



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



MassHealth
 Transmittal Letter ALL-193
 April 2012

TO: All Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director
RE: All Provider Manuals (Revised Appendix Y)

On March 1, 2012, Health Safety Net deductible amounts changed. The updated deductible amounts are reflected in the restrictive messages that are displayed by EVS (Eligibility Verification System). In addition to the deductible-amount changes, several new messages have been added while several others have been removed. The tables below outline the specific changes.

These Restrictive Messages Have Been Updated with New Deductible Amounts

EVS System-Generated Message #	Unique Message #	Restrictive Message Text
638	638	Partial HSN available. Member with 200-250 percent FPL. HSN deductible is \$45
639	639	Partial HSN available. Member with 250-300 percent FPL. HSN deductible is \$2,234
642	642	Partial HSN dental available. Member with 200-250 percent FPL. HSN deductible is \$45
643	643	Partial HSN dental available. Member with 250-300 percent FPL. HSN deductible is \$2,234

These Restrictive Messages Have Been Deleted

EVS System-Generated Message #	Unique Message #	Restrictive Message Text
645	645	Partial HSN dental available
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.

Additionally, there was a chart in Appendix Y to help with the transition from REVS to NewMMIS. We've deleted that chart, as it has now been three years since the implementation of NewMMIS.

The attached revised Appendix Y includes all EVS message updates.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-6

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(The pages listed here are no longer in effect.)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-180

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EVS Codes and Messages

Important Note: This appendix is available online at www.mass.gov/masshealthpubs. MassHealth updates 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, 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.

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 1-888-566-0010. For behavioral health services, call 1-888-217-3501.
12	31	Prior authorization 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 of 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.
1103-1109, 1130, 1140- 1147	56	Network Health member. For medical services, call 1-888-257-1985. For behavioral health services, call 1-888-257-1985.
71	71	Member enrolled in program that limits him/her to one pharmacy. For information, member may call 1-800-841-2900, 8:00 A.M.-5:00 P.M., 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 nursing, home health, and PCA services. Contact CCM at 1-800-863-6068.

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19	171	Prior authorization mandatory for all care except for emergencies. Call ESP of East Boston at 617-568-6416.
186	186	Exempt from copay on nonpharmacy 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 copay on pharmacy services under 130 CMR 450.130(D).
271	271	Member has met cap on nonpharmacy 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	Member has 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.
7, 8	485	Bill member's private health insurance. MassHealth pays for copays and deductibles for well-child visits.
74	490	DMH client who is not eligible for MassHealth.
29-32	495	Eligible for Premium Assistance. Bill member's private health insurance.
773	500	Special NHP program. Call NHP at 1-888-816-6000 for authorization for all services except family planning, glasses, and most dental.
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 MBHP at 1-800-495-0086.
530	530	No PCC/MCO authorizations needed. For MH/SA service authorization, call MBHP at 1-800-495-0086.
550	550	Retro HSN available
551	551	Retro Partial HSN available. HSN deductible is \$XX.XX.
596	596	Member is 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	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 for all other pregnancy-related services under Healthy Start, call 1-888-488-9161.
42	603	Eligible for emergency services under Limited without copay under 130 CMR 450.130(D).

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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	Patient is not eligible for services paid by the Health Safety Net. 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).
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	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 member. For medical services, call 1-888-566-0010. For behavioral health services, call 1-888-217-3501.
1050-1053, 1110-1113, 1131, 1139, 1148, 1183, 1186-1190	616	Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.
1054-1057, 1191, 1192	617	NHP member. For dental services, call 1-800-685-9971. For vision services, call 1-800-462-5449.
1058-1061, 1193-1194	618	BMC HealthNet member. For medical services, call 1-888-566-0010. For behavioral health services, call 1-888-217-3501.
1062-1065, 1195-1196	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 enrolled in Commonwealth Care effective the first day of the upcoming calendar month. Call 1-800 841-2900 for more information.
1066-1069, 1114-1117, 1132-1135, 1197-1198, 1200-1212	622	Network Health Member. For vision services, call 1-888-257-1985.
1070-1073, 1178-1182	623	NHP member. For vision services, call 1-800-462-5449.
1074-1077, 1167-1172	624	BMC HealthNet Plan member. For vision services, call 1-800-877-7195.
1078-1081, 1173-1177	625	Fallon Community Health Plan member. For vision services, call 1-866-275-3247.
1082, 1165- 1166	628	Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.
1083, 1163- 1164	629	Commonwealth Care Plan Type II. Member may have to pay a monthly premium. Member must pay copayments for some services

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1084, 1162	630	Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.
1085-1086, 1161	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, 1218- 1229	633	HSN is for certain hospital and CHC services only. Member has submitted an MBR and is not eligible for MassHealth. Call 1-877-910-2100.
1087-1091, 1151, 1153- 1158	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 requirements.
791-792	637	Member is HSN Secondary. Bill member's private health insurance. See 114.6 CMR 13.00 for info on TPL requirements.
638	638	Partial HSN available. Member with 200-250 percent FPL. HSN deductible is \$45
639	639	Partial HSN available. Member with 250-300 percent FPL. HSN deductible is \$2,234.
640	640	HSN not available
641	641	Partial HSN available
1092, 1213	642	Partial HSN dental available. Member with 200-250 percent FPL. HSN deductible is \$45.
1093, 1214	643	Partial HSN dental available. Member with 250-300 percent FPL. HSN deductible is \$2,234.
1094-1095, 1215-1217	644	HSN dental available
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's MassHealth eligibility is temporary.
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.
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.

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943-949	657	Member is covered for seasonal and H1N1 flu administration.
985	658	Effective July 1, 2010, global delivery codes for HSP members must be billed to MassHealth. For more information, call 1-800-841-2900.
986	661	Health New England member. For medical services, call 1-800-786-9999. For behavioral health services, call 1-800-495-0086.
987	662	Health New England member. For dental services, call 1-800-786-9999. For vision services, call 1-800-786-9999
1119	663	Member is enrolled in BH managed care and has TPL or Medicare or is in an aid category excluded from enrollment in an MCO or the PCC Plan. MassHealth is the payer of last resort. For behavioral health services authorization, call 1-800-495-0086.
1120	664	Member is enrolled in BH managed care and has TPL or Medicare or is in an aid category excluded from enrollment in an MCO or the PCC Plan. MassHealth is the payer of last resort. For behavioral health services authorization, call 1-800-495-0086.

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