



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MASSHEALTH  
TRANSMITTAL LETTER ALL-127  
June 2004

**TO:** All Providers Participating in MassHealth  
**FROM:** Beth Waldman, Director, Office of Medicaid *BW*  
**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 June 1, 2004.

Appendix Y is also available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

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.

**Please Note:** MassHealth is taking this opportunity to delete Part 10 of the provider billing instructions. Part 10 is a glossary of acronyms that is no longer up-to-date.

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(The pages listed here are no longer in effect.)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 5.10-1 through 5.10-6 — transmitted by Transmittal Letter ALL-27

Pages Y-1 through Y-4 — transmitted by Transmittal Letter ALL-124

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX Y: REVS CODES/MESSAGES	<b>PAGE</b> Y-1
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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.

<b><u>Code</u></b>	<b><u>Message</u></b>
006	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-432-9449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
011	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-432-9449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
021	BMC HEALTHNET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
031	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE NORTH SHORE AT 781-581-7565 OR 781-581-3900.
035	MASSHEALTH/DMH CLIENT.
036	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE CAMBRIDGE HOSPITAL AT 617-868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP AT FALLON AT 508-852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF UPHAM'S CORNER AT 617-288-0970.
051	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL HARBOR ELDER SERVICES AT 617-296-5100.
056	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
061	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
066	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
071	MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY. FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8AM-5PM MON-FRI.
096	CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 413-794-9428 TO COORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
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.
126	COMMUNITY CASE MANAGEMENT MEMBER. PRIOR AUTHORIZATION NOW REQUIRED FOR HOME HEALTH (PDN, NURSING, HH AIDE, PCW) INFO 1-800-863-6068.
131	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
171	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF EAST BOSTON AT 617-568-6416 OR EVES AT 617-568-4470.
186	EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).
201	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL CCA: 866-610-2273.
246	EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
271	MET CAP ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(C).
311	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
366	MET CAP ON PHARMACY SERVICES UNDER 130 CMR 450.130(C).
386	MEDICARE-COVERED SERVICES ONLY.
391	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL EVERCARE: 888-867-5511.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).
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.

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<u>Code</u>	<u>Message</u>
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.
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.

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