



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## **All Provider Bulletin 393**

**DATE:** July 2024

**TO:** All Providers Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth

**RE:** **Documentation Required for Manual Review of Certain Claims**

### **Background**

The purpose of this bulletin is to teach providers how to appropriately submit documentation for claims that require Delay Reason Code 11 for manual review (hereinafter, “Special Handling Claims”). Effective September 1, 2024, in order to streamline the review of Special Handling Claims, providers will be required to submit the [Special Handling Delay Reason Code 11 Request Form](#) with these claims.

Providers must submit Special Handling Claims and all required documents on the Provider Online Service Center (POSC) via Direct Data Entry (DDE) using Delay Reason Code 11. Once submitted, the claim will appear in a suspense status on the remittance advice with Edit 829 (called “Special Handle under Review”). After the claim review process, the final decision will appear on a subsequent remittance advice as paid or denied.

The Special Handling Delay Reason Code 11 Request Form and other required documents must be scanned and uploaded with the DDE claim submission. Use the Attachment tab in the POSC to upload the documents. The claim will not suspend without the uploaded documentation. Please refer to the [MassHealth Job Aids on professional and institutional claim submissions](#).

### **Documentation Requirements and Billing Instructions**

Special Handling Claims include the types of claims listed in items 1 through 6 below. All claims must be submitted in accordance with MassHealth rules and regulations, including but not limited to the requirements and instructions listed below and on the Special Handling Delay Reason Code 11 Request Form.

#### **1. Claims after Permedion Health Management System (HMS) Reviews**

- Scan and submit the Permedion HMS determination notice and other documentation in support of your request for review. If you are submitting multiple claims for the same member, submit each claim separately with a copy of the Permedion HMS notice.

- These claims include:
  - a claim that Permedion HMS denied as an inpatient admission but allowed to be billed as outpatient;
  - an outpatient claim for which Permedion HMS has denied certain claim lines but can be resubmitted with the denied lines omitted;
  - an inpatient claim that was billed incorrectly before Permedion HMS instructed the provider to correct and resubmit the claim; and
  - a prepayment inpatient claim Permedion HMS initially denied before overturning the denial upon second review and instructing the provider to submit a new claim.

## **2. Claims Denied for Edit 2614 (*Managed Care Service Should Be Paid By MassHealth BHVL HLTH*)**

The following documentation is required.

- A letter to provide a brief explanation of the situation (select Other on the Delay Reason Code 11 Request Form and include a brief explanation of why the claim needs to be reviewed)
- Medical records
- The remittance advice received with the 2614 denial

Please note that providers must bill HCPCS S9485 to MassHealth's managed behavioral health vendor.

## **3. Claims Requiring Limited Attestation Review**

The following documentation is required.

- [Certification of Treatment of Emergency Medical Condition Form](#)
- Remittance advice, with Denial Explanation of Benefits (EOB) listed in [All Provider Bulletins 251 and 269](#)
- Medical records
- All attachments listed in All Provider Bulletins 251 and 269

The member must be enrolled with MassHealth Limited Coverage only.

## **4. Claims with Diagnosis/Procedure Code Conflict**

The following documentation is required.

- All documentation to support the provider's request for review
- Remittance advice to explain where the conflict caused the claim denial
- A brief explanation of the diagnosis/procedure conflict

## **5. HCAC/PPC Claims Review for Edit 6215 (*HCAC Claim Eligible for Cost Outlier Payment*)**

The following documentation is required.

- Any attachment in need of review for Health Care Acquired Conditions (HCAC) or Provider Preventable Conditions (PPC) claims
- Hospital name and 13-digit ICN of the prior denied claim
- Medical services with any charges that represent, or resulted from, an HCAC (provider should list the HCAC diagnosis or procedure)
- Revised total charges to show that the HCAC's charges were removed (include the list of charges removed, and do not remove the HCAC ICD DIAG(S) or ICD PROCEDURE(S) on the claim)
- Rationale for determining revised charges

## **6. Other Special Handling**

Providers with any other special circumstance that requires manual review should submit the claim via DDE using Delay Reason Code 11 and select Other on the Delay Reason Code 11 Request Form. If there is insufficient space on the Delay Reason Code Request Form to explain why the claim needs to be reviewed, the provider must attach an additional document with the explanation.

## **7. Providers must not submit Delay Reason Code 11 for the following claims.**

- Any claims submitted with a 90-Day Waiver Request
  - Such claims must be submitted electronically via DDE using delay reason code 1, 4, or 8.
- Any claims requesting Final Deadline Appeal
  - Claims with denial Edit 853 or 855 must be submitted electronically via DDE using Delay Reason Code 9.
- Claims requesting review for Edit 6000 Manual Pricing, Edit 2617 Sterilization Review, or Edit 2018 Hospice Review
  - Such claims must be submitted with the required attachments and without Delay Reason Code 11 to avoid additional time in suspense.
- Third Party Liability (TPL) claims
  - For TPL updates, please complete a TPL indicator form and mail or fax it to: MassHealth Third Party Liability Unit, 519 Somerville Avenue #372, Somerville, MA 02143. Fax: 617-357-7604, Tel: 1-888-628-7526.
- Personal Injury Protection (PIP) claims
  - PIP claims should be submitted directly using the assigned PIP Carrier Code. Please refer to [All Provider Bulletin 246](#) for more information.
- Pre-Admission Screening denials
  - Request a reconsideration by following the instructions provided in the Permedion denial letter.

## MassHealth Website

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## Questions?

If you have questions about the information in this bulletin, please contact:

## Long-Term Services and Supports

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PO Box 159108  
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## All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

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