



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter MHC-40  
December 2009

**TO:** Mental Health Centers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Interim Medicaid Director  
**RE:** *Mental Health Center Manual* (New Appendix D)

This letter transmits a new Appendix D for the *Mental Health Center Manual*. Appendix D contains billing instructions for claims submitted for dually entitled (Medicare/MassHealth) members receiving behavioral-health services provided by clinicians who are not Medicare-certified providers. Clinicians who do not meet Medicare's clinical criteria are "noncertified," and therefore cannot bill Medicare for their services. The new Appendix D is effective October 1, 2009.

The procedures in this appendix should be used only when a service is not reimbursable by Medicare because a noncertified clinician provided the services. Providers must continue to bill Medicare for all services provided by a certified Medicare provider before billing MassHealth. Providers must retain the documentation that supports services performed by a Medicare noncertified clinician in their records for auditing purposes. If the member also has commercial insurance, providers must bill the other insurance before billing MassHealth.

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

**NEW MATERIAL**

(The pages listed here contain new or revised language.)

**Mental Health Center Manual**

Pages vi, vii, and D-1 through D-6

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**Mental Health Center Manual**

Page vi – transmitted by Transmittal Letter MHC-30

Page vii – transmitted by Transmittal Letter MHC-32

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Mental Health Center Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09

6. Service Codes and Descriptions

Service Codes and Descriptions .....	6-1
Appendix A. Directory .....	A-1
Appendix B. Enrollment Centers .....	B-1
Appendix C. Third-Party-Liability Codes .....	C-1
Appendix D. Supplemental Instructions for TPL Exceptions .....	D-1
Appendix W. EPSDT Services Medical and Dental Protocol and Periodicity Schedule .....	W-1
Appendix X. Family Assistance Copayment and Deductibles .....	X-1
Appendix Y. EVS Codes/Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Mental Health Center Manual	<b>Subchapter Number and Title</b>  Preface	<b>Page</b>  vii
	<b>Transmittal Letter</b>  MHC-40	<b>Date</b>  10/01/09

The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For mental health centers, those matters are covered in 130 CMR Chapter 429.000, reproduced as Subchapter 4 in the *Mental Health Center Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen and ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> Appendix D: Supplemental Instructions for TPL Exceptions	<b>Page</b> D-1
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09
Mental Health Center Manual		

## **Supplemental Instructions for TPL Exceptions Services Provided by Medicare Noncertified Clinicians**

This appendix contains supplemental billing instructions for claims submitted for dually entitled (Medicare/MassHealth) members receiving behavioral-health services provided by clinicians who are not Medicare-certified providers. Clinicians who do not meet Medicare’s clinical criteria are noncertified, and therefore cannot bill Medicare for their services.

This appendix contains specific MassHealth billing instructions that are not described in the HIPAA implementation guide for the 837P transactions, in the 837P companion guide, or in the billing guides for the UB-04 or CMS-1500.

The procedures in this appendix should only be used when a service is not reimbursable by Medicare because a noncertified clinician provided the services. Providers must continue to bill Medicare for all services provided by a certified Medicare provider before billing MassHealth. Providers must retain the documentation that supports services performed by a Medicare noncertified clinician in their records for auditing purposes. If the member also has commercial insurance, providers must bill the insurance before billing MassHealth.

**Note:** Providers may no longer use the Patient Status Code field on the claim form (UB-04 or CMS-1500) to bill MassHealth for services provided to members with Medicare and whose services are determined not covered by the primary insurer because the services were delivered by a Medicare noncertified clinician. If submitting a claim electronically, the adjustment reason code segments must be populated. If submitting a claim on paper, the TPL Exception Form for Noncertified Clinicians must be completed and submitted with the claim form. The form is available from the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Provider Forms on the lower right side of the MassHealth home page.

### **TPL Requirements**

To ensure that MassHealth is the payer of last resort, generally providers must make diligent efforts to obtain payment from other resources before billing MassHealth. See MassHealth regulations at 130 CMR 450.316. Providers must submit a claim and seek a new coverage determination from the insurer any time a member’s medical condition or health insurance coverage status changes, even if Medicare or a commercial insurer previously denied coverage for the same service.

### **Certain TPL Exceptions**

If any of the following exceptions exist, and the initial insurer’s denial or notice of noncoverage is on file, follow the instructions outlined in this appendix for claim submission. Claim submissions must include codes found in the HIPAA Adjustment Reason Code Crosswalk Table on page D-6.

- Services for a MassHealth member must be billed to Medicare initially or a Medicare notice of noncoverage must be issued.
- There are instances where clinicians who do not meet Medicare’s clinical criteria are noncertified, and therefore cannot bill Medicare for their services.

Providers must retain the initial Medicare notice of noncoverage, Medicare remittance advice, 835 transactions, or response from the insurer on file for auditing purposes.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Mental Health Center Manual	<b>Subchapter Number and Title</b> Appendix D: Supplemental Instructions for TPL Exceptions	<b>Page</b> D-2
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09

### Billing Instructions for 837P Transactions

Providers must complete the other payer loops in 837 transactions as described in the following table when submitting claims to MassHealth for services that have been initially denied or determined noncovered by the other insurer and meet the TPL exception criteria.

Loop	Segment	Value Description
2330B	NM109 (Other Payer Name)	Enter the MassHealth-assigned carrier code for the other payer.  <b>837P:</b> For Medicare the carrier code is 0085000.  <b>Note:</b> MassHealth-assigned carrier codes may be found in Appendix C (Third-Party-Liability Codes) of your MassHealth provider manual at <a href="http://www.mass.gov/masshealth">www.mass.gov/masshealth</a> .
2320	SBR09 (Claim Filing Indicator)	<b>837P:</b> Medicare carrier code = MB
2320	AMT (Amount)	0
2320	CAS01 (Claim Adjustment Group Code)	OA (other adjustments)
2320	CAS02 (Claim Adjustment Reason Code)	Use HIPAA adjustment reason code (ARC) B7. (This provider was not certified or eligible to be paid for this procedure/service on this date of service).
2320	CAS03 (Monetary Amount)	Total charges (amount billed to MassHealth)
2330B	DTP03 (Date, Time, or Period)	Date of discharge or end date of service for the claim billing period
2430	SVD01 (Payer ID Code)	Enter the MassHealth-assigned carrier code for the other payer.  <b>837P:</b> Medicare carrier code = 0085000.  <b>Note:</b> MassHealth-assigned carrier codes may be found in Appendix C (Third-Party-Liability Codes) of your MassHealth provider manual or at <a href="http://www.mass.gov/masshealth">www.mass.gov/masshealth</a> .
2430	SVD02 (Monetary Amount)	0
2430	CAS01 (Service Line Adjustment Group Code)	OA (other adjustments)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Mental Health Center Manual	<b>Subchapter Number and Title</b> Appendix D: Supplemental Instructions for TPL Exceptions	<b>Page</b> D-3
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09

Loop	Segment	Value Description
2430	CAS02 (Service Line Adjustment Reason Code)	Use HIPAA adjustment reason code (ARC) B7.  This provider was not certified or eligible to be paid for this procedure/service on this date of service.
2430	CAS03 (Monetary Amount)	Total charges (amount billed to MassHealth)
2430	DTP03 (Date, Time, or Period)	Date of discharge or end date of service for the claim billing period

### Billing Instructions for Direct Data Entry (DDE)

Providers must complete the coordination of benefits fields in the provider portal DDE claim panels as described in the following table when submitting claims to MassHealth for claims that have been initially denied or determined noncovered by the other insurer and meet the TPL exception criteria.

On the Coordination of Benefits tab, you must choose New Item.

<b>Coordination of Benefits</b>	
Field Name	What to enter
Carrier Code	Enter the MassHealth-assigned carrier code for the other payer. Medicare (professional) carrier code = 0085000  <b>Note:</b> MassHealth-assigned carrier codes may be found in Appendix C (Third-Party-Liability Codes) of your MassHealth provider manual at <a href="http://www.mass.gov/masshealth">www.mass.gov/masshealth</a> .
Carrier Name	Enter the appropriate carrier name (refer to Appendix C of your MassHealth provider manual).
EOB Date	Date of discharge or end date of service for the claim billing period  <b>Note:</b> This is a required field.
Payer Claim Number	Enter the other insurer claim number on the EOB. If no EOB, use the default value of "99" for payer claim number.
Payer Responsibility	Select the appropriate code from the drop down list.
Allowed Amount	Enter 0.
Payer Paid Amount	Enter 0.
Claim Filing Indicator	Medicare (professional) carrier code = MB
Release of Information	Select the appropriate code.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Mental Health Center Manual	<b>Subchapter Number and Title</b> Appendix D: Supplemental Instructions for TPL Exceptions	<b>Page</b> D-4
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09

Coordination of Benefits	
Field Name	What to enter
Assignment Benefit	Select the appropriate code.
Subscriber Information Panel	Enter the appropriate subscriber information (subscriber last name, first name, subscriber ID and relationship to subscriber code).  <b>Note:</b> This is a required field.

After entering the data, scroll down to the bottom of the page to the list of COB reasons subpanel and click New Item. Enter appropriate COB reasons detail information.

COB Reasons Detail	
Field Name	What to enter
Group Code	Select OA (other adjustments).
Units of service	Enter the appropriate quantity.
Amount	Total charges (amount billed to MassHealth)
Reason	Enter the HIPAA adjustment reason code (ARC) B7. (This provider was not certified or eligible to be paid for this procedure/service on this date of service).

Once you complete the COB reasons detail panel, click Add to save the information. Then click Add to save the coordination of benefits (COB) detail information.

On the Procedures tab, after entering the procedure service details, scroll down to the list of COB line items and click New Item. Repeat for each procedure detail.

COB Line Detail	
Field Name	What to enter
Carrier Code	Enter the MassHealth-assigned carrier code for the other payer. Medicare (professional) carrier code = 0085000  <b>Note:</b> MassHealth-assigned carrier codes may be found in Appendix C (Third-Party-Liability Codes) of your MassHealth provider manual at <a href="http://www.mass.gov/masshealth">www.mass.gov/masshealth</a> .
EOB Date	Date of discharge or end date of service for the claim is billing period  <b>Note:</b> This is a required field.
Paid Amount	Enter 0.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> Appendix D: Supplemental Instructions for TPL Exceptions	<b>Page</b> D-5
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09
Mental Health Center Manual		

<b>COB Line Detail</b>	
<b>Field Name</b>	<b>What to enter</b>
Paid Units of Service	Enter units of service from procedure service detail panel.
Revenue Code	Enter revenue code from procedure service detail panel.
Procedure Code	Enter procedure code from the procedure service detail panel.
Modifier 1	Enter modifier 1 from the modifier from service detail panel.
Modifier 2	Enter modifier 2 from the modifier from service detail panel.
Modifier 3	Enter modifier 3 from the modifier from service detail panel.
Modifier 4	Enter modifier 4 from the modifier from service detail panel.

After entering the data, scroll to the list of COB reasons subpanel and click New Item.

<b>COB Reasons Detail</b>	
<b>Field Name</b>	<b>What to enter</b>
Group Code	Select OA (other adjustments).
Amount	Enter total charges from the institutional service detail panel.
Units of service	Enter units from the institutional service detail panel.
Reason	Enter the HIPAA adjustment reason code (ARC) B7. (This provider was not certified or eligible to be paid for this procedure/service on this date of service).

Click Add on the COB reasons detail panel, then click Add on the COB lines detail panel, then click Add on the institutional service detail panel to save all information.

### **Billing Instructions for Paper Claims**

Providers must submit the MassHealth-approved claim form with the TPL Exception Form for Noncertified Clinicians, and use HIPAA adjustment reason code (ARC) B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. Providers must enter this code on the TPL Exception Form for Noncertified Clinicians, and also submit the appropriate behavioral-health service code. This form is available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

Providers submitting paper claims must refer to instructions in the [Billing Guide for the UB-04](#) or the [Billing Guide for the CMS-1500](#) to ensure claims are processed correctly.



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Mental Health Center Manual	<b>Subchapter Number and Title</b> Appendix D: Supplemental Instructions for TPL Exceptions	<b>Page</b> D-6
	<b>Transmittal Letter</b> MHC-40	<b>Date</b> 10/01/09

### **HIPAA Adjustment Reason Code Crosswalk Table**

Use the HIPAA adjustment reason codes (ARC) given in the following table to indicate the reason that the insurer is not covering the service. MassHealth allows providers to use ARCs to report noncovered services only in the circumstances described in the table.

<b>HIPAA Adjustment Reason Code Crosswalk Table</b>			
<b>Prior Patient Status Code</b>	<b>Replace with HIPAA Adjustment Reason Code</b>	<b>Applies to Medicare?</b>	<b>Applies to Commercial Insurers?</b>
01	<b>B7</b> - This provider was not certified / eligible to be paid for this procedure/service on this date of service.	Yes	No

### **MassHealth's Right to Appeal**

MassHealth reserves the right to appeal any case that, in its determination, may meet the coverage criteria of an insurance carrier. Providers must, at MassHealth's request, submit the claim and related clinical or service documentation to an insurance carrier if MassHealth determines that the provider's submission is necessary in order for MassHealth to exercise its right to appeal.

### **Questions**

If you have any questions about the information in this appendix, please refer to Appendix A of your MassHealth provider manual for the appropriate contact information.