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

Transmittal Letter ALL-232

July 2020

 **TO:** All Providers Participating in MassHealth

 **FROM:** Amanda Cassel Kraft, Acting Medicaid Director [Signature of Amanda Cassel Kraft]

 **RE:** All Provider Manuals (Revised Appendix Y)

This letter transmits revisions to the Eligibility Verification System (EVS) message codes in Appendix Y of all provider manuals. The following changes were made:

* added codes related to the new ACOs. These codes were announced in March 2018 and appeared in All Provider Bulletin 275: MassHealth EVS Codes and Restrictive Messages for 2018 Managed Care Health Plans;
* placed outdated codes at the end of the document in a new section titled “Obsolete Codes”;
* edited some active codes for clarity and updated content for other active codes;
* restructured the document table so that the structure mirrors the order in which the provider accesses the information.

## MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email tojoin-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

## Questions

If you have any questions about this transmittal letter, please contact MassHealth as applicable for your provider type.

## Dental Services

Phone: (800) 207-5019; TTY: (800) 466-7566

## Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: MassHealthLTSS.com

Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215

Fax: (888) 832-3006

## All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648

Email: providersupport@mahealth.net

Fax: (617) 988‑8974

NEW MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-18

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL-206

**EVS Codes and Messages**

The Eligibility Verification System (EVS) provides important benefit information about MassHealth members.

This appendix lists the active Eligibility Verification System (EVS) messages displayed when providers access EVS through the Provider Online Service Center (POSC) to verify patient’s eligibility and any restriction on their coverage before providing services to MassHealth members.

This appendix is accessible online through the [MassHealth Provider Manual Appendices](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) page.

These messages are subject to change without notice.

| **EVS-Generated Message #** | **Unique Message #**  | **Restrictive Message Text** |
| --- | --- | --- |
| 2 | 111 | Resident currently in a nursing facility or a chronic disease and rehab hospital. |
| 3 | 116 | EAEDC (Cat. 04). Services restricted. See 130 CMR 450.106. |
| 5 | 480 | Bill member's private health insurance. See 130 CMR 450.316-317 for information on TPL requests and payment limitations on claim submissions. |
| 6 |
| 7 | 485 | Bill member's private health insurance. MassHealth pays for copays and deductibles for well-child visits. |
| 8 |
| 9 | 516 | Call HRCA at 617-325-8000 for authorization of all services except acute inpatient admissions. |
| 12 | 31 | Member enrolled in PACE. All services must be authorized by PACE, except emergencies. Call Element Care PACE:Lynn 877-845-8442Merrimack Valley 855-857-7349Beverly 978-837-9479. |
| 13 | 36 | Member enrolled in PACE. All services must be authorized by PACE, except emergencies. Call CHA PACE/Cambridge Health Alliance at 617-575-5850. |
| 14 | 41 | Member enrolled in PACE. All services must be authorized by PACE, except emergencies. Call Summit PACE at Fallon at 866-275-3247. |
| 15 | 46 | Member enrolled in PACE. All services must be authorized by PACE, except emergencies. Call ESP of Upham's Corner at 617-288-0970. |
| 16 | 51 | Member enrolled in PACE. All services must be authorized by PACE, except emergencies. Call Harbor Health Elder Services at: Mattapan 617-533-2400Brockton 774-470-6700 |
| 19 | 171 | Member enrolled in PACE. All services must be authorized by PACE, except emergencies. Call East Boston Neighborhood PACE at 617-568-7214 |
| 20 | 201 | Member enrolled in Senior Care Options (SCO). Emergency services do not need authorization. For all other services, call Commonwealth Care Alliance (CCA): 1-866-610-2273. |
| 21 | 231 | Member enrolled in Senior Care Options (SCO). Emergency services do not need authorization. For all other services, call Senior Whole Health (SWH): 1-888-794-7268. |
| 28 | 391 | Member enrolled in Senior Care Options (SCO). Emergency services do not need authorization. For all other services, call UnitedHealthcare: 1-888-867-5511 |
| 29-32 | 495 | Eligible for Premium Assistance. Bill member's private health insurance. |
| 33 | 505 | MassHealth CommonHealth member. |
| 43 | 604 | For eligibility dates and payment for primary and preventive care services call CMSP at 1-800-841-2900 (regular) 1-800-497-4648 (TTY). |
| 44 | 606 | Payment from the Health Safety Net not allowable for this patient. |
| 45 | 608 | Member eligible for Medicare Part D. For member enrollment status or other information, call 1-800-MEDICARE (1-800-633-4227). |
| 46 | 611 | Member is Qualified Medicare Beneficiary eligible for Senior Buy-In program. See 130 CMR 519.010. |
| 48 | 612 | Member is Specified Low Income Medicare Beneficiary. See 130 CMR 519.011(A). |
| 49 |
| 50 | 613 | Member is Qualified Individual Beneficiary. See 130 CMR 519.011(B). |
| 51 |
| 68 | 126 | Community Case Management (CCM) member: Prior Authorization required for Nursing and PCA services. Contact CCM at 1-800-863-6068. |
| 71 | 71 | Member enrolled in program that limits him/her to one pharmacy. For information, member may call 1-800-841-2900, 8AM-5PM Mon-Fri. |
| 74 | 74 | Client is not eligible for MassHealth. |
| 76 | 525 | For behavioral health service questions and authorization, call the Massachusetts Behavioral Health Partnership (MBHP)at 1-800-495-0086. |
| 121 | 121 | Direct all inquiries about eligibility to Social Service Worker. |
| 186 | 186 | Exempt from copay on nonpharmacy services under 130 CMR 450.130(D). |
| 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). |
| 366 | 366 | Member has met cap on pharmacy services under 130 CMR 450.130(C). |
| 461 | 461 | Primary Care Clinician (PCC) Plan member. Call the PCC above for referrals for all services except those listed in 130 CMR 450.118(J). For medical service questions, claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900. For behavioral health service questions and authorization, call the Massachusetts Behavioral Health Partnership (MBHP)at 1-800-495-0086. |
| 530 | 530 | No PCC/MCO authorizations needed. For Behavioral Health service authorization, call the Massachusetts Behavioral Health Partnership (MBHP) at 1-800-495-0086. |
| 614 | 614 | Bill hospice provider if service is related to terminal illness. |
| 633 | 633 | Member is not eligible for MassHealth and has submitted a Medical Benefit Request HSN is for certain acute hospital and CHC services only.Call HSN Eligibility line at 1-877-910-2100. |
| 650 | 650 | Member’s MassHealth eligibility is temporary. |
| 685 | 685 | Steward Health Choice member. Steward Health Choice is a Primary Care ACO. Call the PCP above for referrals for all services except those listed in 130 CMR 450.119(I). For medical service questions, call the MassHealth Customer Service Center at 1-800-841-2900. For behavioral health service questions and authorization, call the Massachusetts Behavioral Health Partnership (MBHP)at 1-800-495-0086. |
| 686 | 686 | Partners HealthCare Choice member. Partners HealthCare Choice is a Primary Care ACO. Call the PCP above for referrals for all services except those listed in 130 CMR 450.119(I). For medical service questions, call the MassHealth Customer Service Center at 1-800-841-2900. For behavioral health service questions and authorization, call the Massachusetts Behavioral Health Partnership (MBHP)at 1-800-495-0086. |
| 687 | 687 | Community Care Cooperative (C3) member. Community Care Cooperative (C3) is a Primary Care ACO. Call the PCP above for referrals for all services except those listed in 130 CMR 450.119(I). For medical service questions, call the MassHealth Customer Service Center at 1-800-841-2900. For behavioral health service questions and authorization, call the Massachusetts Behavioral Health Partnership (MBHP)at 1-800-495-0086. |
| 747 | 021 | BMC HealthNet Plan member. BMC HealthNet Plan is an MCO. For medical service questions, call BMC HealthNet Plan at 1-888-566-0010. For behavioral health service questions and authorizations call Beacon Health Options at 1-888-217-3501. |
| 749 |
| 760-761 | 606 | Payment from the Health Safety Net not allowable for this patient. |
| 766 | 611 | Member is Qualified Medicare Beneficiary eligible for Senior Buy-In program. See 130 CMR 519.010. |
| 770 | 648 | HSN pharmacy copays may be applicable. See 101 CMR 613.04(8)(b), 613.03(1)(c). |
| 773 | 500 | Special program. For medical service questions call BMC HealthNet Plan at 1-888-566-0010. For behavioral health service questions and authorizations call Beacon Health Options at 1-888-217-3501. |
| 791-792 | 637 | Member is HSN Secondary for certain acute hospital and CHC Services only. Bill member’s private health insurance before seeking payment from HSN. See 101 CMR 613.04 for information on HSN Secondary requirements. |
| 827 | 386 | Medicare-covered services only. |
| 831 |
| 832 |
| 840 |
| 841 |
| 842-848 | 606 | Payment from the Health Safety Net not allowable for this patient. |
| 853-854 | 636 | Member is eligible for HSN Secondary. See 101 CMR 613.04 for information on HSN Secondary requirements. |
| 856 |
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| 876 |
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| 880 |
| 882-895 |
| 899 |
| 900, 902, 903 |
| 915 | 647 | HSN pharmacy copays may be applicable. See 101 CMR 613.04(8)(b), 613.03(1)(c). |
| 991 | 991 | Certain HSN dental services available at community health centers and hospital-based health centers. Call HSN Eligibility line at 877-910-2100 for more information. |
| **1100s** |
| 1119 | 663 | Member enrolled in Massachusetts Behavioral Health Partnership (MBHP) & has TPL or Medicare or in an aid cat excluded from enrollment in MCO or PCC Plan. MassHealth is payer of last resort. For behavioral health authorizations, call 1-800-495-0086. |
| 1120 | 664 | Member enrolled in Massachusetts Behavioral Health Partnership (MBHP) & has TPL or Medicare or in an aid cat excluded from enrollment in MCO or PCC Plan. MassHealth is payer of last resort. For behavioral health authorizations, call 1-800-495-0086. |
| 1145, 1146 | 056 | Tufts Health Together member. Tufts Health Together is a MCO. For medical and behavioral health service questions and authorizations call Tufts Health Together at 1-888-257-1985. |
| 1193, 1194 | 618 | BMC HealthNet Plan member. BMC HealthNet Plan is a MCO. For medical services, call 1-888-566-0010. For behavioral health services, call Beacon Health Options at 1-888-217-3501. |
| **1200s** |
| 1231 | 665 | Member enrolled in Senior Care Options (SCO). Emergency services do not need authorization. For all other services, call Tufts health Plan Senior Care Options – 1-855-670-5934. |
| 1233 | 667 | Member enrolled in One Care. Commonwealth Care Alliance. For medical, behavioral health, and long-term services and supports, call 1-866-610-2273. |
| 1235 | 669 | Member enrolled in One Care Tufts Health Unify. For medical, behavioral health, and long-term services and supports, call 1-888-257-1985. |
| 1236 | 648 | HSN pharmacy copays may be applicable. See 101 CMR 613.04(8)(b), 613.03(1)(c). |
| 1240 | 522 | Eligible for emergency services through MassHealth Limited. |
| 1241 |
| 1243-1249 |
| 1251 |
| 1252 |
| 1254 |
| 1258 |
| 1259 |
| **1300s & 1400s** |
| 1393-1481 | 606 | Payment from the Health Safety Net not allowable for this patient. |
| 1482-1487 | 670 | Health Safety Net is not available. Member must submit Identity Verification for HSN eligibility.  |
| **1500s** |
| 1500 | 672 | Member enrolled in Senior Care Options (SCO). Emergency services do not need authorization. For all other services, call Navicare SCO at 866-275-3247. |
| 1501 | 673 | Member eligible for CarePlus but not enrolled in a managed care plan. Fee for Service may be available until health plan enrollment is effective.  |
| 1502 | 674 | CarePlus Member with active TPL. Some services may be available Fee-for-Service.  |
| 1503 | 679 | Not Eligible for Managed Care Enrollment. |
| 1509 | 675 | Temporary Full HSN medical and dental are available. Member Eligible for ConnectorCare. If member is enrolled, do not bill HSN. If member is unenrolled, visit MAHealthConnector.org for more information. |
| 1527 | 677 | Temporary Partial HSN medical and dental are available. Member Eligible for ConnectorCare. If member is enrolled, do not bill HSN. If member is unenrolled, visit MAHealthConnector.org for more information. |
| 1539-1542 | 991 | Certain HSN dental only services available at community health centers and hospital-based health centers. |
| 1543 | 636 | Member is eligible for HSN Secondary. See 101 CMR 613.04 for information on HSN Secondary requirements. |
| 1558 | 1558 | Only Inpatient stays covered. |
| 1559 | 525 | For behavioral health service authorization, call the Massachusetts Behavioral Health Partnership (MBHP) at 1-800-495-0086. |
| 1562 | 682 | HSN determination is temporary based on a presumptive application. Patient must complete a full application for ongoing HSN qualification. |
| 1563 | 683 | HSN determination is temporary based on a presumptive application. Patient must complete a full application for ongoing HSN qualification. |
| 1565 |  1565 | Full HSN Dental Only Available. Member eligible for ConnectorCare. If member is unenrolled, visit MAHealthConnector.org for more information. |
| 1566 |  1566 | Partial HSN Dental Only Available. Member eligible for ConnectorCare. If member is unenrolled, visit MAHealthConnector.org for more information. |
| 1570 | 684 | Member enrolled in Senior Care Options (SCO). Emergency services do not need authorization. For all other services, call BMC: 1-855-833-8124. |
| 1573 | 688 | Be Healthy Partnership member. Be Healthy Partnership is an Accountable Care Partnership Plan. Be Healthy Partnership is Baystate Health Care Alliance in partnership with Health New England. |
| 1574 | 689 | For medical service questions, call Health New England at 1-800-786-9999. |
| 1575 | 690 | For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership (MBHP) at 1-800-495-0086. |
| 1576 | 691 | For claims, policy, or billing questions, call Health New England at 1-800-786-9999. |
| 1577 | 692 | Berkshire Fallon Health Collaborative member. Berkshire Fallon Health Collaborative is an Accountable Care Partnership Plan. Berkshire Fallon Health Collaborative is Health Collaborative of the Berkshires in partnership with Fallon Health. |
| 1578 | 693 | For medical service questions, call Fallon Health at 1-855-203-4660. |
| 1579 | 694 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-877-7184. |
| 1580 | 695 | For claims, policy, or billing questions, call Fallon Health at 1-855-203-4660. |
| 1581 | 696 | BMC HealthNet Plan Community Alliance member. BMC HealthNet Plan Community Alliance is an Accountable Care Partnership Plan. BMC HealthNet Plan Community Alliance is Boston Accountable Care Organization in partnership with BMC HealthNet Plan. |
| 1582 | 697 | For medical service questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1583 | 698 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-217-3501. |
| 1584 | 699 | For claims, policy, or billing questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1585 | 700 | BMC HealthNet Plan Mercy Alliance member. BMC HealthNet Plan Mercy Alliance is an Accountable Care Partnership Plan. BMC HealthNet Plan Mercy Alliance is Mercy Medical Center in partnership with BMC HealthNet Plan. |
| 1586 | 701 | For medical service questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1587 | 702 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-217-3501. |
| 1588 | 703 | For claims, policy, or billing questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1589 | 704 | BMC HealthNet Plan Signature Alliance member. BMC HealthNet Plan Signature Alliance is an Accountable Care Partnership Plan. BMC HealthNet Plan Signature Alliance is Signature Healthcare in partnership with BMC HealthNet Plan. |
| 1590 | 705 | For medical service questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1591 | 706 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-217-3501. |
| 1592 | 707 | For claims, policy, or billing questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1593 | 708 | BMC HealthNet Plan Southcoast Alliance member. BMC HealthNet Plan Southcoast Alliance is an Accountable Care Partnership Plan. BMC HealthNet Plan Southcoast Alliance is Southcoast Health in partnership with BMC HealthNet Plan. |
| 1594 | 709 | For medical service questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1595 | 710 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-217-3501. |
| 1596 | 711 | For claims, policy, or billing questions, call BMC HealthNet Plan at 1-888-566-0010. |
| 1597 | 712 | Fallon 365 Care member. Fallon 365 Care is an Accountable Care Partnership Plan. Fallon 365 Care is Reliant Medical Group in partnership with Fallon Health. |
| 1598 | 713 | For medical service questions, call Fallon Health at 1-855-508-3390.  |
| 1599 | 714 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-877-7182. |
| **1600s** |
| 1600 | 715 | For claims, policy, or billing questions, call Fallon Health at 1-855-508-3390. |
| 1601 | 716 | My Care Family member. My Care Family is an Accountable Care Partnership Plan. My Care Family is Merrimack Valley Accountable Care Organization in partnership with AllWays Health Partners. |
| 1602 | 717 | For medical service questions, call AllWays Health Partners at 1-800-462-5449. |
| 1603 | 718 | For behavioral health service questions and authorizations, call Optum Behavioral Health Services at 1-844-451-3519 |
| 1604 | 719 | For claims, policy, or billing questions, call AllWays Health Partners at 1-800-462-5449. |
| 1605 | 720 | Tufts Health Together with Atrius Health member. Tufts Health Together with Atrius Health is an Accountable Care Partnership Plan. Tufts Health Together with Atrius Health is Atrius Health in partnership with Tufts Health Plan (THP). |
| 1606 | 721 | For medical service questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1607 | 722 | For behavioral health service questions and authorizations, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1608 | 723 | For claims, policy, or billing questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1609 | 724 | Tufts Health Together with BIDCO member. Tufts Health Together with BIDCO is an Accountable Care Partnership Plan. Tufts Health Together with BIDCO is Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Plan (THP). |
| 1610 | 725 | For medical service questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1611 | 726 | For behavioral health service questions and authorizations, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1612 | 727 | For claims, policy, or billing questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1613 | 728 | Tufts Health Together with Boston Children’s ACO member. Tufts Health Together with Boston Children’s ACO is an Accountable Care Partnership Plan. Boston Children’s ACO in partnership with Tufts Health Plan (THP). |
| 1614 | 729 | For medical service questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1615 | 730 | For behavioral health service questions and authorizations, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1616 | 731 | For claims, policy, or billing questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1618 | 732 | Tufts Health Together with CHA member. Tufts Health Together with CHA is an Accountable Care Partnership Plan. Tufts Health Together with CHA is Cambridge Health Alliance (CHA) in partnership with Tufts Health Plan (THP). |
| 1619 | 733 | For medical service questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1620 | 734 | For behavioral health service questions and authorizations, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1621 | 735 | For claims, policy, or billing questions, call Tufts Health Plan (THP) at 1-888-257-1985. |
| 1622 | 736 | Wellforce Care Plan member. Wellforce Care Plan is an Accountable Care Partnership Plan. Wellforce Care Plan is Wellforce in partnership with Fallon Health. |
| 1623 | 737 | For medical service questions, call Fallon Health at 1-855-508-4715. |
| 1624 | 738 | For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-877-7183. |
| 1625 | 739 | For claims, policy, or billing questions, call Fallon Health at 1-855-508-4715. |
| 1626 | 740 | Community Care Cooperative (C3) member. Community Care Cooperative is a Primary Care ACO. |
| 1627 | 741 | For medical service questions, call Community Care Cooperative (C3) at 1-866-676-9226. |
| 1628 | 742 | For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900. |
| 1629 | 743 | Partners HealthCare Choice member. Partners HealthCare Choice is a Primary Care ACO. |
| 1630 | 744 | For medical service questions call, Partners HealthCare Choice at 1-800-231-2722. |
| 1631 | 745 | For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900. |
| 1632 | 746 | Steward Health Choice member. Steward Health Choice is a Primary Care ACO. |
| 1633 | 747 | For medical service questions call, Steward Health Choice at 1-855-860-4949. |
| 1634 | 748 | For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900. |
| 1636 | 749 | For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900. |
| 1646 | 1646 | Prior Authorization Mandatory for all care except for Emergencies. Call MERCY LIFE at 413-748-7223. |
| 1647 | 1647 | Prior Authorization Mandatory for all care except for Emergencies. Call Serenity Care PACE at 413-241-6321. |
| 1649 | 1649 | Member is enrolled in the BH Community Partners Program |
| 1650 | 1650 | Member is enrolled in the BH Community Partners Program |
| 1651 | 1651 | Member is enrolled in the BH Community Partners Program |
| 1652 | 1652 | Member is enrolled in the BH Community Partners Program |
| 1653 | 1653 | Member is enrolled in the BH Community Partners Program |
| 1654 | 1654 | Member is enrolled in the LTSS Community Partners Program |
| 1655 | 1655 | Member is enrolled in the LTSS Community Partners Program |

| **OBSOLETE MESSAGES** |
| --- |
| **Important Note:** MassHealth is working to deactivate the following messages. However, until the messages are removed from EVS, please note that they are obsolete effective March 01, 2020. |
| **EVS-Generated Message #** | **Unique Message #** | **Restrictive Message Text** |
| 1 | 35 | DMH client. |
| 10 | 6 | NHP member. For medical services, call 1-800-462-5449. For behavioral health services, call 1-800-414-2820. |
| 34 | 520 | Eligible for ambulatory prenatal care only. |
| 35 | 522 | Eligible for emergency services through MassHealth Limited  |
| 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). |
| 53 | 615 | BMC HealthNet member. For medical services, call 1-888-566-0010. For behavioral health services, call 1-888-217-3501. |
| 80 | 609 | Yes. Member has full Medicaid benefits. |
| 81 | 610 | No. Member does not have full Medicaid benefits. |
| 89 | 646 | NHP member. For vision services, call 1-800-462-5449. |
| 96 | 96 | Care Management Pilot Program Member. Please call 413-794-9428 to coordinate all Medical and Behavioral Health Services. |
| 106-120 | 609 | Yes. Member has full Medicaid benefits. |
| 122-185 | 609 | Yes. Member has full Medicaid benefits. |
| 187-201 | 609 | Yes. Member has full Medicaid benefits. |
| 202-245 | 610 | No. Member does not have full Medicaid benefits. |
| 247-270 | 610 | No. Member does not have full Medicaid benefits. |
| 272-298 | 610 | No. Member does not have full Medicaid benefits. |
| 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 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 800-841-2900 and enroll in Managed Care to receive these benefits. HSN is available. |
| 621 |  N/A | Providers call 1-800-841-2900 for more information. |
| 632 | 632 | Commonwealth Care Plan Type IV. Member must pay a monthly premium and copayments for some services. |
| 635 | 635 | HSN available. |
| 638 | 638 | Partial HSN Available. Member with 200-250 Percent FPL. HSN deductible is $46. |
| 639 | 639 | Partial HSN Available. Member with 250-300 Percent FPL. HSN deductible is $2,299. |
| 640 | 640 | HSN not available. |
| 641 | 641 | Partial HSN available. |
| 700-701 | 609 | Yes. Member has full Medicaid benefits. |
| 702 | 610 | No. Member does not have full Medicaid benefits. |
| 740-746 | 311 | Fallon member. For medical services, call 1-866-275-3247. For behavioral health services, call 1-888-421-8861.  |
| 748 | 21 | For medical service questions call BMC HealthNet Plan at 1-888-566-0010. For behavioral health service questions and authorizations call Beacon Health Strategies at 1-888-217-3501. |
| 750-752 | 615 | BMC HEALTHNET PLAN Member. For Medical Services call 1-888-566-0008. For Behavioral Health Services call 1-866-444-5155. |
| 771, 772 | 646 | NHP member. For vision services, call 1-800-462-5449. |
| 857 | 636636 | Member is also eligible for HSN Secondary. See 101 CMR 613.00 for info on HSN Requirements. Member is also eligible for HSN Secondary. See 101 CMR 613.00 for info on HSN Requirements.  |
| 858 |
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| 904-910 |
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| 916 |
| 917 | 651 | CeltiCare member. For medical services, call 1-866-895-1786. For behavioral health services, call 1-866-896-5053. |
| 918-921 | 652 | CeltiCare member. For dental services, call 1-866-895-1786. For vision services, call 1-866-895-1786. |
| 936-942 | 653 | CeltiCare member. For vision services, call 1-866-895-1786. |
| 985 | 656 | Member eligible for full MassHealth dental. Bill member's private health insurance first. For information on dental services and claims, call Doral at 1-800-207-5019. |
| 986 | 658 | Effective July 1, 2010, global delivery codes for HSP members must be billed to MassHealth. For more information, call 1-800-841-2900. |
| 987 | 661 | Health New England member. For medical services, call 1-800-786-9999. For behavioral health services, call 1-800-495-0086. |
| 990 | 662 | Health New England member. For dental services, call 1-800-786-9999. For vision services, call 1-800-786-9999 |
| 1050-1053 | 990 | Certain HSN dental services available at community health centers and hospital-based health centers. Call 877-910-2100 for more information. |
| 1054-1057 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1058 | 617 | NHP member. For dental services, call 1-800-685-9971. For vision services, call 1-800-638-3120. |
| 1059-1061 | 618 | BMC HealthNet Plan member. For dental services, call 1-800-207-8147. For vision services, call 1-800-877-7195. |
| 1062-1065 | 618 | BMC HealthNet Plan member. BMC HealthNet Plan is an MCO. |
| 1066-1069 | 619 | Fallon Community Health Plan member. For dental services, call 1‑866‑275‑3247. For vision services, call 1-866-275-3247. |
| 1070-1073 | 622 | Network Health Member. For vision services, call 1-888-257-1985. |
| 1074-1077 | 623 | NHP member. For vision services, call 1-800-462-5449. |
| 1078-1081 | 624 | BMC HealthNet Plan member. For vision services, call 1-800-877-7195. |
| 1082 | 625 | Fallon Community Health Plan member. For vision services, call 1-866-275-3247. |
| 1083 | 628 | Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.  |
| 1084 | 629 | Commonwealth Care Plan Type II. Member may have to pay a monthly premium. Member must pay copayments for some services.  |
| 1085-1086 | 630 | Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.  |
| 1087-1091 | 631 | Commonwealth Care Plan Type III. Member must pay a monthly premium and copayments for some services.  |
| 1092 | 634 | Member must enroll in COMMCARE to receive these benefits. Member must call 1-877-MA-ENROLL (1-877-623-6765). |
| 1093 | 642 | Partial HSN dental available. Member with 200-250 percent FPL. HSN deductible is $46. |
| 1094-1095 | 643 | Partial HSN dental available. Member with 250-300 percent FPL. HSN deductible is $2,299. |
| 1103-1109 | 644 | HSN dental available. |
| 1110-1113 | 56 | Network Health member. For medical services, call 1-888-257-1985. For behavioral health services, call 1-888-257-1985. |
| 1114-1117 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1130 | 622 | Network Health Member. For vision services, call 1-888-257-1985. |
| 1131 | 56 | Network Health member. For medical services, call 1-888-257-1985. For behavioral health services, call 1-888-257-1985. |
| 1132-1135 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1136-1138 | 622 | Network Health Member. For vision services, call 1-888-257-1985. |
| 1139 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985. |
| 1140-1144, 1147 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1144 | 056 | Network Health member. For medical services, call 1-888-257-1985. For behavioral health services, call 1-888-257-1985. |
| 1148 | 056 | For medical and behavioral health service questions and authorizations call Tufts Health Together at 1-888-257-1985. |
| 1151 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1153-1158 | 634 | Member must enroll in COMMCARE to receive these benefits. Member must call 1-877-MA-ENROLL (1-877-623-6765). |
| 1161 | 634 | Member must enroll in COMMCARE to receive these benefits. Member must call 1-877-MA-ENROLL (1-877-623-6765). |
| 1162 | 631 | Commonwealth Care Plan Type III. Member must pay a monthly premium and copayments for some services.  |
| 1163-1164 | 630 | Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.  |
| 1165-1166 | 629 | Commonwealth Care Plan Type II. Member may have to pay a monthly premium. Member must pay copayments for some services.  |
| 1167-1172 | 628 | Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.  |
| 1173-1177 | 624 | BMC HealthNet Plan member. For vision services, call 1-800-877-7195. |
| 1178-1182 | 625 | Fallon Community Health Plan member. For vision services, call 1-866-275-3247. |
| 1183 | 623 | NHP member. For vision services, call 1-800-638-3120. |
| 1186-1190 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1191-1192 | 616 | Network Health member. For dental services, call 1-888-257-1985. For vision services, call 1-888-257-1985.  |
| 1195-1196 | 617 | NHP member. For dental services, call 1-800-685-9971. For vision services, call 1-800-638-3120. |
| 1197-1198 | 619 | Fallon Community Health Plan member. For dental services, call 1‑866‑275‑3247. For vision services, call 1-866-275-3247. |
| 1200-1212 | 622 | Network Health Member. For vision services, call 1-888-257-1985. |
| 1213 |
| 1214 | 642 | Partial HSN dental available. Member with 200-250 percent FPL. HSN deductible is $46. |
| 1215-1217 | 643 | Partial HSN dental available. Member with 250-300 percent FPL. HSN deductible is $2,299. |
| 1218-1229 | 644 | HSN dental available. |
| 1234 | 633 | HSN is for certain hospital and CHC services only. Member is not eligible for MassHealth. Call 1-877-910-2100. |
| 1242 | 668 | One Care. Fallon Total Care member. For medical, behavioral health, and long-term services and support services, call 1-855-508-4715. |
| 1250 | 522 | Eligible for emergency services through Masshealth Limited. |
| 1253 |
| 1255 |
| 1256 |
| 1257 |
| 1262 |
| 1263-1392 |
| 1488-1494 | 606 | Reimbursement from the Health Safety Net is not allowable for this patient.  |
| 1499 | 670 | Health Safety Net is not available. Member must submit Identity Verification for HSN eligibility.  |
| 1505-1508  | 671 | CarePlus Celticare member. For medical services, call 1-855-678-6975. For Behavioral Health Services, call 1-855-678-6975. |
| 1510-1519 | 675 | Member eligible for ConnectorCare. HSN may be available. If enrolled, HSN dental is available. |
| 1520 - 1523 | 675 | Member eligible for ConnectorCare. HSN may be available. If enrolled, HSN dental is available. |
| 1525-1526 | 676 | Member eligible for coverage through the Health Connector. HSN available. If enrolled, member is HSN Secondary. Primary insurance must be billed first. |
| 1528 -1534 | 677 | Member eligible for ConnectorCare. HSN Partial may be available. If enrolled, Partial HSN dental is available. |
| 1535-1536 |
| 1546-1557 | 678 | Member eligible for coverage through the Health Connector. Partial HSN available. If enrolled, member is HSN Secondary. Primary insurance must be billed first. |
| 1560 | 681 | This member's Commonwealth Care coverage is ending soon! They need to submit a new application on or after November 15, 2014 at MAhealthconnector.org. |
| 1560 | 1560 | Temporary HSN Available. Member eligible for ConnectorCare. If member is unenrolled, visit mahealthconnector.org for more information. |
| 1561 | 1561 | HSN Dental Available. Member eligible for ConnectorCare. If member is unenrolled, visit mahealthconnector.org for more information. |