***January 2021 HSN Billing Reminders & Updates***

**CARC CODES - PR96;PR49**

Facilities may see 837I payments in their February remits for claims that contain PR96 and/or PR49 due to HSN reprocessing 837I claims where MassHealth is prime.

Please note, any 837I claim originally denied by HSN for Group Code PR containing CARC 96 and/or CARC 49 will follow the same bill second pay prime rules applied to claims where a MassHealth product was prime (carrier code 7001, 7002 and 7003).

Denied claims presented to the HSN for payment with just CARC 96 and/or 49 with any other Group Code (CO, CR, OA, PI) will be denied by the HSN on the Monthly Remits with CACID 95 'Noncovered denials from the prior payer are also noncovered for the HSN.'

Claims presented with any other billing issues or noncoverage will either be denied on the weekly FERs or on the monthly Remits with specific denial reasons.

**837P HSN Secondary/Tertiary Claims**

**Effective March 1, 2021,** HSN will be activating “fatal edits” for 837P claims received that do not meet the necessary EAF requirements. In order for HSN to process payments on secondary or tertiary claims, HSN requires that the (EAF) Remaining Patient Liability Amount and (PR) Patient Responsibility segments are captured within the 837 files (if EAF contains $0, no HSN payment will be produced). Failure to include both PR and EAF amounts will result in a $0 or null payment on the remit.

**Please note HSN also requires that any reported CARC codes (paid or denied by previous payers) contain a dollar value for HSN to process secondary/tertiary claims accordingly.**
FY 2019 Closing

Providers are reminded that FY19 will be closing on September 30, 2021. Any claims or corrections for FY19 must be completed before the Fiscal Year is closed. Any claims submitted for processing after the FY closes will be denied by HSN for submitting after the FY closure date.

HSN Waiver Request:  HSN has started to follow the process that MassHealth uses for billing waiver requests. HSN will no longer consider any 3 year billing waiver requests. Providers requesting 1 year, or 90 day requests, should contact HSN Manager of Operations Angela Gizzi for instructions on requesting and processing of claims. (Angela.Gizzi@state.ma.us)

Covid Vaccine, Testing and Treatment

Providers are urged to review All Provider Transmittal Letter 305 to review HSN’s payment policy for the Covid vaccine, testing and treatment.  

As stated in all provider bulletin 305, providers are responsible for checking the Eligibility Verification System (EVS) for MassHealth eligibility and other sources to determine whether a patient is insured. Providers should bill the federal COVID-19 Uninsured Program portal for uninsured patients as defined by the Health Resources and Services Administration (HRSA). Individuals with MassHealth Limited and Health Safety Net patients without other coverage (MassHealth Limited is not considered coverage for purposes of this paragraph) are considered uninsured for purposes of COVID-19 vaccination. Providers should submit their claims for COVID-19 vaccine administration to the HRSA Portal for Uninsured Individuals at https://coviduninsuredclaim.linkhealth.com/

As previously noted, providers are responsible for checking the EVS for MassHealth eligibility and other sources to determine whether a patient is insured. Providers should bill the federal COVID-19 Uninsured Program portal for uninsured patients as defined by HRSA. COVID-19 testing and treatment services provided to an individual who is a Health Safety Net patient only and who does not have any coverage (including MassHealth Limited), should be billed to the federal portal. Likewise, COVID-19 testing and treatment services provided to an individual in the Children’s Medical Security Plan only and who does not have any coverage (including MassHealth Limited) should be billed to the federal portal

Please contact Health Safety Net for any questions or concerns at 800-609-7232 or HSNHelpdesk@state.ma.us