



## Billing Tips for Methadone Code Changes

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This flyer is to aid providers in resubmitting methadone-related claims that were denied with Edit 5930 since October 1, 2012. Providers should follow the procedures below, which include how to determine whether a claim should be submitted as an original claim, sent through the resubmission process, or replaced.

### **Deciding If a Claim Should Be Processed As an Original, a Resubmission or Replacement**

To determine the method of submission, the provider must consider the following guidelines:

- If the claim is within 90 days of the date of service and requires a change to the service code, the claim is considered to be within the timely filing deadline and may be submitted as an original claim.
- If the claim is over 90 days and requires a change to the service code, the claim must go through the resubmission process.
- If the original claim is in a paid status with some detail lines paid and some denied, the claim must be replaced.

### **Rebilling a Claim within 90 Days of the Date of Service with a Change to the Service Code**

Prepare a new claim using your electronic software (837P) or direct data entry (DDE). Submit the claim to MassHealth as an original with the new code and applicable modifier. Make other corrections as needed, including charges, units, etc. A former internal control number (ICN) is not required because the claim will be submitted within 90 days of the date of service.

### **Resubmitting a Claim over 90 Days of the Date of Service with a Change to the Service Code**

Effective with the 5010 format implementation, providers should resubmit their claims using direct data entry (DDE), regardless of the original claim's submission type (DDE or 837P). Use the claim search screen to locate the original claim's ICN that denied for Edit 5930. Once the claim is located, click the ICN and choose the "resubmit" button. Click on the procedure tab and then the detail line number to be corrected. Submit the correct new code and applicable. Make additional corrections as needed, including charges, units, etc. After the claim is corrected, click the confirmation tab, verify the charges, and click "submit."

### **Replacing a Claim in a Paid Status, with a Change to the Service Code**

Prepare a replacement claim using your electronic software (837P) or DDE with appropriate lines from the original claim (both paid and denied). Omit lines that have denied correctly and should not be resubmitted; add additional lines if necessary, or correct data elements on existing detail lines with the new code and applicable modifier. Identify the ICN of the originally paid claim as the former ICN for the replacement claim.

### **Submitting Batch 837 Transactions of 50 Claims+ and over 90 Days of the Date of Service, with a Change to the Service Code**

Prepare a CD containing original clean claims (without prior ICNs) with dates of service more than 90 days with the correct new code and applicable modifier. Claims must be submitted on a CD in the correct 837 format and must have been previously denied with Edit 5930. The CD should contain only the affected methadone claims that are over 90 days and should not contain dates of service before 10/01/2012.

To avoid denials for untimely filing please send claim material to the following address:

MassHealth Customer Service  
Attn: EDI-Code Change  
55 Summer Street, 8<sup>th</sup> Floor  
Boston, MA 02110-1007

Note: only providers with approved waivers may use the paper claim form, following instructions within the applicable MassHealth guides for submitters of paper claims.

If you have questions about your MassHealth claims, please contact MassHealth Customer Service at 1-800-841-2900 or send an e-mail to [providersupport@mahealth.net](mailto:providersupport@mahealth.net).