



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



**MassHealth
All Provider Bulletin 220
December 2011**

TO: All Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director
RE: Revisions to the 90-Day Waiver Procedures

Background

MassHealth has revised its claims submission procedures. Effective January 1, 2012, 90-day waiver requests may be submitted electronically. Providers are encouraged to take advantage of electronic submission for their 90-day waiver requests to increase organizational efficiency. Pharmacy providers will continue to follow the current 90-day waiver process described in Appendix A of the POPS Billing Guide.

All other 90-day waiver requests, other than dental, may be submitted electronically via direct data entry (DDE), using the appropriate HIPAA delay reason code(s). This bulletin outlines the new procedures for the electronic submission of 90-day waiver requests using HIPAA delay reason codes.

Submitting a 90-Day Waiver Request

A revised 90-day waiver request form is available for downloading at www.mass.gov/masshealth. (Click on MassHealth Provider Forms in the lower right Publications panel on the home page.) All documentation relevant to each particular claim must accompany that claim. If you are submitting multiple claims for the same member for the same reason, each claim must be submitted separately with a unique 90-day waiver request form and the respective documentation. These documents may be scanned and included with the DDE claim submission.

Please be sure to use the attachments tab to upload all applicable documents related to the 90-day waiver request. For professional claims, providers must select the appropriate delay reason code from the drop-down box on the Extended Services tab of the POSC. For institutional claims, providers must select the appropriate delay reason code from the drop-down box on the Billing and Service tab.

Only the following delay reason codes may be used when submitting your 90-day waiver request.

- 1 Proof of Eligibility Unknown or Unavailable
- 4 Delay in Certifying Provider
- 8 Delay in Eligibility Determination

If your claim requires a 90-day waiver for reasons other than 1 or 4, please use delay reason code 8 and explain the reason for the delay.

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***Submitting a 90-Day
Waiver Request
(cont)***

Please note that for members with commercial insurance and/or Medicare coverage, the coordination of benefits information must be completed on the DDE transaction.

Failure to submit 90-day waiver requests as stated above may result in your waiver request not being reviewed or being denied.

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

Claims submitted for 90-day waivers will initially appear in a suspended status on your remittance advice for Edit 818-Special Handling 90-day waiver. 90-day waiver decisions will be reflected when your claims appear processed on a subsequent remittance advice.

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.
