



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
All Provider Bulletin 125
September 2003

TO: All Providers Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner 
RE: **Billing Procedures for HIPAA Electronic Claims Requiring Attachments**

Introduction

An electronic standard for claims attachments has not yet been finalized by the Centers for Medicare and Medicaid Services (CMS). Until a standard takes effect, MassHealth has developed the following process for handling the HIPAA-compliant 837 electronic claims that require attachments such as manufacturer's invoices.

This Bulletin does not apply to Coordination of Benefits (COB) attachments such as an Explanation of Benefits (EOB).

Current Procedures

Currently, MassHealth requires that providers submit paper claims for services requiring attachments. This requirement will be changing for HIPAA transactions for dates of service on or after October 16, 2003.

New Procedures

Providers and billing intermediaries will use the Paperwork (PWK) segment of an 837 transaction when submitting claims requiring attachments. An 837 claim received by MassHealth for a procedure or service requiring an attachment will be suspended and a Claims Attachment Form (CAF) will be mailed to the provider. The CAF will contain information about the claim, including patient name, MassHealth ID number, date of service, edit number, reason the attachment is being requested, and provider name and number.

The provider or billing intermediary must return the CAF with the required attachment within 45 days of the date on the CAF to:

MassHealth
P.O. Box 9101
Somerville, MA 02145

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New Procedures
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The claim will be held in suspense to await receipt of the attachment. Failure to submit attachments with the CAF within 45 days will cause the suspended claim to deny for Edit Code 360 – No response to our Claim Attachment Form.

For dates of service on or after October 16, 2003, providers submitting electronic claims through an 837 transaction must follow this process to enable proper adjudication of electronic claims requiring attachments. When a standard for electronic attachments takes effect, providers will be notified at that time of any change in MassHealth procedures.

Paper Billing

The CAF process has been developed to accommodate providers billing MassHealth through an 837 claim transaction. **This does not alter the current method of claim and attachment submission via paper, which will continue to be available to providers who wish to submit paper claims and attachments.**

Questions

Additional instructions on the proper coding of the 837 transaction for attachments will be found in the Companion Guides located at www.mahealthweb.com/HIPAA_Testing.htm at a later date.

If you have any questions about this bulletin, please contact the MassHealth HIPAA Support Center at 1-888-848-5068 or at mahipaasupport@unisys.com.
