

*This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.*

## SHP Lodging and Meal Reimbursement

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**MCG Health**  
Ambulatory Care  
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### Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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### Application to Products

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Policy is applicable to Optima Family Care, Optima Health Community Care and Optima Medicare Plans (Medicare Prime, Medicare Value and DSNP) only.

For all Plans other than Optima Family Care, Optima Health Community Care and Optima Medicare Plans, lodging and meal reimbursement may not be a covered benefit. See Plan documents for additional information.

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### Authorization Requirements

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Pre-certification by the Plan is required. Arrangements for flights, car rentals and hotels are to be made through Sentara Travel Services.

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### Description of Item or Service

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- Optima Family Care and Optima Health Community Care offers reimbursement of meals and lodging in some situations as part of their core benefits.
- Meal Reimbursement for Optima Family Care and Optima Health Community Care:
  - Meals for the member in addition to one family member who is acting as the attendant will be reimbursed at up to \$50.00 per person per day. The member is responsible for the initial payment of meals. Once the member provides meal receipts to the Plan, the receipts will be processed and the member reimbursed.
  - Optima Family Care Members and Optima Health Community Care members may only utilize lodging services for outpatient care when a provider is not available in accordance with member travel time and distance standards set forth in the Virginia DMAS MCO contracts or during a continuity of care period.
- Optima Medicare Plans offer reimbursement of meals and lodging in some situations as part of their core benefits.
- Reimbursement for Optima Medicare Plans:
  - For Optima Medicare members who are approved for a transplant outside of the service area, Optima will arrange or pay for appropriate lodging and transportation for the member and one companion.
  - Meals for the member in addition to one family member who is acting as the attendant will be reimbursed at up to \$50.00 per person per day. The member is responsible for the initial payment of meals. Once the member provides meal receipts to the Plan, the receipts will be processed and the member reimbursed.

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### Exceptions and Limitations

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- Supplements, snacks, and meals in addition to breakfast, lunch, or dinner are not considered medically necessary and are not considered medical expenses.
- Amounts paid for a trip or vacation taken for a change in environment, improvement of morale, or general improvement of health, even if recommended by a doctor, are not eligible medical expenses.
- Early relocation to other geographical region while awaiting transplantation without supporting medical necessity documentation is not covered.
- Relocation expenses to be near a treatment facility are not covered (rent, cable, internet, transportation not related to medical services)
- All meal and travel expenses that do not meet the guidelines in the Clinical Indications for Procedure section are considered not eligible medical expenses.

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### Clinical Indications for Procedure

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- Lodging and meal reimbursement is considered medically necessary and thus a covered benefit with **1 or more** of the following:
  - Individual has Optima Family Care or Optima Health Community Care and is under the age of 21 years old. All children under the age of 21 require an attendant/parent when travelling out of the service area for medical care. In addition to the pediatric member, eligible expenses for ONE attendant will be covered.
  - Individual has Optima Family Care or Optima Health Community Care and is 21 years old or greater with a medical statement from provider supporting medical necessity. One attendant will be covered with **1 or more** of the following
    - The individual is severely disabled with a physical or mental impairment, and unable to travel alone
    - The individual is too ill to make their own decisions or make their wishes known
    - The individual is facing end of life issues and requires family to assist in decisions
  - Individual has an Optima Medicare Plan (e.g., Optima Medicare Prime, DSNP, Optima Medicare Value) and **ALL** of the following
    - Individual has been approved for an out of area transplant
    - Travel and lodging for the member and one companion is needed

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### Document History

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- Revised Dates:
- Reviewed Dates:
  - 2022: May
  - 2021: June
  - 2020: July
  - 2019: August
  - 2018: August
  - 2017: December
- Effective Date: January 2016

## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - None – this is a member reimbursement from receipts submitted
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

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## References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2021, Jun 07). Retrieved May 10, 2022, from MCG: <https://careweb.careguidelines.com/ed25/index.html>

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(2022). Retrieved May 10, 2022, from UpToDate: [https://www.uptodate.com/contents/search?search=lodging%20and%20meal%20reimbursement&sp=0&searchType=PLAIN\\_TEXT&source=USER\\_INPUT&searchControl=TOP\\_PULLDOWN&searchOffset=1&autoComplete=false&language=en&max=10&inc](https://www.uptodate.com/contents/search?search=lodging%20and%20meal%20reimbursement&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=false&language=en&max=10&inc)

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