




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



MassHealth
Transmittal Letter AOH-36
October 2015

TO: Acute Outpatient Hospital Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: *Acute Outpatient Hospital Manual* (Revised Appendix D)

Appendix D has been revised in preparation of the ICD-10 implementation. References to “ICD-9” have been updated to “ICD.”

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Acute Outpatient Hospital Manual

Pages D-1 and D-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Pages D-1 and D-2 — transmitted by Transmittal Letter AOH-21

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix D: Utilization Management Program	Page D-1
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Acute Outpatient Hospital Manual		

Information Required for Admission Screening

The following is a list of information the admitting provider or designee must give the MassHealth Utilization Management contractor when proposing an elective admission. MassHealth may request additional information at any time to clarify the details of any admission. See 130 CMR 450.208 for regulations about admission screening. Refer to Appendix A in your MassHealth provider manual for contact information about the Utilization Management Program.

- the member's name and address;
- the member's sex;
- the member's date of birth;
- the member's MassHealth identification number;
- the guardian's name and address, if applicable;
- if applicable, the name of the member's primary care clinician (PCC) and one of the following:
 - the telephone number of the PCC;
 - the provider number of the PCC; or
 - the address of the PCC;
- if applicable, whether the PCC has been notified of the proposed admission;
- other health-insurance information;
- whether the member is being treated as a result of an accident, and if available, the date and type of accident;
- the expected or actual dates of admission and expected discharge date;
- the name and provider number of the attending physician;
- the name of the hospital;
- the primary and secondary diagnoses;
- the primary and secondary procedures, if applicable;
- the ICD codes for both the diagnoses and procedures, if available;
- CPT codes for procedures when the facility is out of state;
- clinical information that supports the medical necessity of the proposed admission and/or procedure; and
- other pertinent information the admitting provider has considered in deciding to admit the member.

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