Food & Lodging Services
(with Overnight Stay)
(Florida Medicaid only)

Policy Number: HS-221

Original Effective Date: 9/13/2013

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

While non-emergency transportation is not a new benefit for Medicaid beneficiaries and addresses a significant barrier to access, the out of pocket costs for food and lodging for some enrollees may be cost prohibitive and, therefore, be a barrier to getting needed care. Recognizing the potential significant impact to the enrollee and the financial burden on caregivers, Staywell will cover the costs of lodging and food associated with a non-emergent medical procedure, specialist visit, or hospitalization where overnight travel is required. With this expanded benefit, enrollees and their caregivers can focus on getting the care they need without concern of financial barriers to care.

POSITION STATEMENT

Applicable To:

☑ Medicaid – Florida

Clinical Coverage Guideline
Case Management identifies members based on referrals and/or applicable screenings for various conditions. Case Management or Disease Management completes a screening with the member and/or caregiver to determine if they qualify for Food and Lodging Services.

Food and Lodging Services are a covered benefit when the following criteria are met:

- For members under the age of 21, benefit extends to the parent or guardian when there is a need to travel more than 50 miles for accessing medically approved care*;
- Is a child or adult that are Members of Staywell through the MMA plan; AND,
- Member is currently in an active treatment plan with an appropriately designated provider; AND,
- Member must be a participant of the Case Management program; AND,
- Member must be identified as requiring non-emergent medical procedure, specialist visit, or hospitalization where overnight travel is required; AND,
- Provider referral is required to initiate service coordination.

* If the hospital stay is related to a Staywell covered transplant service, there is no minimum distance requirement.

NOTE: Meals will be subject to daily limits as approved for the member and one (1) additional traveler (spouse, support person, or caregiver); exception for children up to two (2) adults in consideration of parent(s) or legal guardian(s). Travel must be coordinated through the delegated vendor MTM.

NOTE: Lodging is based on double occupancy or may be coordinated through local medical facility lodgings or other residential settings (e.g., Ronald McDonald House, etc.).

The Case Manager will be responsible for the coordination of transportation based on the provider referral through the transport vendor (MTM) under the contracted fee-for-service (FFS) arrangement.

A prior authorization for transport & lodging is generated in the member management system.

Arrangements will be made for the least expensive and most appropriate ancillary services if:

- The authorized medical appointment or point of treatment requires an overnight stay.
- Volunteer, community or other ancillary services are not available at any charge to the member.

For members under the age of 21 years, ancillary services may also include an attendant and/or one parent/guardian to accompany the member.

**Meal Allowances by Visit Type**

MTM will provide meal reimbursement per diem based on the “Visit Type”, providing member is not receiving meal vouchers from treating facility.

**Same-Day**

- **Member:** Meal allowance will not exceed $15.00 per day for adult or child member.
- **Companion:** Meal not covered.

**More Than One-Day visit**

- **Member:** Meal allowance will not exceed $15.00 per day for adult or child member.
- **Companion:** Meal allowance for companions for up to the number of days traveling. The plan will allow the member to spend more than $30.00 one day and less than on another as long as the average does not exceed $30.00 per day.

**Out-of-State**

- **Member:** Meal allowance will not exceed $30.00 per day for adult members and child members over 10 years of age. If member is a child 3-10 years of age, the meal allowance will not exceed $15.00 per day.
- **Companion:** Meal allowance for companions for up to the number of days traveling. The plan will allow the member to spend more than $30.00 one day and less than on another as long as the average does not exceed $30.00 per day.
Prolonged Outpatient Assessment

- **Member:** Meal allowance will not exceed $30.00 per day for adult members and children (members over 10 years of age). If member is a child 3-10 years of age, the meal allowance will not exceed $15.00 per day.
- **Companion:** Meal allowance for companions for up to the number of days traveling. The plan will allow the member to spend more than $30.00 one day and less than on another as long as the average does not exceed $30.00 per day.

NOTE: The member can shop at the grocery store for their meals.

**Housing**

If there is a Ronald McDonald House (RMH) near the treating facility, the member or their representative must contact the RMH prior to contacting MTM to request lodging, as this would be the most cost effective lodging facility. Should a room not be available, MTM will arrange the next most appropriate, cost effective hotel accommodation for the member.

If member chooses to stay at an alternate hotel, they may do so, but will not be reimbursed by MTM. Care Management will record the name of the lodging provider, length of stay approved and the cost per night in the NET Management System. Budgeted cost is between $85-$100 dollars per day; if the hotel price exceeds the budgeted cost MTM will obtain prior authorization from Staywell staff.

**Air Travel**

If air travel is the most appropriate mode of transportation, MTM will make all arrangements for the flight, as well as any ground transportation and lodging, if necessary. MTM will notify member of their itinerary and any transportation provider information.

During normal business hours, Staywell staff, medical facility representative or social worker may contact MTM’s Care Management Department via email CM-WELLCAREFLM&L@mtm-inc.net or via fax (877) 406-0658.

**Additional Items**

When Staywell staff, medical facility representative or social worker contacts MTM requesting ancillary services for a member, MTM is allowed to approve or deny request per the Staywell Ancillary Services guidelines. If a Staywell member or parent/guardian contacts MTM directly, they will be referred to Staywell Member Services at (888) 421-7690.

If a request for ancillary services comes in after hours, MTM has the authority to approve and finalize a request that meets guidelines and then fax an Ancillary Services Form to Staywell for review the next business day.

Designated Staywell staff will review the Ancillary Services Form and complete it with a signature and authorization number then return to MTM’s Care Management Department.

Care Management will document trip request with authorization number and store Ancillary Request Form electronically.

All ancillary charges approved by MTM while waiting for Staywell’s approval will be honored by Staywell.

**CODING**

**Covered CPT®* Codes** – No applicable codes.

**Covered HCPCS®* Codes**

S9975 Transplant related lodging, meals and transportation, per diem
S9976 Lodging, per diem, not otherwise classified
S9977 Meals, per diem, not otherwise classified
ICD-10-PCS Codes – No applicable codes.

ICD-10-CM Diagnosis Codes – Medical necessity will be determined by the Case Manager.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>2/5/2015</td>
<td>Approved by MPC. Deleted receipt gathering by Case Manager; not applicable.</td>
</tr>
<tr>
<td>9/4/2014</td>
<td>Approved by MPC. Updated miles between place of medical care and member’s home; included criteria for meal allowances.</td>
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<tr>
<td>9/13/2013</td>
<td>Approved by MPC.</td>
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