

Policy Number: CP-MCR22-002A

Effective Date: January 1, 2024

Medicare Transplants Lodging and Transportation Related Expenses Member Reimbursement

This policy is for MEDICARE only.

The purpose of this policy is to provide clarity and specificity for coverage of Medicare Transplants Lodging and Transportation Related Expenses Member Reimbursement

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information.

If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail. Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	✓
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Chapter 4. Medical Benefits Chart, Services that are covered, Inpatient Hospital Care

Definitions or summary

- The maximum amount payable for all allowed travel and lodging services related to a covered transplant **is \$5,000** per transplant.
- All organ transplants must be provided in a Medicare approved transplant center.
- When clinical criteria have been met and a Medicare-approved transplant center has determined that the member is a candidate, the following types of transplants are covered:
 - Corneal
 - Kidney
 - kidney-pancreatic
 - heart
 - liver
 - lung
 - heart/lung
 - bone marrow
 - stem cell
 - intestinal/multi-visceral
- 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)
- Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel and lodging up to the maximum allowable dollar amount.
- If UCare provides transplant services at a distance greater than 100 miles from the members home, UCare will cover appropriate lodging and transportation costs for member and a companion.
- UCare Care Management staff can assist with coordinating these services.
 - The transplant facility may have staff that assist with locating these services also.
 - Many transplant centers have low-cost lodging near the facility for patients.

Coverage policy

Covered

- Travel and lodging are covered for the member and one companion when the transplant center is 100 miles or greater from the members home address.
- Eligible transportation expenses are limited to economy/coach class tickets or fares when transportation is by the following methods:
 - Bus
 - Train
 - Plane
 - Taxi or ride-sharing service (e.g., Uber, Lyft) to and from lodging to transplant hospital.
- Mileage for driving a personal vehicle is reimbursed at the current **medical** IRS rate for the direct route between the member's home and the transplant center. See current reimbursement rate at <https://www.irs.gov/tax-professionals/standard-mileage-rates/>
- Parking and tolls paid in relation to travel to the transplant center.

Not Covered

The following services, not directly related to travel and lodging expenses aren't payable. They include, but aren't limited to:

- Alcohol/alcoholic beverages
- Additional mileage for sightseeing or visits to friends/relatives
- Any other service not listed in this policy is excluded from reimbursement
- Any service that is an additional charge to the room charge
- Car maintenance
- Car rental
- Cards, stationery, stamps
- Clothing
- Dry cleaning
- Entertainment (cable televisions, books, magazines, movie rentals, visits to museums, additional mileage for sightseeing, compact discs, games, etc.)
- Expense for persons other than the patient and his/her covered companion or caregiver
- Expenses for lodging when member or companion is staying with a relative or friend
- Flowers
- Gasoline
- Groceries (i.e., grocery stores, Walmart, K-Mart, Target, etc.)
- Gym fees
- Household products
- Household utilities, including cell phone charges, maid, babysitter, or day care services
- Kennel fees
- Laundry service/supplies
- Limo or private car service
- Meals for the patient and persons eligible to accompany the patient (Note: meals for the patient during an inpatient hospital stay are covered as part of the inpatient hospital care.)
- Non-Legible receipts (e.g., lodging)
- Parking fees incurred other than at hotel/motel or hospital
- Personal hygiene items (i.e., toothbrush, deodorant, etc.)
- Personal service (i.e., childcare, house sitting, kennel care, etc.)
- Security deposits
- Souvenirs (i.e., T-shirts, sweatshirts, toys, etc.)
- Spa
- Telephone bills/calls/phone cards
- Tobacco
- Toiletries
- Valet Parking
- Wi-Fi

Prior authorization

Prior authorizations required for transplants.

Authorization and Notification Requirements-Medical Services, UCare Medicare Plans

Refer to: [UCare® - Authorizations](#)

- For a Medicare-approved transplant at a UCare contracted facility: Notify UCare within 24 hours of inpatient hospital admissions.
- For a non-Medicare approved transplant and/or at a non-UCare contracted facility: Notify UCare **prior to referral to a provider or center.**
- Concurrent review required for non-UCare contracted provider over the course of the hospital stay.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy.

Policy Number	Policy Description
None	

References and source documents

Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[Medicare Evidence of Coverage \(EOC\)](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	April 1, 2022	New policy
	Nov. 30, 2022	Annual review; no changes
	Oct.28, 2023	Annual review, minor edits