




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Acute Inpatient Hospital Bulletin 137
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TO: Acute Inpatient Hospitals Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: **Preadmission Screening and Postpayment Review**

***Preadmission Screening
Reminder***

Admission screening, also known as preadmission screening (PAS), must be obtained for all elective inpatient admissions. MassHealth will deny payment if providers do not comply with this requirement. Detailed requirements and specific exceptions are identified in the regulations 130 CMR 415.405, 415.414, 450.207, and 450.208.

PAS should not be confused with Prior Authorization (PA). The Utilization Management program does not waive or replace any other MassHealth requirements, including PA. A specific procedure or treatment may separately require PA.

***Postpayment Review
Claims in NewMMIS***

In NewMMIS, any claim that is disallowed after Postpayment Review by the MassHealth contractor for the Acute Hospital Utilization Management Program (currently Masspro) will be voided by MassHealth. The advantage of this method is that a provider will be able to directly see the void of the originally submitted claim. There will be no need to establish separate recoupment accounts for voided claims. This void process will allow for the clean rebill of a claim that was a previously paid as an inpatient claim and was subsequently voided because the services should have been provided as outpatient services.

This is a change for providers in cases of partial denials (for example, when a claim is submitted for the standard payment amount per discharge (SPAD) for inpatient services and a transfer per diem (TPD) is allowed, or a line item of an outpatient claim is denied, but the remainder of the services on the claim is allowed).

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***Provider Process for
Postpayment Rebills***

Following a Postpayment Review claims denial for any of the reasons discussed above, providers may rebill MassHealth for

- outpatient services following the denial of a claim for inpatient services;
- TPD allowed when a SPAD is billed; or
- the lesser amount of outpatient services allowed than initially billed.

To rebill MassHealth, providers must submit the claim to be rebilled, also known as a “void/replace” claim (type of bill (TOB) 117) with the former transaction control number/internal control number (TCN/ICN) indicated to the address below.

Providers are reminded to review 130 CMR 415.417, the regulation concerning Notification of Denial, Reconsideration, and Appeals.

***NewMMIS Changes
Affecting Requesting
Reimbursement***

All rebilled claims, whether for inpatient or outpatient services, must be submitted in writing along with a copy of the denial letter to:

Kathleen McKeown
Utilization Management/MassHealth
600 Washington Street
CTC Room 310
Boston, MA 02111

Questions

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