




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



**MassHealth
Wig Provider Bulletin 1
December 2011**

TO: Wig Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director 
RE: Waiver Policy for Electronic Claim Submissions

Background

In January 2011, MassHealth introduced a paper-reduction project to reduce costs and to act in an environmentally responsible manner. As part of this initiative and to achieve greater efficiency, MassHealth is moving toward an all-electronic claims-submission policy for all providers of MassHealth services.

Electronic Waiver

Beginning January 1, 2012, wig providers must submit all claims electronically unless they have been approved for an electronic-submission waiver. The MassHealth waiver policy is designed for providers meeting one or more of the following conditions.

1. They have submitted an average **of fewer than 20 claims per month** over the previous 12 months.
2. They are experiencing temporary technical difficulties related to upgrading their current billing system or installing a new one.
3. They are experiencing temporary technical difficulties related to testing or interfacing with the MassHealth agency's claims-processing system.
4. They do not have Internet access or a computer.
5. They are experiencing temporary disruption in service, for at least five business days, caused by a natural disaster or utility work.
6. They attest to MassHealth that their staff member responsible for claim submission has a disability that prevents the submission of electronic claims that cannot be easily mitigated with reasonable accommodation.
7. They have an extenuating circumstance and submitting electronic claims would impede their ability to participate in MassHealth.

Providers meeting at least one of the criteria listed above can apply for an electronic claims-submission waiver.

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Electronic Waiver
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The electronic claim-submission waiver application form is available for download from the MassHealth Web site. Go to www.mass.gov/masshealth and click on the link for MassHealth Provider Forms in the lower left corner of the home page. Providers can also request an application by e-mail at providersupport@mahealth.net, by fax at 617-988-8974, or by calling MassHealth Customer Service at 1-800-841-2900.

Providers are notified of the status of their application within 30 days. Any paper claims submitted without an approved electronic-claim-submission waiver will be denied.

Waiver Expiration and Fee

An electronic claim-submission waiver is valid for 12 months from the date of issuance. Providers who continue to experience circumstances that necessitate a waiver must reapply 30 days before the expiration of their current waiver in order to avoid a possible interruption in service authorization.

There is no fee for the first electronic claim-submission waiver. Providers will be assessed a fee based on volume for any subsequent claim-submission waivers.

Provider Outreach and Training

MassHealth understands that the transition to an all-electronic claim-submission policy may require providers to modify their internal processes and procedures. We will make every effort to assist providers with this transition, through outreach and training.

MassHealth has prepared a number of job aids as part of the Provider Online Service Center (POSC) e-learning courses. Enclosed in this packet are two of the instructional job aids to help providers get started. These job aids will step providers through the tasks necessary to submit a professional claim to MassHealth, and resubmit a denied claim. The full list of job aids is found at <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html>.

New Diagnosis Requirement for Provider Type 98

Electronic Submitters for MassHealth Claims

Effective January 1, 2012, wig providers who submit claims electronically must enter an ICD-9-CM diagnosis code on all online claim transactions. The claim **will be denied** if an ICD-9-CM diagnosis code is not included in the transaction.

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***New Diagnosis
Requirement for
Provider Type 98
(cont.)***

Paper Submitters for MassHealth Claims

Wig providers who meet the waiver criteria that allow them to continue to submit a claim on the CMS-1500 paper form will now have to enter an ICD-9-CM diagnosis code in field 21 and its relating pointer in field 24e. The claim **will be denied** if the diagnosis code is not entered on the paper claim form. (See enclosed instructions for completing the required fields on a CMS-1500 paper claim form.)

Questions

If you have any questions about the information in this bulletin or need help getting started with electronic submissions, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.
