



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



MassHealth
All Provider Bulletin 179
September 2008

To: All Providers Participating in MassHealth
From: Tom Dehner, Medicaid Director TD
RE: 90-Day Waiver Request and New 90-Day Waiver Request Form

Background

Information in this bulletin supersedes the information transmitted by All Provider Bulletin 109, issued in April 2000.

The purpose of this bulletin is to tell providers about new procedures for the submission of 90-day waiver requests and to introduce a new 90-day waiver request form for claims other than pharmacy.

Initial Claim Submission

A claim must be received no later than 90 days from the date of service or 90 days from 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 service date. When other insurance is involved, the time period is extended to 18 months from the service date.

A claim initially submitted beyond the 90-day period will be denied for exceeding the billing deadline.

Appropriate 90-Day Waiver Requests

MassHealth billing regulations at 130 CMR 450.309 identify the circumstances under which a provider may request a waiver of the initial 90-day billing deadline. In addition to the circumstances identified in the regulations, providers may also request a 90-day waiver for a denied claim that was initially submitted on time, but now requires a correction to the member or provider MassHealth number.

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***Submitting a 90-Day
Waiver Request***

There is a change to the procedures when submitting a 90-day waiver request. A new 90-day waiver request form has been created to support the new procedures and must be used for all claims other than pharmacy claims.

Note: For pharmacy claims, download the existing 90-day waiver request form from www.mass.gov/masshealth/pharmacy. Click on MassHealth Pharmacy Publications and Notices for Pharmacy Providers, and then on 90-Day Waiver Form.

Effective November 1, 2008, every claim must be accompanied by the new 90-day waiver request form and the documentation relevant to that particular claim. If you are submitting three claims for the same member for the same reason, each claim must be submitted with a separate 90-day waiver request form and applicable documentation.

Failure to submit your requests in this manner may result in the denial of the waiver request.

Please send your 90-day waiver requests to the following address:

MassHealth
Attn: 90-Day Waiver Unit
P.O. Box 9118
Hingham, MA 02043

Copies of the 90-day waiver request form can be downloaded from www.mass.gov/masshealth. Click on MassHealth Provider Forms on the lower right side of the page.

***Decisions on 90-Day
Waiver Requests***

With the implementation of NewMMIS, you will be able to see the claim associated with your 90-day waiver request in a suspended status while your request is being reviewed. The decision resulting from the review will be reflected on a subsequent remittance advice when your claim appears processed (paid or denied).

Questions

If you have questions about the information in this bulletin, 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.

90-Day Waiver Request Form



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

To submit a 90-day waiver request for claims other than pharmacy, please complete this form for **every claim** and attach applicable supporting documentation to **each one**.

Please send your 90-day waiver requests to the following address.

MassHealth
Attn: 90-day Waivers
P.O. Box 9118
Hingham, MA 02043

Copies of this form can be downloaded from www.mass.gov/masshealth. Click on MassHealth Provider Forms on the lower right side of the page. Refer to Subchapter 5, Part 7, in your MassHealth provider manual for additional information on how to submit a 90-day waiver request.

Note: For pharmacy claims, download the 90-day waiver request form from www.mass.gov/masshealth/pharmacy. Click on MassHealth Pharmacy Publications and Notices for Pharmacy Providers, and then on 90-Day Waiver Form.

Date of Request: _____

Provider Name: _____

MassHealth Provider Number/NPI: _____

Reason for Request

You may request a 90-day waiver when one or more of the following conditions apply and the claim is not currently in a pending, paid, or suspended status. Please check one or more of the applicable reasons and provide necessary documentation with **every claim**.

- The member was retroactively enrolled with MassHealth.
- The member did not inform the provider of the member's enrollment with MassHealth within 90 days of the date of service.
- The provider is making a change to the member's MassHealth ID number on a claim that was originally submitted within the time limitations defined in MassHealth regulations at 130 CMR 450.309 and 450.313.
- The provider is making a change to the pay-to-provider number on a claim that was originally submitted within the time limitations defined in MassHealth regulations at 130 CMR 450.309 and 450.313.

Other. Please explain: _____

