



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth**  
**All Provider Bulletin 142**  
**December 2004**

**TO:** All Providers Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** **Guidelines for Medical Necessity Determination for Certain Products and Services**

---

***MassHealth Guidelines  
for Medical Necessity  
Determination***

This bulletin is to inform you about a new Web-based resource for providers. In December 2004, MassHealth will begin posting on its Web site a targeted series of Guidelines for Medical Necessity Determination (Guidelines) and their associated forms for certain products and services.

MassHealth developed these Guidelines and associated forms via an ongoing process that includes a rigorous review of the most current evidence-based literature and input from clinical and program staff, and often from external clinical experts.

---

***Members Affected by  
These Guidelines***

These Guidelines apply to members enrolled in MassHealth fee-for-service programs, the Primary Care Clinician (PCC) Plan, and in some instances, MassHealth-contracted managed care organizations (MCOs). Providers serving members enrolled in MassHealth-contracted MCOs (currently Neighborhood Health Plan, BMC HealthNet Plan, Network Health, and Fallon Community Health Plan), Senior Care Options (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the health plan's medical policies for covered services. Services that are available to eligible MassHealth members but are not services currently covered under the member's health plan are subject to MassHealth Guidelines. To determine which guidelines apply to your patients enrolled with MassHealth MCOs, SCO, or PACE, please contact the appropriate MassHealth health plan.

---

***Purpose of Guidelines***

The Guidelines and their associated forms are intended to clarify the specific medical information that MassHealth needs to determine medical necessity. They are not intended to replace or supersede program regulations.

---

*(continued on back)*

***First Guidelines Being Issued***

Guidelines for the following durable medical equipment products will be posted on the MassHealth Web site in December 2004:

- absorbent products;
- enteral nutritional products; and
- support surfaces.

To view these Guidelines on the MassHealth Web site, go to [www.mass.gov/masshealth/guidelines](http://www.mass.gov/masshealth/guidelines).

---

***Prior Authorization and Associated Forms***

Each set of Guidelines has links to supporting information, such as product-specific or service-specific Medical Necessity Review forms and prior authorization forms located on the MassHealth Automated Prior Authorization System (APAS) Web site. You can access these documents using any Internet browser. You can also download and print them.

---

***Prior Authorization Forms***

To obtain paper copies of these Guidelines and associated forms, send a written request to the following address or fax number:

MassHealth Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: 703-917-4937

When requesting forms, providers must include their provider number, street address (no post-office boxes), a contact name, the exact name of the form, and the quantity desired. Please note that these prior-authorization forms can also be found on the APAS Web site at [www.masshealth-apas.com](http://www.masshealth-apas.com).

---

***E-mail Alerts***

Since evidence-based clinical standards and medical practices are advancing at a rapid rate, MassHealth will update these Guidelines as necessary. Providers should check the Web site frequently, or sign up for e-mail alerts to receive notice of updates to the Guidelines and the availability of related forms. To sign up for e-mail alerts, go to the Guidelines for Medical Necessity Determination Web page, and click on the link for e-mail alerts.

---

*(continued on next page)*

***Services Requiring  
Prior Authorization***

As a reminder, certain products and services in the following categories currently require prior authorization:

- audiology/hearing services
- dental services
- durable medical equipment and supplies
- oxygen and respiratory services
- personal care attendant services
- pharmacy services
- physician services
- private duty nursing
- therapy services (occupational therapy, physical therapy, speech and language therapy)
- vision care services

Other categories that require prior authorization may not be reflected in the above list. Please consult your MassHealth provider manual to determine which products and services require prior authorization. Over time, MassHealth will publish Guidelines for additional products and services that require prior authorization.

---

***Questions***

If you have questions or comments about the MassHealth Guidelines for Medical Necessity Determination, call the MassHealth Provider Services Department at 617-628-4141 or 1-800-325-5231.

---