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MassHealth's reviewing
clinicians to determine
the medical necessity of
prior-authorization
requests submitted by
providers.

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Guidelines for Medical
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Overview Overview.

MassHealth developed
these Guidelines and
their associated forms via
an ongoing process that
includes a... Members
Affected by MassHealth's
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Guidelines apply to

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(Guidelines) identify the

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clinical
information
Mass Health
needs to determine
medical necessity for
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performed in outpatient
and home settings. These
Guidelines are based on
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standards of ...

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for ...~~

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for Absorbent Products
and absorbencies.

Reusable underpads have
a higher absorbency and
therefore may be used in
conjunction with
disposable pads when
there is evidence of high
volume of urine or fecal
leakage.

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Guidelines for Medical
Necessity Determination
Overview Overview

MassHealth developed these Guidelines and their associated forms via an ongoing process that includes a rigorous review of the most current evidence-based literature and input from

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Care Management uses nationally recognized and accepted utilization management criteria, as well as internally developed policies, guidelines and protocols for medical necessity determination. All criteria are annually reviewed and updated as

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necessary. Simply access the criteria that match the service type that you will be providing by choosing the appropriate link, located below.

~~Medical Necessity
Criteria | Medical Mutual~~
Page topic: "Guidelines
for Medical Necessity
Determination for
Treatment of Varicose
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Extremities - Mass.gov".

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Hughes. Language:

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page 3 GUIDELINES
FOR MEDICAL
NECESSITY
DETERMINATION
FOR GENDER-
AFFIRMING

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SURGERY d. The member has capacity to make fully informed decisions and has consented to the procedure after limitations, risks, and complications of the procedure have been discussed.

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for Gender ...~~

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The MassHealth
Guidelines for Medical
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(Guidelines) are used by
MassHealth's reviewing
clinicians to determine
the medical necessity of
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Medical Necessity
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Treatment of Varicose
Veins of the Lower

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Determination ...~~

Guidelines for Medical
Necessity Determination
for Adult Foster Care
(AFC) These Guidelines
for Medical Necessity
Determination
(Guidelines) identify the
clinical information that
MassHealth uses to

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determine medical
necessity for adult foster
care (AFC). These
Guidelines are based on
generally accepted
standards of practice,
review of the medical
literature, and federal and

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for Adult ...~~

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Additional information
can be found in the
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The MCG Behavioral
Health Medical Necessity
Guidelines describe best

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practice care for the majority of mental health and substance related disorder diagnosis, covering 15 diagnostic groups with graded evidence from published resources.

~~Behavioral Health Service
Medical Necessity
Criteria ...~~

These Guidelines for
Medical Necessity

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(Guidelines) identify the clinical information that MassHealth needs to

determine medical necessity for hospital beds/specialized pediatric beds used in the home.

These Guidelines are based on generally accepted standards of practice,

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These Guidelines for
Medical Necessity

Determination

(Guidelines) identify the
clinical information

MassHealth needs to
determine medical

necessity for physical
therapy services

performed in outpatient
and home settings. These
Guidelines are based on

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generally accepted
standards of practice,
review of the medical
literature, and federal and

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Necessity Determination
for ...~~

A. Medical necessity is
the overarching criterion
for payment in addition
to the individual
requirements of a CPT

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code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management (E/M) service when a lower level of service is warranted. Documentation should support the level of service reported.

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Determination – UHA~~
The Medical Necessity

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Guidelines are:

Scientifically derived and
evidence-based

Developed or adopted
with input and

instructions from CCA
physicians, specialty

consultants, and actively
practicing specialty

physicians Developed in
accordance with

standards adopted by
national accreditation

organizations and

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regulatory and
government entities

~~Medical Necessity~~

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Health plans affiliated
with Centene
Corporation® will use
the following guidelines
to make medical
necessity decisions (listed
in order of significance)
on a case-by-case basis,

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based on the information
provided on the
member ' s health status:
Determination

~~Clinical Policy: Medical Necessity Criteria~~

- Furnished in a setting appropriate to the patient's medical needs and condition. •

Ordered and furnished by qualified personnel.

- One that meets, but does not exceed, the

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patient's medical needs.

- At least as beneficial as an existing and available medically appropriate alternative www.cms.gov

~~Medicare Local Coverage
Determination Policy
Vitamin B12~~

Medical Necessity
Guidelines are developed
to determine coverage
for benefits, and are
published to provide a

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better understanding of
the basis upon which
coverage decisions are
made.

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