

# Special Handling Delay Reason Code 11 Request Form



Commonwealth of Massachusetts  
Executive Office of Health and Human Services

As described in All Provider Bulletin 393, for claims that require Delay Reason Code 11 for manual review, providers are required to complete this form for the claim to be suspended.

Date of Request:

Provider Name:

MassHealth Provider ID/Service Location:

Member ID:

Date of Service:

## Reason for Request:

You may request a Special Handling Delay Reason Code 11 for the reviews listed below. Please check one or multiple boxes below to indicate the type of review requested. (Include additional cover letter as needed to explain why the claim needs to be reviewed.)

- Submit Claims after Permedion HMS Reviews
- Claims Denied for Edit 2614 – provider must include a cover letter, medical records, and the remittance advice with 2614 denial. \*Please note that HCPCS S9485 must be billed to MassHealth’s managed behavioral health vendor.
- Limited Attestation Review – Member must have MassHealth Limited coverage. Providers must submit the following.
  - 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
- Diagnosis/Procedure Code Conflict. Explanation of conflict:
  
- Health Care Acquired Conditions (HCAC) or Provider Preventable Conditions (PPC) Claims Review
- Other Special Handling – Please explain why the claim needs to be reviewed.

## DO NOT SUBMIT VIA DELAY REASON CODE 11 for the following claims.

- ▶ Any claims submitted with 90-Day Waiver Request – Such claims must be submitted electronically via direct data entry (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 requiring attachments 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 in order to avoid additional time in suspense.
- ▶ Third Party Liability (TPL) claims – For TPL updates, please complete a TPL indicator form and mail or fax this form to: Third Party Liability Unit, 519 Somerville Ave. #372, Somerville, MA 02143. Fax: (617) 357-7604, Tel: (888) 628-7526.
- ▶ Personal Injury Protection (PIP) claims – PIP claims should be submitted directly with the assigned PIP Carrier Code.
- ▶ Pre-Admission Screening (PAS) denials – Request a reconsideration by following the instructions provided in the Permedion denial letter.