

<b>Commonwealth of Massachusetts          Medical Assistance Program          Provider Manual Series</b>  <b>OXYGEN AND RESPIRATORY THERAPY          EQUIPMENT MANUAL</b>	<b>SUBCHAPTER NUMBER AND TITLE</b> 4 PROGRAM REGULATIONS (130 CMR 427.000)	<b>PAGE</b> 4-5
	<b>TRANSMITTAL LETTER</b> OXY-20	<b>DATE</b> 06/15/97

## **427.408: Prescription Requirements**

**(A) The purchase or rental of any equipment or services described in 130 CMR 427.000 is reimbursable only after the provider has obtained a written prescription signed by a licensed physician or independent nurse practitioner. The prescription must be dated within 90 days for the initial date of service and include the following:**

1. the recipient's name, address and MassHealth ID #;
2. the respiratory equipment requested;
3. the diagnosis associated with the prescribed therapy;
4. the specific therapeutic objectives;
5. the frequency of use per day;
6. the estimated length of time the equipment will be used by the recipient;
7. the prescriber's address and telephone number; and
8. the date the prescription was signed by the prescriber.

**(B) The Division shall accept a prescription in the following forms:**

1. on a sheet from the prescriber's desk pad;
2. on the prescriber's letterhead stationary