

Lodging and Meal Reimbursement, Medical 169

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Lodging and Meal Reimbursement.

Description & Definitions:

Sentara Health Plan Virginia Medicaid (previously 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 Sentara Health Plan Virginia Medicaid (previously 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.

Sentara Health Plan Virginia Medicaid (previously Optima Family Care 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.

Criteria:

Lodging and meal reimbursement is considered medically necessary and thus a covered benefit with **1 or more** of the following:

- Individual 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 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

Lodging and meal reimbursement is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to:

- 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.

Coding:

Medically necessary with criteria:

Coding	Description
	None – this is a member reimbursement from receipts submitted

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

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- 2024: April
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- January 2016

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan.

Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Optima Family Care, OFC, lodging, meals, reimbursement, medical 169, SHP Lodging and Meal Reimbursement, SHP Medical 169