

Certification of Treatment of Emergency Medical Condition

MassHealth Limited Program



Commonwealth of Massachusetts

This Certification of Treatment of Emergency Medical Condition form signed by the treating clinician confirming the emergency nature of treatment must be submitted with claims seeking payment for services provided to MassHealth Limited members that previously denied for: Service Not Covered for Limited Benefit Plan. If MassHealth approves the request, payment is subject to all MassHealth administrative and billing requirements.

Billing Provider's Name, Address, Tel. No., and E-Mail Address	Member's name, Address, and Tel. No.	
	MassHealth Member ID	
Billing Provider ID/Service Location or NPI	Date of Birth	Member Gender <input type="checkbox"/> M <input type="checkbox"/> F

Diagnosis
Diagnosis code(s)
Treatment
Procedure codes
Explanation of emergency nature of condition
Date(s) of service 1) From _____ To _____ 2) From _____ To _____

Under federal and MassHealth regulations 42 CFR 440.255 [130 CMR 505.008 and 519.009; 130 CMR 450.105 (F) (1-3)], MassHealth coverage may be available for care and services (**exclusive of care and services related to an organ transplant procedure**) for the treatment of a **medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in: (a) placing the member's health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.**

This definition must be met at the time of the provided medical service, or the provided service will not be considered treatment for an emergency medical condition. Not all medically necessary services meet the Federal definition of emergency medical condition.

Note: To the extent permitted by federal law, MassHealth pays for emergency services provided to treat chronic medical conditions, which, if left untreated, could reasonably be expected to place the person's health in serious jeopardy, cause serious impairment to bodily functions or cause serious dysfunction of any bodily organ or part. M.G.L. ch. 118E s. 16D.

Treating Clinician's Certification

In signing below, I certify that the care and services provided to the above named individual on the dates specified were for the purpose of treating an emergency medical condition as defined above.

Please check the applicable block:

- ☐ **Meets** the definition of emergency medical condition described above.
- ☐ **Does not meet** the definition of emergency medical condition described above.

Signature of Treating Clinician _____ Date _____

Print Full Name _____ NPI _____