



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



MASSHEALTH
TRANSMITTAL LETTER ALL-128
September 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. Revisions to the REVS codes include the following:

- additional coverage types;
- deductible amounts (applicable for the Partial Free Care Coverage type); and
- restrictive messages.

These revisions are effective October 1, 2004.

Senior Care Options (SCO)

Providers will now receive the following message for members enrolled in the new Senior Care Organization, Senior Whole Health:

(231) Senior Care Options. Payment limited to SCO. Authorization needed for all services except emergencies. Call SWH: 888-794-7268.

Low Income Patients (Free Care)

Providers will begin to receive appropriate service restriction messages for low-income patients covered by the Uncompensated Care Pool. This includes those low-income patients who receive Partial or Full Free Care.

The providers who can perform services for low-income patients are limited to acute hospitals and community health centers. All other providers **will not** be reimbursed for services provided to low-income patients.

For providers who are eligible to perform services, the restrictive message will read:

(281) Uncompensated Care Pool is for certain hospital and CHC services only. For more information, call 617-988-3222.

Those providers who are not eligible to provide services will be receive the following restrictive message:

(306) Individual has submitted an MBR and is not eligible for MassHealth. For more information, call 1-800-462-7738.

Y-Recipient Identification Number (RID)

In an effort to effectively identify those members receiving services from DYS (Department of Youth Services), MassHealth will append the letter 'Y' to the beginning of the respective eight-digit MID# in place of the currently used prefix '990.' Please note: The modification to the MID# is designed for identification purposes only and does not affect member eligibility or services that can or cannot be provided.

Children's Medical Security Plan (CMSP) and Healthy Start Program (HSP)

As of July 1, 2004, MassHealth became responsible for administering the Children's Medical Security Plan (CMSP) and the Healthy Start Program (HSP). Providers will receive the appropriate restrictive message for members covered by CMSP and HSP. Healthy Start members will also receive MassHealth Limited benefits. These members will be displayed under the new coverage type: LMTD HLTHY STRT. Some CMSP members will also have MassHealth Limited benefits, and the coverage type will be displayed as LMTD CMSP. Many other CMSP members will not be eligible for MassHealth Limited. The new coverage type for CMSP members without Limited coverage will be CMSP ONLY. **Children's Medical Security Plan (CMSP) and Healthy Start (HSP) services should continue to be billed to UNICARE. All claims for MassHealth Limited services should continue to be billed to MassHealth.** For new members with coverage type LMTD HLTHY STRT, the following new REVS restrictive messages will be displayed:

(601) Eligible for emergency services, including labor and delivery, under Limited without copay under 130 CMR 450.130(D).

(602) For information on and payment of all other pregnancy-related services under Healthy Start, call 1-888-488-9161.

For new members with coverage type LMTD CMSP, the following new REVS restrictive messages will be displayed:

(603) Eligible for emergency services under Limited without copay under 130 CMR 450.130(D).

(604) Eligible for primary and preventive care services. Call CMSP at 1-800-909-2677.

For new members with coverage type CMSP ONLY, the following new REVS restrictive message will be displayed:

(605) Eligible for primary and preventive care services only. Call CMSP at 1-800-909-2677.

Appendix Y is also available on the MassHealth Web site at www.mass.gov/masshealthpubs.

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-4 — transmitted by Transmittal Letter ALL-127

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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. 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: 1-866-610-2273.
231	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL SWH: 1-888-794-7268.
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).
281	UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. FOR MORE INFORMATION, CALL 617-988-3222.
306	INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
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: 1-888-867-5511.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).

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<u>Code</u>	<u>Message</u>
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.
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.
601	ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY, UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D)
602	FOR INFORMATION ON AND PAYMENT OF ALL OTHER PREGNANCY-RELATED SERVICES UNDER HEALTHY START, CALL 1-888-488-9161
603	ELIGIBLE FOR EMERGENCY SERVICES UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D)
604	ELIGIBLE FOR PRIMARY AND PREVENTIVE CARE SERVICES. CALL CMSP AT 1-800-909-2677
605	ELIGIBLE FOR PRIMARY AND PREVENTIVE CARE SERVICES ONLY. CALL CMSP AT 1-800-909-2677

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