



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



MassHealth
All Provider Bulletin 233
February 2013

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

Background

MassHealth is revising its claims submission procedures as stated in 130 CMR 450.309. Effective April 1, 2013, 90-day waiver requests must be submitted electronically unless the provider has an approved electronic claim submission waiver. Ninety-day waiver requests must be submitted electronically via direct data entry (DDE) using the appropriate HIPAA delay reason code(s). This bulletin describes the new procedures for the electronic submission of 90-day waiver requests using HIPAA delay reason codes.

Pharmacy providers should continue to follow the current 90-day waiver process described in Appendix A of the POPS Billing Guide. Dental waivers are not affected at this time.

Submitting a 90-Day Waiver Request

A revised 90-day waiver request form can be downloaded from the website at www.mass.gov/masshealth. Click on the MassHealth Provider Forms link in the lower-right corner of the home page, then on the link for 90-Day Waiver Request Form. 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 with a separate 90-day waiver request form and the respective documentation. These documents must be scanned and included with the DDE claim submission.

Please use the attachments tab of the Provider Online Service Center (POSC) 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

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

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. 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 instructed may result in your waiver request not being reviewed or being denied.

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

Claims submitted with 90-day waiver requests will initially appear in a suspended status on your remittance advice for Edit 818-Special Handling 90-day waiver. Ninety-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.
