


Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth  
All Provider Bulletin 218  
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**TO:** All Providers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** **Service Animal Indication on the Prescription for Transportation (PT-1) Form**

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MassHealth providers completing the Prescription for Transportation (PT-1) form on behalf of a MassHealth member to request authorization for transportation to medical services, should indicate on the PT-1 if the member will be accompanied by a service animal.

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To indicate that a member will be accompanied by a service animal, providers should enter "Service Animal" in Section 7 (Other Information) of the PT-1 form in the field "*Specify other transportation needs.*"

The PT-1 form is fillable online. We encourage you to submit your PT-1 requests electronically instead of by fax or mail. For more information about requesting nonemergency transportation for a member online, please see [MassHealth All Provider Bulletin 157](#).

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If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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