

# Update

## MassHealth

### Contents

- 1 Important Announcements and Updates
- 2 Service Authorization Tips and Updates
- 3 Third-Party-Liability (TPL), Crossover, and Coordination-of-Benefits (COB) Tips and Reminders
- 4 Claims/Billing Tips and Updates
- 5 Provider Bulletin and Transmittal Letter (TL) Updates
- 6 Provider Bulletin and Transmittal Letter (TL) Reminders
- 7 Additional Information

## Important Announcements and Updates

- If you missed the September 30, 2009, **PIN registration extension deadline**, your primary user will need to contact MassHealth Customer Service to gain access to the Provider Online Service Center (POSC).
- In an effort to help ease transition to NewMMIS, MassHealth had relaxed the enforcement of the standard security requirement to change passwords every 90 days on the POSC. Now that it has been almost four months since NewMMIS implementation, MassHealth reinstated enforcement of this policy on **Wednesday, September 23, 2009**.
  - After September 23, providers with passwords that have been in effect for more than 90 days will be prompted to change passwords. In addition, if your password is due to expire within 15 days of the standard 90-day period, you will receive a password-expiration prompt and the option to make the change when you log in. Please be sure to follow the instructions on the screens if you receive these prompts. Thank you for your patience and cooperation.

To assist you, we remind you of the NewMMIS password rules:

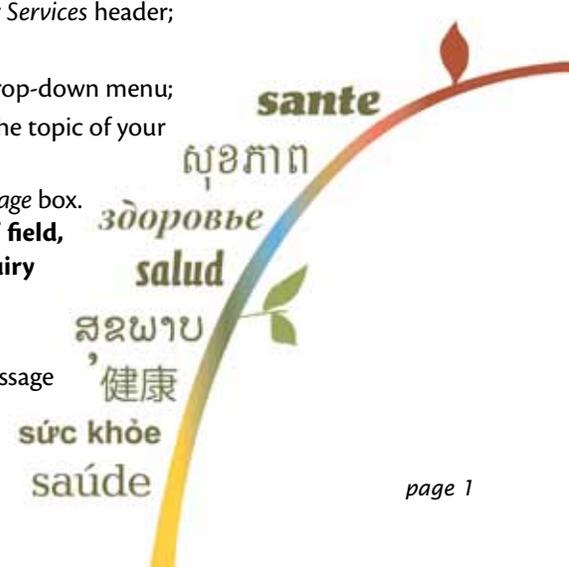
Passwords **must** contain:

- ✓ between eight and 16 characters;
- ✓ one upper-case character (for example, A, B, C);
- ✓ one lower-case character (for example a, b, c); and
- ✓ one number (for example, 1, 2, 3).

Passwords **cannot** contain

- ✗ the words “test,” “password,” or “pass”;
- ✗ your first name, your last name, or your full name;
- ✗ your account ID;
- ✗ your e-mail address; or
- ✗ any recently used password.

- You can **ask MassHealth a question or send a response on an issue** easily through the POSC. To do this,
  - open *Manage Correspondence and Reporting*, under the *Provider Services* header;
  - click on the *Submit Feedback* link to open the *Feedback* panel;
  - click on the arrow to the right of the *Subject* field to open the drop-down menu;
  - select the applicable subject from the menu list that relates to the topic of your inquiry;
  - type a brief note detailing your question or comment in the *Message* box.  
**Note: It is important that you complete the “e-mail address” field, as MassHealth will not be able to respond to your email inquiry without it;**
  - enter your text; and
  - click on the **Submit Email** button. A *Feedback Confirmation* message populates, confirming receipt of your inquiry by MassHealth. Provider Support Services will respond to your submission.



- **MassHealth resumed HIPAA compliance and comprehensive testing on September 9, 2009.** Please call MassHealth Customer Service at 1-800-841-2900 to arrange trading-partner testing before submitting any test files. When calling Customer Service, select option 1, then option 8, and then option 3 to speak with an Electronic Data Interchange (EDI) unit representative to coordinate testing. You may also submit an e-mail request to [hipasupport@mahealth.net](mailto:hipasupport@mahealth.net) to test electronic X12 transactions. Any test files submitted without prior knowledge and coordination with the EDI unit will not be monitored for review of results.
  - If you plan to use an approved billing intermediary or software vendor to submit electronically, you do not have to test with MassHealth directly. EDI will still need to obtain certain necessary information, however, before testing with your billing intermediary or software vendor. For more information, please refer to testing instructions at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis).
- MassHealth has heard your request for **changing the PDF remittance advice (RA) sort**. After thorough review, MassHealth is pleased to announce that starting with RA 100019, dated October 6, 2009, sorting will be by Member Identification Number instead of Internal Control Number (ICN). Thank you for your feedback. If you have questions about this change, you can call MassHealth Customer Service at 1-800-841-2900.
- **Permedion Inc., a subsidiary of Health Management Systems, will assume operations as the MassHealth Acute Utilization Management Program (UMP) contractor on November 2, 2009.** Starting on November 2, all Preadmission Screening (PAS) Requests should be submitted to Permedion via the POSC, phone, or fax numbers. Masspro will continue to process any preadmission calls and requests received through October 30, 2009. Permedion will begin conducting prepayment reviews starting the week of November 2, 2009. Permedion postpayment review sampling will begin in November. Permedion will provide peer-reviewer representation at hearings.

### Permedion HMS Government Services

510 Rutherford Ave.

Charlestown, MA 02129

1-877-735-7416 (Permedion phone) | 1-877-735-7415 (Permedion fax)

## Service Authorization Tips and Updates

MassHealth has made changes to prior-authorization (PA) processing procedures that will enable the PA Unit to process requests more efficiently. Some of those updates and other service-authorization tips are listed below.

- MassHealth has developed the PA job aids specific to the PCA program to clarify processes for submitting and adjusting PAs for PCA services.
- Please be advised that on **September 30, 2009**, all PA requests **created between May 16, 2009, and August 31, 2009, with a status of IN PROCESS were deleted**. Those PA requests with a status of IN PROCESS represented PAs that were started but never submitted to MassHealth.
- To expedite adjudication of PAs with pending expiration, durable medical equipment (DME) providers should send an e-mail to [Tania.Gray@state.ma.us](mailto:Tania.Gray@state.ma.us) and "cc:" [cemilia.ceme@state.ma.us](mailto:cemilia.ceme@state.ma.us).
- Remember to check EVS to confirm member eligibility before submitting a PA request. A POSC warning message should alert you if you attempt to submit a PA for a non-eligible member.
- PA void issues have been resolved to allow you to void a PA before clicking the "submit" button. To void a PA request that you have already submitted, you will need to contact the PA Unit at 1-800-862-8341.
- Remember to enter the two leading zeros in front of your legacy provider number when performing searches for PAs using your old provider number.
- To avoid system duplication errors, add one day to any previous service date when entering a new service date. Please remember to indicate the correct service dates in the comment section so that MassHealth can update the PA. The comment section has a 20-character limit. You may enter any excess information about a member in the attachments.

- PCM agency providers should disregard any incorrect information that is automatically populated for PAs in the “FI” field in the “Basic Medical Detail” section on the “Line Items” tab. This is a systems issue that is being corrected.
- To review a PA notice in the POSC, click on “Manage Correspondence and Reporting,” then select “View Notifications.”
- Service authorization numbers may contain alpha characters in addition to the first character.
- If you receive a “Web service unavailability” error code or message when entering a PA, please save your PA request and tracking number and try to complete the submission at a later time.
- Providers should remember that the best resource for checking PA requirements is their MassHealth provider manual. DME, oxygen, orthotics, and prosthetics providers can also check their provider-specific Payment and Coverage Guideline Tool. Both of these references can be found in the Provider Library by clicking on the “MassHealth Regulations and Other Publications” link at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).
- Providers who are submitting PA requests on paper should know that the electronic PA-1 form may be completed online, but it cannot be saved. In completing the form electronically, you may cut, type, or paste content into it. For more information about the PA-1 form, please refer to All Provider Bulletin 189 (May 2009), which can be found in the Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).

## Third-Party-Liability (TPL), Crossover, and Coordination-of-Benefits (COB) Tips and Reminders

- The UB04 and CMS-1500 job aids have also been updated with TPL-required information as an additional available resource. To view the job aids, go to [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis) and click on Additional Information or Training, then on Updated Billing Guides, Companion Guides, and Other Publications.
- A special TPL Billing Tips document has been created under the Documents heading on the Billing Tips Web page. Go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on Information for MassHealth Providers. Click on MassHealth Claims Submission, then on MassHealth Customer Service, then on Billing Information. The document lists helpful instructions on paper and electronic TPL attachment requirements, Medicare and commercial insurance stipulations, and other TPL requirements. The “Supplemental Instructions for Claims with Other Health Insurance” appendix of your MassHealth provider manual also includes certain TPL exceptions criteria. Please also refer to the exceptions under federal law as referenced in MassHealth regulations at 130 CMR 450.316.
- MassHealth is revising its billing instructions for how to bill for services provided by Medicare noncertified clinicians, as the previous TPL billing instructions are no longer valid. Providers should submit any claims for Medicare noncertified services directly to MassHealth.
- Remember to include a TPL Exception Form (TPL-EF) with CMS-1500 paper-claims submissions if a dependent has insurance though an absent parent against whom child-support enforcement is being carried out by the state Title IV-D agency (Department of Revenue), and you have billed the other insurer but have not received payment or a response within 30 days.
- Decrease your paperwork by submitting TPL claims using 837 COB transactions, where all necessary information is entered on one form. This process eliminates the need to include any explanation-of-benefits (EOB) attachments. Providers must first complete testing and be approved to participate. Contact MassHealth Customer Service at 1-800-841-2900 to discuss the testing process, criteria, and scheduling.
- Remember to submit the seven-digit carrier code when billing TPL claims.
- MassHealth requests that providers who receive written evidence that a member no longer has insurance coverage send notification via mail or e-mail to the MassHealth TPL Unit, P.O. Box 9212, Chelsea, MA 02150 or fax the information to 617-357-7604. If the member has new or different insurance than what is reported on EVS, please include a TPL form with your notification. The TPL form may be downloaded from the Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).

## Claims/Billing Tips and Updates

- MassHealth has updated the claims processing system to accept new 2010 ICD-9 diagnosis and procedure codes effective October 1, 2009. Providers may begin using the new diagnosis and procedure codes for claims with dates of service on or after October 1, 2009. Any claim submitted with a date of service on or after October 1, 2009, that does not contain valid diagnosis or procedure codes will be denied.
- The CMS-1500 billing guide has been updated to include guidance on when to list a provider number for those providers furnishing services on a claim. Field 24J has been updated with "required for Group Practices only, all other providers please leave this field blank."
- MassHealth has added Understanding Accounts Receivables instructions to the online Billing Tips. To access the document, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth), click on Information for MassHealth Providers, then on MassHealth Claims Submissions, then on MassHealth Customer Service, then Billing Information, and then on Billing Tips.
- The Billing Timelines and Appeal Procedures document is helpful for identifying final deadlines and summarizing the appeals process and policies. It has been added to the Web site. To view the Billing Tips, from the MassHealth home page, click on Information for MassHealth Providers, then on MassHealth Claims Submission, then on MassHealth Customer Service, and finally on Billing Information.
- A list of the EOB codes that appear on the remittance advice is posted on the MassHealth Web site. You can find the list from the MassHealth home page by clicking on Information for MassHealth Providers, then on MassHealth Claims Submission.
- If you are using the EVS Automated Voice Response (AVR) system, TL ALL-168 (June 1, 2009) is another reference to check TPL coverage-type codes that identify the type of insurance a member has. Keep in mind that carrier codes changed with NewMMIS. Appendix C of your MassHealth provider manual highlights these changes.
- As of July 10, MassHealth reported that there was no longer a denial issue for claims submitted as adjustments with the legacy MMIS transaction control number (TCN). Please include the leading "20" of the TCN when submitting these claims and enter an "A" followed by the TCN when submitting a paper adjustment.
- A new EVSpc patch (version 4.03) has been posted at *Information and Software for Electronic Transactions*. If you have the new version of the EVSpc software, download the patch. There is also a link for release notes detailing the nine updates that were applied to the software.
- MassHealth has posted three updated job aids on the e-learning training Web site, outlining NewMMIS direct-data-entry (DDE) requirements for providers submitting institutional claims for members with MassHealth *only*, members with *both* MassHealth and Medicare, and members with *both* MassHealth and other insurance. The job aids are located in the course called POSC - Submitting Institutional Claims, under the heading Course Materials.
- MassHealth has posted additional CMS-1500 paper-billing support documents to both the NewMMIS and e-Learning training Web sites. The documents outline fields that need to be entered when filling out a CMS-1500 form for TPL and provide additional instructions for providers who bill using the paper CMS-1500. The documents are located in the course called POSC - Submitting Professional Claims, under the heading Course Materials.
  - The documents have also been added to the NewMMIS Web site. Click on Need Additional Information or Training? Then, click on Updated Billing Guides, Companion Guides, and Other Publications. The documents are located under the heading Billing Guides as Special Instructions for Submitting Claims on the CMS-1500 for Members with Medicare Coverage and Special Instructions for Submitting Claims on the CMS-1500 for Members with Commercial Insurance.
- To MassHealth providers submitting TPL exception claims for home health agencies or for chronic and rehabilitation hospitals: MassHealth has posted additional job aids on the e-Learning training Web site. The Job Aids outline NewMMIS DDE requirements for providers submitting TPL exception claims for home health agencies or for chronic disease and rehabilitation inpatient hospitals. The job aids are located in the course called POSC - Submitting Institutional Claims, under the heading Course Materials. When submitting claims for professional services that require a diagnosis code, you must fill out the Diagnosis Pointer field. The diagnosis pointer refers to the diagnosis code that is related to each individual line. When multiple services are performed, enter the primary reference number for each service, followed by other applicable services.

- When billing professional claims that require a diagnosis code, you must fill out the Diagnosis Pointer field (the diagnosis code that is related to each individual line). When multiple services are performed, enter the primary reference number for each service followed by other applicable services.

## Provider Bulletin and Transmittal Letter (TL) Updates

The following publications and announcements have been posted to the MassHealth Web site at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs) in the Provider Library. You may view or download the publication by selecting the appropriate link listed for each bulletin or TL.

- **TL HHA-43** describes revisions to the billing instructions for submitting 837I and 837P transactions, paper claims, and DDE claims for members who have Medicare or commercial insurance, and whose services are determined not covered by the primary insurer.
- **TL PHY-127** announces revisions to Current Procedural Terminology (CPT) codes that are not ordinarily payable. The bulletin also describes CPT special limitations, reimbursement rules or requirements, and Level II HCPCS codes that are payable under MassHealth and have special limitations or requirements.
- **TL ALL-169** outlines a correction for Part 6 (Claim Status and Correction) of the Administrative and Billing Instructions (Subchapter 5) in every MassHealth provider manual.
- Primary Care Clinician (PCC) Bulletin 1 describes the POSC registration process for PCCs that have more than one service site.
- **Primary Care Clinician (PCC) Bulletin 1** describes the POSC registration process for PCCs that have more than one service site.
- **TL CHC-85** describes revisions to the Community Health Center (CHC) Manual that clarify vaccine reimbursement guidelines and payment rates for CHCs.
- **TL ALL-170** announces revisions to managed care regulations and the MassHealth behavioral-health contractor to implement the Children's Behavioral Health Initiative (CBHI), effective October 1, 2009.
- **TL TRN-31** communicates revisions to certain transportation regulations effective for dates of service on or after September 1, 2009. The changes include the following.
  - Certain members will receive nonemergency transportation under the terms of selective contracts, unless other transportation services are deemed more appropriate.
  - The MassHealth dental third-party administrator can authorize transportation on the Medical Necessity Form (MNF) and Prescription for Transportation (PT-1) form.
  - The MNF or the Department of Mental Health Application for and Authorization of Temporary Involuntary Hospitalization (also known as the "Section 12 form") can serve as documentation of medical necessity for members transported for hospitalization under M.G.L. c. 123, section 12 hospitalizations.
  - The criteria for determining availability of public transportation have been clarified.
- **Radiation Oncology Center Bulletin 1**—MassHealth has established the radiation oncology center (ROC) provider type effective August 1, 2009. **Radiation Oncology Center Bulletin 1** (June 2009) includes eligibility criteria, physician procedural supervision and enrollment requirements, accreditation recommendations, service codes, billing and recordkeeping instructions, and references to applicable fee schedules.
  - As of February 8, 2008, the Massachusetts Department of Public Health (MDPH) began licensing limited services clinics providers (LSCs) under its regulations at 105 CMR 140.1000. To coincide with this provision, **MassHealth announced through LSC Bulletin 1 that it would begin enrolling MassHealth-qualified LSCs within its nurse practitioner provider type, effective for dates of service on or after June 1, 2009.** LSC Bulletin 1 conveys this information as well as eligibility criteria, enrollment requirements, service codes information, service limitations, and fee schedules. LSC Bulletin 2 includes additions to service codes effective July 1, 2009.

- In August 2009, **MassHealth Hospice Bulletin 9 and Personal Care Agency Bulletin 4 announced changes** in the Centers for Medicare & Medicaid Services rules. Revised policy allows hospice providers to coordinate the provision of hospice services with Medicaid-funded personal care services. Service requirements and documentation guidelines are outlined in the bulletin.
- **Acute Inpatient Hospital Bulletin 137: Preadmission Screening and Postpayment Review (September 2009)** informs providers that PAS must be obtained for all elective inpatient admissions. The bulletin also includes information about changes to the postpayment review process.
- **All Provider Bulletin 196: Provider Obligation to Screen Employees and Contractors for Exclusion from Participation in Federal Health Care Programs (October 2009)** advises providers to screen employees and contractors to determine any engagement in certain program-related misconduct or convictions of certain crimes. The bulletin further describes any exclusions or payment prohibitions mandated by the U.S. Department of Health and Human Services, Office of Inspector General (OIG) for identified screened individuals or entities. These regulations extend to prevention from participation in federal health care programs, including MassHealth. In addition, it lists recommended actions for establishing compliance guidelines.

## Provider Bulletin and Transmittal Letter (TL) Reminders

- As outlined in **All Provider Bulletin 114**, MassHealth now pays Medicare Part B crossover claims up to the MassHealth allowable amount less any Medicare payment, or the coinsurance and deductible amount, whichever is less. In calculating the difference between the MassHealth allowable amount and the Medicare payment, NewMMIS will examine if MassHealth has adopted the Medicare code or has a comparable code for the service and look at the rate for the applicable code. MassHealth will not pay for noncovered services.
- The use of medical-necessity letters are no longer authorized by MassHealth for transportation services. Please use the updated Prescription for Transportation Form (PT -1 Form) instead. The form and information are included in **All Provider Bulletin 162** (May 2009): Revised Prescription for Transportation (PT -1) Form.
- **Transmittal Letter FAS-21**—MassHealth announced a new billing requirement for all procedures billed by freestanding ambulatory surgery centers (FASCs). FASCs must now include the SG modifier on each claim line with the procedure being billed effective May 26, 2009. This transmittal letter can be found in the Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).

## Additional Information

- **Introduce your MassHealth patients to QuitWorks**, a free, evidence-based referral service that connects them with phone-based counseling as part of the MassHealth tobacco-cessation benefit that provides prescription and over-the-counter tobacco-cessation medication to members who want to quit smoking. Refer patients to QuitWorks now and they can receive a free two-week supply of nicotine patches, in addition to free, phone-based counseling services. For enrollment applications, check online at [www.quitworks.org](http://www.quitworks.org). For promotional materials, call 1-800-879-8678 (1-900-try-to-stop). The August Feature of the Month provides more details about this program. To view or download the publication, go to the provider library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).
- MassHealth **added dental CDT service code D9410 (nursing facility visit) to Subchapter 6 of the Dental Manual**, effective October 1, 2009. The service code may be used when making a nursing facility visit. The code, D9410, may be billed in addition to the actual service performed and may be billed once per day per member. If you have questions, please contact MassHealth Customer Service at 1-800-207-5019.
- MassHealth has made some **changes to the Utilization Management Program for acute hospitals** that will take effect on November 2, 2009. As a result of these updates, the annual volume of claims subject to prepayment reviews will increase from 15,000 claims to 20,000; inpatient postpayment reviews will increase from 10,000 claims to 15,000 claims; and outpatient postpayment reviews will increase from 5,000 claims to 20,000 claims. Postpayment reviews will be conducted as a combination of mail-in and onsite reviews.

- Providers are instructed to **review the clinical laboratory services rate regulation** (114.3 CMR 20.04) to obtain the list of service codes subject to the Automated Test Panel (ATP) rate payment methodology. This regulation is available online by visiting the Division of Health Care Finance and Policy's Web site at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp) and then clicking on the link for Regulations and Hearings.

### Virtual Gateway Updates

- It has come to MassHealth's attention that visitors who come to Massachusetts from other countries or other states to give birth or receive other medical treatment may be applying for MassHealth via the Virtual Gateway with the assistance of your staff. Please remind your employees and contractors who assist applicants using the Virtual Gateway that under MassHealth regulations, a person who visits Massachusetts for the purpose of getting medical treatment is not considered a resident of Massachusetts. Persons visiting Massachusetts (whether U.S. citizens or not) are not Massachusetts residents. People who travel here from another country with a B1/B2 visa are visitors. **People who are not Massachusetts residents are not eligible for MassHealth** or other benefits unless they experience an emergency medical condition that requires them to seek immediate medical attention during their stay. Even then, the individual must meet MassHealth income guidelines and must not be receiving public benefits from any other state.
- **MassHealth has updated the MA21 Qualified Alien Citizen (QAC) screen for processing immigration-status verifications** and explaining the eligibility for benefits during the verification process. MA21 QAC screen updates now ensure that immigration information is properly identified and entered to provide a proper eligibility determination. These updates help in determining whether immigrants with legal permanent resident, granted parole, conditional parole, or Iraqi or Afghan special immigrant status have met the qualified alien status according to MassHealth rules. In addition, an added new option allows updates when an alien attains U.S. citizenship.

### Nursing Home Providers

- Providers submitting Management Minute Questionnaire (**MMQ**) **batch files may check status reports the day after submission by using the MMQ batch submission** function on the POSC. To download a status report, submitters must log on to the POSC on the following business day. For more information about submitting MMQ files and checking file status, go to Home>Provider>Reporting to the State>Reporting Tools.
- MassHealth has **simplified the navigation to the MMQ page** on the MassHealth Web site. You can go to [www.mass.gov/mashealth](http://www.mass.gov/mashealth) in the Online Services column on the right side of the screen or you can also go directly to the MMQ page at [www.mass.gov/mmq](http://www.mass.gov/mmq).
- **Nursing home providers submitting third-party-liability (TPL) claims no longer need to include non-EOB attachments.** Instead, MassHealth advises that nursing home providers keep any TPL attachments such as Medicare Advanced Beneficiary Notices, Insurer UR Notices, and Medicare Notices of Noncoverage on file. For TPL purposes, Patient Status Code or Condition codes are no longer used. Using these obsolete codes may cause claims to be denied. Providers must now submit electronic or paper TPL claims using the correct Adjustment Reason Code. Please follow the billing instructions listed in TL NF-54 (April 2009). In addition, paper submissions must include a completed TPL Exception Form for Nursing Facilities and all Inpatient Hospitals. The TPL Exception Form is located on the MassHealth Web site at [www.mass.gov/mashealth](http://www.mass.gov/mashealth). To download the form, click on MassHealth Regulations and Other Publications, then on Provider Library, and then on MassHealth Provider Forms.