
90-Day Waiver Request



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

To submit a 90-day waiver request for claims other than pharmacy and dental, please complete this form for **every claim** and attach all required applicable supporting documentation to **each one**. Failure to upload the required supporting documentation will result in a denial of your request

Ninety-day waiver requests must be submitted electronically unless the provider has an approved electronic claims submission waiver. The requests must be submitted electronically via direct data entry (DDE) using delay reason code 1, 4, or 8.

Date of request _____

Provider name _____

Provider email _____

Provider phone _____

MassHealth Provider ID/Service Location _____

Reason for Request

You may request a 90-day waiver when one or more of the following conditions apply and the claim is not currently in a pend, suspend, or paid status. Please check one or more of the applicable reasons and provide the necessary documentation with **every claim**.

- ☐ The member or provider was retroactively enrolled with MassHealth. Use delay reason code 8 for member or 4 for provider. The request must include the retroactive enrollment letter.
- ☐ The member did not inform the provider of the member's enrollment with MassHealth within 90 days of the date of service. Use delay reason code 1. The request must include the registration sheet or bills mailed to the member.
- ☐ The provider is making a change to the member's MassHealth ID number or to the provider's "Pay to Provider" number on a claim that was originally submitted within the time limits defined in MassHealth regulations at 130 CMR 450.309 and 450.313. Use delay reason code 8. The request must include the original remittance advice where the claim was submitted timely.
- ☐ Other. Use delay reason code 8. Please explain below. The request must include supporting documentation.

To download the 90-Day Waiver Request Form, go to mass.gov/how-to/submit-a-90-day-claim-waiver-request-form. The form is at the bottom of the web page, under "Downloads".

Note: For pharmacy claims, providers must use the Pharmacy 90-Day Waiver Form, which is also under "Downloads" at the bottom of the same web page.

For additional information on how to submit a 90-day waiver request, refer to Subchapter 5, Part 6, in your MassHealth provider manual.