



**MassHealth**  
**Durable Medical Equipment Bulletin 17**  
**December 2010**

**TO:** Durable Medical Equipment Providers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director *TGD*  
**RE:** **Guidelines for Medical Necessity Determination for Hospital Beds and Prescription and Medical Necessity Review Form for Hospital Beds**

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**Background**

MassHealth has developed *Guidelines for Medical Necessity Determination for Hospital Beds* (Guidelines), which are one in a series of publications developed by MassHealth to identify the clinical information MassHealth needs to determine medical necessity. MassHealth has also developed a *MassHealth Prescription and Medical Necessity Review Form for Hospital Beds*, including instructions for completing the form.

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**Guidelines for Medical Necessity Determinations for Hospital Beds**

MassHealth requires prior authorization (PA) for all hospital beds. MassHealth reviews requests for PA on the basis of medical necessity. The recently developed Guidelines identify the clinical information MassHealth needs to determine medical necessity for hospital beds and specialized pediatric beds used in the home. They are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs. The Guidelines were prepared for medical professionals, including providers of durable medical equipment, to assist them in submitting documentation to MassHealth justifying the medical necessity of the proposed products or services.

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**Hospital Bed Prescription and Medical Necessity Review Form**

Effective with PA requests submitted on or after January 1, 2011, providers are instructed to use the new *MassHealth Prescription and Medical Necessity Review Form for Hospital Beds* when requesting PA for hospital beds. Please follow the form's instructions. Providers must maintain a copy of the completed and signed form in the member's medical record.

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***Where to Obtain Copies***

Both the Guidelines and the *MassHealth Prescription and Medical Necessity Review Form for Hospital Beds* can be viewed on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the link in the lower right corner for MassHealth Guidelines for Medical Necessity Determination. At the bottom of that Web page is a link to all of the Medical Necessity Review Forms. The medical necessity review form for hospital beds is fillable and can be submitted online, or downloaded and submitted by mail.

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***Questions***

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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