
90-Day Waiver Request Form



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

To submit a 90-day waiver request for claims other than pharmacy and dental, please complete this form for **every claim** and attach applicable supporting documentation to **each one**.

Effective April 1, 2013, 90-day waivers must be submitted electronically unless the provider has an approved electronic claims submission waiver. Ninety-day waiver requests must be submitted electronically via direct data entry (DDE) using delay reason code 1, 4, or 8.

Date of Request: _____

Provider Name: _____

Provider Address: _____

MassHealth Provider ID/Service Location: _____

Reason for Request

You may request a 90-day waiver when one or more of the following conditions apply and the claim is not currently in a pended, paid, or suspended status. Please check one or more of the applicable reasons and provide necessary documentation with **every claim**.

- The member or provider was retroactively enrolled with MassHealth. Use delay reason code 8 for member or 4 for provider.
- The member did not inform the provider of the member's enrollment with MassHealth within 90 days of the date of service. Use delay reason code 1.
- The provider is making a change to a procedure or revenue code on a claim that was originally submitted on paper within the time limits. Use delay reason code 8.
- The provider is making a change to the member's MassHealth ID number on a claim that was originally submitted within the time limits defined in MassHealth regulations at 130 CMR 450.309 and 450.313. Use delay reason code 8.
- The provider is making a change to the pay-to-provider number on a claim that was originally submitted within the time limits defined in MassHealth regulations at 130 CMR 450.309 and 450.313. Use delay reason code 8.
- Other. Use delay reason code 8. Please explain:

Please consult the directory in Appendix A of your MassHealth provider manual for information on submitting paper 90-day waiver requests.

Copies of this form can be downloaded from www.mass.gov/masshealth. Click on MassHealth Provider Forms on the lower right side of the home page. Refer to Subchapter 5, Part 7, in your MassHealth provider manual for additional information on how to submit a 90-day waiver request.

Note: For pharmacy claims, download the 90-day waiver request form from www.mass.gov/masshealth/pharmacy. Click on MassHealth Pharmacy Publications and Notices for Pharmacy Providers, and then on 90-Day Waiver Form.