




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-162
January 2009

TO: All Providers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: All Provider Manuals (Revised Appendix Y)

Appendix Y has been updated to include modified messages that impact individuals eligible for, but unenrolled in Commonwealth Care who are also eligible for the Health Safety Net (HSN), and individuals enrolled in Commonwealth Care who are eligible to receive dental services through the HSN. HSN deductible amounts for these individuals have been updated to reflect the 2008 federal poverty level (FPL) income amounts. The deductible for individuals between 200 and 250% of the FPL has changed from \$41 to \$42. The deductible amount for individuals between 250 and 300% of the FPL has changed from \$2,083 to \$2,122.

These changes are effective February 1, 2009.

If you have any questions about the information in this transmittal letter please contact the Health Safety Net Help line at 1-877-910-2100.

NEW MATERIAL

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

All Provider Manual

Pages Y-1 through Y-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manual

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL-158

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|--|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals | Subchapter Number and Title Appendix Y. REVS Codes/Messages | Page Y-1 |
| | Transmittal Letter ALL-162 | Date 02/01/09 |

REVS Codes and Messages

Important Note: This appendix is available online at www.mass.gov/masshealthpubs. MassHealth will update Appendix Y as needed. Paper copies of this appendix will not be mailed automatically, but can be requested by mailing, faxing, or e-mailing a request to:

MassHealth Publications
P.O. Box 9118
Hingham, MA 02043
Fax: 617-988-8973
E-mail: publications@mahealth.net

This appendix lists the active Recipient Eligibility Verification System (REVS) 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.

These messages are subject to change without notice.

This appendix also lists other messages that do not have a code associated with them, but are important to be aware of, as they are returned on REVS.

| <u>Code</u> | <u>Message</u> |
|--------------------|--|
| 006 | NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820. |
| 011 | NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820. |
| 021 | BMC HEALTHNET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501. |
| 031 | PRIOR AUTH REQUIRED ON ALL CARE EXCEPT EMERGENCIES. ESP NORTH SHORE. CALL 781-581-3900 FOR LYNN CLIENTS, 978-837-9479 FOR BEVERLY CLIENTS. |
| 035 | 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 1-888-566-0010. 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. |

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|--|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series | Subchapter Number and Title Appendix Y. REVS Codes/Messages | Page Y-2 |
| | Transmittal Letter ALL-162 | Date 02/01/09 |
| All Provider Manuals | | |

| <u>Code</u> | <u>Message</u> |
|-------------|---|
| 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. |
| 075 | MEMBER ID MAY HAVE BEEN USED IN THE PAST BY MORE THAN ONE MASSHEALTH MEMBER. VERIFY MEMBER NAME AND BIRTHDATE ON RESPONSE. |
| 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. |
| 116 | EAEDC (CAT. 04). SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS, CALL PROVIDER SERVICES AT 1-800-841-2900. |
| 121 | DIRECT ALL INQUIRIES ABOUT ELIGIBILITY TO SOCIAL SERVICE WORKER. |
| 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. |
| 186 | EXEMPT FROM MASSHEALTH 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 MASSHEALTH 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 1-877-910-2100. |
| 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. |

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|--|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series | Subchapter Number and Title Appendix Y. REVS Codes/Messages | Page Y-3 |
| | Transmittal Letter ALL-162 | Date 02/01/09 |
| All Provider Manuals | | |

| <u>Code</u> | <u>Message</u> |
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| 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. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS AND PAYMENT LIMITATIONS ON CLAIM SUBMISSIONS. |
| 485 | BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS. |
| 490 | DMH CLIENT. NOT ELIGIBLE FOR MASSHEALTH. |
| 495 | ELIGIBLE FOR PREMIUM ASSISTANCE ONLY. BILL MEMBER'S PRIVATE HEALTH INSURANCE. |
| 500 | SPECIAL NHP PROGRAM. CALL NHP AT 1-888-816-6000 FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. |
| 505 | MASSHEALTH COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-841-2900. |
| 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. |
| 595 | ELIGIBLE BUT NOT ENROLLED IN MANAGED CARE. SERVICE CANNOT BE BILLED TO MASSHEALTH. MEMBER MUST ENROLL. HSN COVERAGE AVAILABLE. |
| 596 | MEMBER ALSO ELIGIBLE FOR ESSENTIAL. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900. |
| 597 | MEMBER ALSO ELIGIBLE FOR BASIC. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900. |
| 601 | ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY, UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D). |
| 602 | FOR ELIGIBILITY DATES AND PAYMENT FOR 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 | FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677. |

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| Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals | Subchapter Number and Title Appendix Y. REVS Codes/Messages | Page Y-4 |
| | Transmittal Letter ALL-162 | Date 02/01/09 |

| <u>Code</u> | <u>Message</u> |
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| 605 | FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677. |
| 606 | REIMBURSEMENT FROM THE UNCOMPENSATED CARE POOL NOT ALLOWABLE FOR THIS PATIENT. FOR INFORMATION CALL 617-988-3222 OR 1-877-910-2100. |
| 608 | MEMBER ELIGIBLE FOR MEDICARE PART D. FOR MEMBER ENROLLMENT STATUS OR OTHER INFORMATION CALL 1-800-MEDICARE (1-800-633-4227). |
| 609 | YES. MEMBER HAS FULL MEDICAID BENEFITS. |
| 610 | NO. MEMBER DOES NOT HAVE FULL MEDICAID BENEFITS. |
| 611 | MEMBER IS QUALIFIED MEDICARE BENEFICIARY. SEE 130 CMR 519.010. |
| 612 | MEMBER IS SPECIFIED LOW INCOME MEDICARE BENEFICIARY. SEE 130 CMR 519.011(A). |
| 613 | MEMBER IS QUALIFIED INDIVIDUAL BENEFICIARY. SEE 130 CMR 519.011(B). |
| 614 | BILL HOSPICE PROVIDER IF SERVICE IS RELATED TO TERMINAL ILLNESS. |
| 615 | BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-866-444-5155. |
| 616 | NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478. FOR VISION SERVICES CALL 1-888-257-1985. |
| 617 | NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478. FOR VISION SERVICES CALL 1-800-638-3120. |
| 618 | BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-615-1883. |
| 619 | FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-822-5353. FOR VISION SERVICES CALL 1-800-868-5200. |
| 620 | MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL. |
| 621 | MEMBER ENROLLED WITH <Commonwealth Care MCO> PLAN. COVERAGE TO BEGIN <Mon 06>. |
| 622 | NETWORK HEALTH MEMBER. FOR VISION SERVICES CALL 1-888-257-1985. |
| 623 | NHP MEMBER. FOR VISION SERVICES CALL 1-800-638-3120. |
| 624 | BMC HEALTHNET PLAN MEMBER. FOR VISION SERVICES CALL 1-800-615-1883. |
| 625 | FALLON COMMUNITY HEALTH PLAN MEMBER. FOR VISION SERVICES CALL 1-800-868-5200. |
| 628 | COMMONWEALTH CARE PLAN TYPE I. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR PRESCRIPTION DRUGS. |

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| Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals | Subchapter Number and Title Appendix Y. REVS Codes/Messages | Page Y-5 |
| | Transmittal Letter ALL-162 | Date 02/01/09 |

| <u>Code</u> | <u>Message</u> |
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| 629 | COMMONWEALTH CARE PLAN TYPE II. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR SOME SERVICES. |
| 630 | COMMONWEALTH CARE PLAN TYPE II. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES. |
| 631 | COMMONWEALTH CARE PLAN TYPE III. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES. |
| 632 | COMMONWEALTH CARE PLAN TYPE IV. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES. |
| 633 | HSN IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. MEMBER HAS SUBMITTED AN MBR AND IS NOT ELIG FOR MASSHEALTH. CALL 1-877-910-2100. |
| 634 | MEMBER MUST ENROLL IN COMMCARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 1-877-MA-ENROLL (1-877-623-6765). |
| 635 | HSN AVAILABLE. |
| 636 | MEMBER IS ALSO ELIGIBLE FOR HSN SECONDARY. SEE 114.6 CMR 13.00 FOR INFO ON HSN REQS. |
| 637 | MEMBER IS HSN SECONDARY. BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS. |
| 638 | PARTIAL HSN AVAILABLE. MEMBER WITH 200-250 PERCENT FPL. HSN DEDUCTIBLE IS \$42. |
| 639 | PARTIAL HSN AVAILABLE. MEMBER WITH 250-300 PERCENT FPL. HSN DEDUCTIBLE IS \$2,122. |
| 640 | HSN NOT AVAILABLE. |
| 641 | PARTIAL HSN AVAILABLE. |
| 642 | PARTIAL HSN DENTAL AVAILABLE. HSN DEDUCTIBLE IS \$42. |
| 643 | PARTIAL HSN DENTAL AVAILABLE. HSN DEDUCTIBLE IS \$2,122. |
| 644 | HSN DENTAL AVAILABLE |
| 645 | PARTIAL HSN DENTAL AVAILABLE |
| 646 | COPAY MAY BE APPLICABLE |
| 647 | HSN PHARMACY COPAYS MAY BE APPLICABLE. |
| 648 | HSN PHARMACY COPAYS MAY BE APPLICABLE. |
| 650 | MEMBER ALSO ELIGIBLE FOR COMMCARE: MEMBER MUST ENROLL TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL (1-877-623-6765). |
| 651 | NEW MMIS MEMBER ID - 123456789012 |

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|--|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals | Subchapter Number and Title Appendix Y. REVS Codes/Messages | Page Y-6 |
| | Transmittal Letter ALL-162 | Date 02/01/09 |

Other Messages

This section lists messages returned from REVS that do not have a code associated with them. While they do not have an associated code, these messages are still important when providing services.

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| Member is Eligible | Member is eligible based on the services and restrictions indicated for the date of service inquired upon. |
| Member is Eligible – RID has changed | Member is eligible based on the services and restrictions indicated for the date of service inquired upon. The member ID inquired upon for this member has changed. The new member ID is displayed and should be used for billing purposes. |
| Member is Not Eligible | Member is not eligible on date of service inquired upon. Member was eligible for benefits at some time in the 13 months prior to the date of inquiry. |
| Member Not Found | Member is not known to REVS. |
| Member is Eligible - Use this RID for this Date of Service Only | Member is eligible based on the services and restrictions for the date of service inquired upon. However, the member ID that you need to submit on the claim for payment differs from the member ID that you entered in REVS. Submit the claim with the member ID returned but use the member ID you entered in REVS for future eligibility inquiries. |
| PCC Member. Call (corporate & site name, if applicable) (phone number) for approval. For exceptions see 130 CMR 450.118(J). | Member is enrolled with a primary care clinician (PCC). The corporate PCC and site PCC (if applicable) names will be displayed. The site PCC phone number will be displayed. |
| Duplicate RID. Call 1-800-833-7582 for assistance. | The member ID entered has been linked to more than one member on REVS. Call the eligibility operator to determine the appropriate member ID to check eligibility. |