



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
All Provider Bulletin 109
April 2000

TO: All Providers Participating in MassHealth
FROM: Mark E. Reynolds, Acting Commissioner
RE: **Billing Deadline for MassHealth Claims**

Background

The information in this bulletin supersedes All Provider Bulletin 76, dated March 1991. The purpose of this bulletin is to:

- remind providers of the deadlines for the submission of MassHealth claims;
 - review the process for requesting a waiver of the initial billing deadline; and
 - outline the resubmittal procedures.
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Initial Claim Submission

A claim must be submitted no later than 90 days from the date of service or the date on an explanation of benefits (EOB) when other insurance is involved. A claim that is initially submitted within the 90-day period may be resubmitted as many times as necessary up to 12 months from the date of service. When other insurance is involved, the time period is extended to 18 months from the date of service.

A claim submitted beyond the 90-day period will be denied for error code 296 (billing deadline exceeded).

Appropriate 90-Day Waiver Request

The Division's billing regulations at 130 CMR 450.000 identify the circumstances under which a provider may request a waiver of the initial billing deadline (90-day waiver). In addition, a provider should request a waiver for a denied claim that was submitted by the deadline but now requires a correction of the member's or provider's MassHealth number.

Submitting a 90-Day Waiver Request

A request for a 90-day waiver must be submitted to the applicable address below and include:

- a cover letter outlining the reason for the request;
 - documentation supporting the reason for the request;
 - a legible and accurately completed claim form;
 - any forms or attachments required for the processing of the claim; and
 - all remittance advices on which the claim was denied.
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**Submitting a 90-Day
Waiver Request**
(cont.)

Please send your requests,
**except for UB-92 inpatient
hospital requests**, to:

Unisys
Attn: 90-Day Waiver Unit
P.O. Box 9126
Somerville, MA 02145

Please send **UB-92 inpatient
hospital requests** to:

Division of Medical Assistance
Attn: 90-Day Waiver Unit
600 Washington Street
Boston, MA 02111

**Decisions on 90-Day
Waiver Requests**

If your waiver request is approved, the claim will appear processed on a remittance advice. If your waiver request is denied, the claim will appear processed on a remittance advice with error code 657 (request for 90-day waiver denied).

Resubmittals

To resubmit a claim, please follow the resubmittal procedures outlined in Subchapter 5 of your provider manual.

- Prepare a new, corrected claim form (entering only one claim line per claim form).
- Enter an "X" in the resubmittal box.
- Enter the transaction control number (TCN) of the original denial as it appears on the applicable remittance advice (providers who bill using the UB-92 claim form must enter an "R" followed by the transaction control number in field 37).
- Attach any documentation that is required for the correct processing of your claim.
- Resubmit the claim to the following address.

Unisys
Attn: Resubmittals
P.O. Box 9105
Somerville, MA 02145

Questions

For more information on 90-day waivers, please refer to the billing instructions outlined in Subchapter 5 of your provider manual or contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
