Personal hygiene items (i.e. toothbrush, deodorant, etc.)
- Toys and Souvenirs
- Traveler check fees; Travel related items including luggage, passport/passport card, REAL ID travel ids, insurance, travel agency fees, TSA precheck, early check-in boarding fees, extra baggage fees, parking expenses (valet and long term parking)
- Upgrades to transportation and lodging; the lowest economical transportation and lodging options must be used.

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- Vehicle expenses insurance and mileage
- Any service that is an additional charge to the room charge
- Any item not specifically listed as covered

References

- Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections, Section 10.11 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf>

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood’s website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on [“Click here for a list of prior authorization request forms”](#) – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Number:	CMP# I-011
CMP Cross Reference:	
Created:	4/1/26
Annual Review Month:	April
Review Dates:	4/8/26
Revision Dates	
CMC Review Date:	4/8/26
Medical Director Approval Dates:	4/8/26
Effective Dates:	4/8/26

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.