




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance

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Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER ALL-112
January 2003

TO: All Providers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: *All Provider Manuals* (Revisions to Appendix Y)

This letter transmits revisions to Appendix Y in all provider manuals. Appendix Y lists the active REVS (Recipient Eligibility Verification System) codes and their respective service-restriction messages. Providers accessing REVS to verify a member's eligibility before providing medical services will receive one or more of the restriction messages. These revisions are effective February 1, 2003.

If you have any questions about this transmittal letter or REVS codes, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL-79

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This appendix lists the active REVS (Recipient Eligibility Verification System) codes and their respective service-restriction messages. Providers accessing REVS to verify a patient's eligibility before providing medical services will receive one or more of the following restriction messages.

<u>Code</u>	<u>Message</u>
006	NHP MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-800-432-9449
011	NHP MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-800-432-9449
021	BMC HEALTH NET MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-888-566-0008
031	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL ELDER SERVICES PLAN OF THE NORTH SHORE, INC. AT (781) 599-0110.
035	MASSHEALTH/DMH CLIENT.
036	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL ESP OF THE CAMBRIDGE HOSPITAL AT (617) 868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL ELDER SERVICES PLAN AT FALLON AT (508) 852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL ELDER SERVICES PLAN OF MUTUAL HEALTHCARE AT (617) 288-0970.
051	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL HARBOR ELDER SERVICES AT (617) 296-5100.
056	NETWORK HEALTH MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-888-257-1985
061	BMC HEALTHNET PLAN MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-888-566-0008
066	NETWORK HEALTH MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-800-257-1985
111	RESIDENT AT LONG-TERM-CARE FACILITY.

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<u>Code</u>	<u>Message</u>
116	EAEDC (CAT. 04). SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS, CALL PROVIDER SERVICES AT 1-800-325-5231
131	FALLON MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-800-868-5200
171	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL EAST BOSTON ELDER SERVICE PLAN AT (617) 539-5060 OR EVES AT (617) 567-3600.
311	FALLON MEMBER. CALL MCO FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST ROUTINE DENTAL. 1-800-868-5200
386	MEDICARE-COVERED SERVICES ONLY.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(I).
480	BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES.
485	BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS.
490	DMH-COVERED SERVICES ONLY. NOT ELIGIBLE FOR MASSHEALTH.
495	ELIGIBLE FOR PREMIUM ASSISTANCE ONLY. BILL MEMBER'S PRIVATE HEALTH INSURANCE.
500	SPECIAL NHP PROGRAM. CALL NHP FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-888-816-6000
505	MASSHEALTH COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-325-5231.
516	CALL HRCA AT (617) 325-8000 FOR AUTHORIZATION OF ALL SERVICES EXCEPT ACUTE INPATIENT ADMISSIONS.
520	ELIGIBLE FOR AMBULATORY PRENATAL CARE ONLY.
522	ELIGIBLE FOR EMERGENCY SERVICES ONLY.

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<u>Code</u>	<u>Message</u>
525	FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
530	NO PCC/MCO AUTHORIZATIONS NEEDED. FOR MH/SA SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
545	DMH CLIENT. NOT ELIGIBLE FOR MASSHEALTH. HAS OTHER HEALTH INSURANCE: TPL AND/OR MEDICARE.
580	LESS THAN 60 DAYS UNTIL THIS POS WILL BE DISABLED. CALL EDS AT 1-800-462-7738 FOR INFO ON PURCHASING A NEW VERIFONE POS.
585	LESS THAN 30 DAYS UNTIL THIS POS WILL BE DISABLED. CALL EDS AT 1-800-462-7738 FOR INFO ON PURCHASING A NEW VERIFONE POS.
590	LESS THAN 20 DAYS UNTIL THIS POS WILL BE DISABLED. CALL EDS AT 1-800-462-7738 FOR INFO ON PURCHASING A NEW VERIFONE POS.
595	LESS THAN 10 DAYS UNTIL THIS POS WILL BE DISABLED. CALL EDS AT 1-800-462-7738 FOR INFO ON PURCHASING A NEW VERIFONE POS.

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