


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



**MassHealth
All Provider Bulletin 229
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TO: All Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director 
RE: **Physician Designees and the Ambulance Medical Necessity Form**

The transportation [Ambulance Medical Necessity Form](#) is used to authorize medical necessity for wheelchair van trips for MassHealth members residing in an institutionalized setting and for nonemergency ambulance services for all eligible MassHealth Standard and CommonHealth members. See 130 CMR 407.421(D)(1). Ambulance Medical Necessity Forms require a valid authorized signature. See 130 CMR 401.421(D)(2). [Transmittal Letter TRN-31](#), issued in August 2009, inadvertently deleted “physician’s designee” from the list of authorized signatories. Individuals identified in 130 CMR 407.421(D)(2) prior to Transmittal Letter TRN-31 continue to be authorized to sign the Ambulance Medical necessity Form.

**Authorized Ambulance
Medical Necessity
Form Signatories**

Effective immediately and for prior periods otherwise affected by Transmittal Letter TRN-31, a physician, physician assistant, physician designee, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist, or managed-care representative, may sign the Ambulance Medical Necessity Form.

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, or fax your inquiry to 617-988-8974.
