



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



MassHealth
Transmittal Letter ALL-180
July 2010

TO: All Providers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director *TGD*
RE: All Provider Manuals (Revised Appendix Y)

New Managed Care Organization

Effective July 1, 2010, Health New England is a new Managed Care Organization (MCO) option for MassHealth members. The following new messages have been added to the Eligibility Verification System (EVS) to identify a MassHealth member enrolled in Health New England.

Unique Message #	Restrictive Message Text
661	Health New England member. For medical services, call 1-800-786-9999. For behavioral health services, call 1-800-495-0086.
662	Health New England member. For dental services, call 1-800-786-9999. For vision services, call 1-800-786-9999.

Healthy Start Program Global Delivery Codes

Effective for dates of service beginning July 1, 2010, the Healthy Start Program (HSP) is changing the way providers bill for and will be paid for global delivery services. The change is being made to simplify the billing of the global delivery codes for providers. Providers billing global delivery services for HSP members should submit claims only to MassHealth. HSP claims for global delivery codes should no longer be submitted to UniCare, the HSP vendor, for dates of service after July 1, 2010. Global delivery claims submitted to UniCare for dates of service on or after July 1, 2010, will be denied. The global delivery codes are 59400, 59410, 59510, 59515, 59610, 59614, 59618, and 59622. Revisions are being made to EVS messages for the impacted members as a reminder to providers about this change.

The following new messages have been added to EVS.

Unique Message #	Restrictive Message Text
658	Effective July 1, 2010, global delivery codes for HSP members must be billed to MassHealth. For more information, call 1-800-841-2900.

The following EVS messages have been modified.

Unique Message #	Restrictive Message Text
602	For eligibility dates and payment under Healthy Start for outpatient, non-emergency pregnancy-related services except labor and delivery, and global delivery codes, call 1-888-488-9161.

Health Safety Net Deductibles

MassHealth has also updated the deductible amounts for Health Safety Net (HSN). The updated messages are as follows:

Unique Message #	Restrictive Message Text
645	HSN Vision and Dental Available.
659	Partial HSN Dental and Vision available. Member with 200-250 percent FPL. HSN deductible is \$43.
660	Partial HSN Dental and Vision available. Member with 200-250 percent FPL. HSN deductible is \$2,167.

This letter transmits a revised Appendix Y.

Appendix Y lists the active EVS system-generated message numbers found on the Provider Online Service Center (POSC), their corresponding unique message numbers previously used in REVS, and their respective restrictive message text.

NEW MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-8

OBSOLETE MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-8 – transmitted by Transmittal Letter ALL-172

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EVS 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 the following address.

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

This appendix lists the active Eligibility Verification System (EVS) system-generated message numbers, their corresponding unique message numbers previously used in REVS, and their respective restrictive message text. Providers accessing EVS through the Provider Online Service Center (POSC) to verify a patient's eligibility before providing medical services will receive one or more of the following restrictive messages. These messages are subject to change without notice.

The appendix also contains the MassHealth Benefit Plans Chart that lists the previous REVS coverage types, and the corresponding EVS benefit plan codes, along with descriptions and additional comments.

EVS System-Generated Message #	Unique Message #	Restrictive Message Text
10	6	NHP member. For medical services, call 1-800-462-5449. For behavioral health services, call 1-800-414-2820.
747-749	21	BMC Healthnet member. For medical services, call 1-888-566-0008. For behavioral health services, call 1-866-444-5155.
12	31	Prior auth required on all care except emergencies. ESP North Shore. Call 781-581-3900 for Lynn clients; 978-837-9479 for Beverly clients.
1	35	DMH CLIENT
13	36	Prior authorization mandatory for all care except for emergencies. Call ESP of The Cambridge Hospital at 617-868-6323.
14	41	Prior authorization mandatory for all care except for emergencies. Call ESP at Fallon at 508-852-2026.
15	46	Prior authorization mandatory for all care except for emergencies. Call ESP of Upham's Corner at 617-288-0970.
16	51	Prior authorization mandatory for all care except for emergencies. Call Harbor Elder Services at 617-296-5100.
17, 734-739	56	Network Health member. For medical services, call 1-888-257-1985. For behavioral health services, call 1-888-257-1985.

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EVS System-Generated Message #	Unique Message #	Restrictive Message Text
71	71	Member enrolled in program that limits him/her to 1 pharmacy. For information, member may call 1-800-841-2900, 8AM-5PM Mon-Fri.
2	111	Resident at long-term-care facility.
3	116	EAEDC (Cat. 04). Services restricted. See 130 CMR 450.106. For questions, call provider services at 1-800-841-2900.
121	121	Direct all inquiries about eligibility to social service worker.
68	126	Community Case Management (CCM) member. Prior authorization required for certain community long-term-care services (nursing, home health aide, PCA, therapies, DME, and medical supplies). Call CCM at 1-800-863-6068.
19	171	Prior authorization mandatory for all care except for emergencies. Call ESP of East Boston at 617-568-6416.
186	186	Exempt from MassHealth copay on non-pharmacy services under 130 CMR 450.130(D).
20	201	Senior Care Options. Payment limited to SCO. Authorization needed for all services except emergencies. Call CCA: 1-866-610-2273.
21	231	Senior Care Options. Payment limited to SCO. Authorization needed for all services except emergencies. Call SWH: 1-888-794-7268.
246	246	Exempt from MassHealth copay on pharmacy services under 130 CMR 450.130(D).
271	271	Met cap on non-pharmacy services under 130 CMR 450.130(C).
740-746	311	Fallon member. For medical services, call 1-866-275-3247. For behavioral health services, call 1-888-421-8861.
366	366	Met cap on pharmacy services under 130 CMR 450.130(C).
827, 831, 832, 840, 841	386	Medicare-covered services only.
28	391	Senior Care Options. Payment limited to SCO. Authorization needed for all services except emergencies. Call Evercare: 1-888-867-5511.
461	461	Primary Care Clinician (PCC) Plan member. Call PCC for authorization for all services except those listed in 130 CMR 450.118(J).
5, 6	480	Bill member's private health insurance. See 130 CMR 450.316-317 for information on TPL requests and payment limitations on claim submissions.

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EVS System-Generated Message #	Unique Message #	Restrictive Message Text
7, 8	485	Bill member's private health insurance. MassHealth pays for copays and deductibles for well-child visits.
74	490	DMH Client. Not eligible for MassHealth.
29-32	495	Eligible for Premium Assistance. Bill member's private health insurance.
33	505	MassHealth CommonHealth member. For questions, call 1-800-841-2900.
9	516	Call HRCA at 617-325-8000 for authorization of all services except acute inpatient admissions.
34	520	Eligible for ambulatory prenatal care only.
35	522	Eligible for emergency services only.
76	525	For mental health or substance abuse service authorization, call the Partnership at 1-800-495-0086.
530	530	No PCC/MCO authorizations needed. For MH/SA service authorization, call the Partnership at 1-800-495-0086.
550	550	Retro HSN available.
551	551	Retro Partial HSN available. HSN deductible is \$XX.XX.
596	596	Essential unenrolled. Member eligible for Essential but not enrolled. Member must call 1-800-841-2900 and enroll in Managed Care to receive these benefits. HSN is available.
597	597	Basic unenrolled. Member eligible for Basic but not enrolled. Member must call 1-800-841-2900 and enroll in Managed Care to receive these benefits. HSN is available.
40	601	Eligible for emergency services, including labor and delivery, under Limited without copay under 130 CMR 450.130(D).
41	602	For eligibility dates and payment under Healthy Start for outpatient, non-emergency pregnancy-related services except labor and delivery, and global delivery codes, call 1-888-488-9161.
42	603	Eligible for emergency services under Limited without copay under 130 CMR 450.130(D).
43	604	For eligibility dates and payment for primary and preventive care services, call CMSP at 1-800-909-2677.
44, 760-761, 842-848	606	Reimbursement from the Health Safety Net not allowable for this patient. For information call 617-988-3222 OR 1-877-910-2100.
45	608	Member eligible for Medicare Part D. For member enrollment status or other information call 1-800-MEDICARE (1-800-633-4227).

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EVS System-Generated Message #	Unique Message #	Restrictive Message Text
80, 106-120, 122-201, 700-701	609	Yes. Member has full Medicaid benefits.
81, 202-245, 247-270, 272-298, 702	610	No. Member does not have full Medicaid benefits.
46, 766, 950-977, 980-984	611	Member is Qualified Medicare Beneficiary. See 130 CMR 519.010.
48, 49	612	Member is Specified Low Income Medicare Beneficiary. See 130 CMR 519.011(A).
50, 51	613	Member is Qualified Individual Beneficiary. SEE 130 CMR 519.011(B).
614	614	Bill hospice provider if service is related to terminal illness.
53, 750-752	615	BMC Healthnet Plan member. For medical services, call 1-888-566-0008. For behavioral health services, call 1-866-444-5155.
616	616	Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.
617	617	NHP member. NHP member. For dental services, call 1-800-685-9971. For vision services, call 1-800-638-3120.
618	618	BMC Healthnet Plan member. For dental services, call 1-800-207-8147. For vision services, call 1-800-877-7195.
619	619	Fallon Community Health Plan member. For dental services, call 1-866-275-3247. For vision services, call 1-866-275-3247.
621	621	Member has future Commonwealth Care enrollment. Effective date will be first day of upcoming calendar month. Providers call 1-800 841-2900 for more information.
622	622	Network Health Member. For vision services, call 1-888-257-1985.
623	623	NHP member. For vision services, call 1-800-638-3120.
624	624	BMC Healthnet Plan member. For vision services, call 1-800-877-7195.
625	625	Fallon Community Health Plan member. For vision services, call 1-866-275-3247.
628	628	Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.
629	629	Commonwealth Care Plan Type II. Member may have to pay a monthly premium. Member must pay co-payments for some services.

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EVS System-Generated Message #	Unique Message #	Restrictive Message Text
630	630	Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.
631	631	Commonwealth Care Plan Type III. Member must pay a monthly premium and copayments for some services.
632	632	Commonwealth Care Plan Type IV. Member must pay a monthly premium and copayments for some services.
633	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	634	Member must enroll in COMMCARE to receive these benefits. Member must call 1-877-MA-ENROLL (1-877-623-6765).
635	635	HSN available.
853-910, 912, 913	636	Member is also eligible for HSN Secondary. See 114.6 CMR 13.00 for info on HSN REQS.
791-792	637	Member is HSN Secondary. Bill member's private health insurance. See 114.6 CMR 13.00 for info on TPL REQS.
638	638	Partial HSN available. Member with 200-250 percent FPL. HSN deductible is \$43.
639	639	Partial HSN available. Member with 250-300 percent FPL. HSN deductible is \$2,167.
640	640	HSN not available.
641	641	Partial HSN available.
642	642	Partial HSN Dental available. Member with 200-250 percent FPL. HSN deductible is \$43.
643	643	Partial HSN Dental available. Member with 250-300 percent FPL. HSN deductible is \$2,167.
644	644	HSN Dental available.
TBD	645	HSN Vision and Dental Available.
TBD	658	Effective July 1, 2010, global delivery codes for HSP members must be billed to MassHealth. For more information, call 1-800-841-2900.
TBD	659	Partial HSN Dental and Vision available. Member with 200-250 percent FPL. HSN deductible is \$43.
TBD	660	Partial HSN Dental and Vision available. Member with 200-250 percent FPL. HSN deductible is \$2,167.

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EVS System-Generated Message #	Unique Message #	Restrictive Message Text
TBD	661	Health New England member. For medical services, call 1-800-786-9999. For behavioral health services, call 1-800-495-0086.
TBD	662	Health New England member. For dental services, call 1-800-786-9999. For vision services, call 1-800-786-9999.
89, 771, 772	646	NHP member. For vision services, call 1-800-462-5449.
915	647	HSN medical and pharmacy copays may be applicable.
770	648	HSN pharmacy copays may be applicable.
650	650	Member has temporary eligibility.
916	651	CeltiCare member. For medical services, call 1-866-895-1786. For behavioral health services, call 1-866-896-5053.
917	652	CeltiCare member. For dental services, call 1-866-895-1786. For vision services, call 1-866-895-1786.
918-921	653	CeltiCare member. For vision services, call 1-866-895-1786.
922-928	654	Commonwealth Care Bridge member. Note that benefit and Health Safety Net information may not be applicable. For questions call 1-800-841-2900.
929-935	655	Commonwealth Care Bridge member. Note that plan type and copay messages are not applicable. For questions call 1-866-895-1786.
936-942	656	Member eligible for MassHealth dental coverage. Bill member's private health insurance first. For information on dental services and claims, call Doral at 1-800-207-5019.

MassHealth Benefit Plans Chart

The MassHealth Benefit Plans Chart lists the previous REVS coverage types and the corresponding EVS benefit plan codes, along with description and additional comments.

REVS Coverage Type	EVS Benefit Plan Code/Description	Additional Comments
BASIC HSN	BASM – BASIC MANAGED CARE	Requires managed care enrollment for services. Any HSN coverage will be indicated by restrictive message 597

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REVS Coverage Type	EVS Benefit Plan Code/Description	Additional Comments
BASIC	BASM – BASIC MANAGED CARE BASF – BASIC FEE-FOR-SERVICE	See above. No managed care enrollment required.
BASIC/UNENROLL	BASM – BASIC MANAGED CARE	-
BUY IN	PRA – PREMIUM ASSISTANCE (NO DIRECT COVERAGE)	-
CMSP ONLY	CMSP – CHILDRENS MEDICAL SECURITY PLAN	-
COMMCARE/HSN	CCARE – COMMONWEALTH CARE	-
COMMCARE/PARTL	CCARE – COMMONWEALTH CARE	-
COMMCARE/UNENRL	CCARE – COMMONWEALTH CARE	-
COMMONHEALTH	COM – MASSHEALTH COMMONHEALTH	-
COMMONWLTH CARE	CCARE – COMMONWEALTH CARE CCRLM – COMMONWEALTH CARE WITH LIMITED	-
EAEDC	EAEDC – EMERG AID TO ELDERLY DISABLED AND CHILDR	-
ESSENTIAL HSN	ESSM – ESSENTIAL MANAGED CARE	Requires managed care enrollment for services. Any HSN coverage will be indicated by restrictive message 596.
ESSENTIAL	ESSM – ESSENTIAL MANAGED CARE ESSF – ESSENTIAL FEE-FOR-SERVICE	See above. No managed care enrollment required.
ESSNTL AND LMTD	BASM – BASIC MANAGED CARE LIM – LIMITED	-
ESSNTL/UNENROLL	ESSM – ESSENTIAL MANAGED CARE	-
FAMILY ASSIST	FADC – MASSHEALTH FAMILY ASSISTANCE	-
HLTH SAFETY NET	HSN – HEALTH SAFETY NET	-
HSN PARTIAL	PHSN – PARTIAL HEALTH SAFETY NET	-
LIMITED	LIM – MASSHEALTH LIMITED CCRLM – COMMONWEALTH CARE WITH LIMITED	-

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REVS Coverage Type	EVS Benefit Plan Code/Description	Additional Comments
LMTD CMSP	LIMCP – LIMITED PLUS CMSP	-
LMTD HLTHY STRT	LIMHS – LIMITED PLUS HEALTHY START	-
MH ONLY	DMH – DMH ONLY	-
PREMIUM ASSIST	PRA – PREMIUM ASSISTANCE (NO DIRECT COVERAGE) FAPAE – EXPANSION FAM ASSIST PREM ASSIST PLUS	-
PRENATAL	PRN – MASSHEALTH PRENATAL	-
RETRO HSN	This information is being conveyed via restrictive message 550.	-
RETRO PARTL HSN	This information is being conveyed via restrictive message 551.	-
SENIOR BUY IN	SBI – SENIOR BUYIN	-
SENIOR PHARMACY	SPH – SENIOR PHARMACY	-
STANDARD	STD - MASSHEALTH STANDARD HCBSD – STANDARD PLUS MR/DD HOME & COMMUNITY BASED SERVICES WAIVER HCBSM – STANDARD PLUS MRC/TBI HOME & COMMUNITY BASED SERVICES WAIVER HCBSE – STANDARD PLUS FRAIL ELDER HOME AND COMMUNITY BASED SERVICES WAIVER	-