



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 186
April 2009

To: All Providers Participating in MassHealth
From: Tom Dehner, Medicaid Director TD
RE: Final Deadline Appeal Procedures

Background

Pursuant to M.G.L. c. 118E, s. 38, MassHealth has established procedures for appealing claims with service dates exceeding one year, or 18 months when third-party insurance is involved, that providers believe were denied or underpaid as a result of MassHealth error.

There are two new error codes, 853 and 855, that will be effective upon implementation of NewMMIS on May 26, 2009. This bulletin lists the conditions that must be met so that appeals can be made.

The Final Deadline Appeals Board has exclusive jurisdiction to review the appeals in accordance with MassHealth regulations at 130 CMR 450.323.

Appeal Criteria

An appeal must meet all of the following conditions to be considered by the Final Deadline Appeals Board.

- The date of service on the claim that is being appealed must be more than 12 months before the appeal, or 18 months when third-party insurance is involved, and not more than 36 months after the date of service.
 - A denial of the claim must have appeared on a remittance advice with error code 853 or 855, indicating that the final submission deadline has been exceeded.
 - The Final Deadline Appeals Board must receive the appeal within 30 days of the date of the remittance advice on which the claim first appeared as denied with error code 853 or 855.
 - Evidence must be offered to demonstrate that a MassHealth error prevented the claim from being processed correctly within the applicable filing time limit for claim submission.
 - Remittance advices and other evidence must demonstrate that the original submission of the appealed claim was timely and that all subsequent available corrective actions outlined in the administrative and billing instructions were taken.
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What to Submit for Your Appeal

An appeal that meets the conditions outlined above must include the following information:

- a cover letter outlining the nature of the appeal and the nature of the MassHealth error that resulted in the denial or underpayment of the claim;
- a copy of the applicable page from each remittance advice on which the claim previously appeared, including a copy of the remittance advice that indicates that the final billing deadline has passed;
- a legible and accurately completed paper claim form;
- evidence of the claim's original timely submission and resubmission, if applicable; and
- any additional documentation supporting the appeal, including any correspondence from MassHealth.

Each claim must be submitted as a separate appeal.

Notification

Written notification of the appeal decision will be sent to the provider and constitutes the final agency action.

Where to Send Final Deadline Appeals

Appeals must be sent to the following address.

Final Deadline Appeals Board
MassHealth
600 Washington Street
Boston, MA 02111

Questions

If you have any 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.

To check the status of a pending appeal, please call 617-210-5538, or e-mail your inquiry to FDEAppeals@state.ma.us.
