



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
 600 Washington Street
 Boston, MA 02111
www.mass.gov/masshealth



MassHealth
 Transmittal Letter ALL-156
 February 2008

TO: All Providers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director *TD*
RE: All Provider Manuals (Revised Appendix Y)

This letter transmits revisions to Appendix Y in all provider manuals. Appendix Y lists the active Recipient Eligibility Verification System (REVS) codes and their respective service-restriction messages. Providers accessing REVS to verify a member's eligibility before providing medical services will receive one or more of the restriction messages listed in this appendix.

Effective March 3, 2008, REVS will begin to display the federal poverty level (FPL) and two new restrictive messages, when applicable, indicating when certain Health Safety Net (HSN) patients may need to make a copayment for medical and/or pharmacy services.

These copayment amounts apply to all HSN patients, regardless of their eligibility determination date. Patients determined eligible for HSN prior to October 1, 2007, will have to make copayments beginning on March 3, 2008.

There are no copayments for services provided to minors under the age of 19. Individuals with a family income less than 101% FPL or greater than 200% FPL are not responsible for copayments, except for prescription drug copayments. There are also no copayments at community health centers, hospital licensed health centers, or satellite clinics, with the exception of copayments for prescription drugs.

There is a \$250 annual cap on HSN copayments. This cap consists of a \$200 cap on copayments for prescription drugs, and a \$50 cap on copayments for medical services. It is the responsibility of the patient and the provider to track copayments to determine whether the patient has incurred more than the \$250 annual copayment limit.

The following two messages will appear when applicable.

Message No.	Restrictive Message
647	HSN MEDICAL AND PHARMACY COPAYS MAY BE APPLICABLE. FPL IS XXX.X
648	HSN PHARMACY COPAYS MAY BE APPLICABLE. FPL IS XXX.X

More information about HSN is available on the MassHealth Web site at www.mass.gov/masshealth and the Health Safety Net Web site at www.mass.gov/healthsafetynet.

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, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-6

OBSOLETE MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL-153

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REVS Codes and Messages

Important Note: This appendix is available online at www.mass.gov/masshealthpubs. MassHealth will update Appendix Y as needed. Paper copies of this appendix will not be mailed automatically, but can be requested by mailing, faxing, or e-mailing a request to:

MassHealth Publications
P.O. Box 9118
Hingham, MA 02043
Fax: 617-988-8973
E-mail: publications@mahealth.net

This appendix lists the active Recipient Eligibility Verification System (REVS) codes and their respective service-restriction messages. Providers accessing REVS to verify a patient's eligibility before providing medical services will receive one or more of the following restriction messages.

This appendix also lists other messages that do not have a code associated with them, but are important to be aware of, as they are returned on REVS.

<u>Code</u>	<u>Message</u>
006	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
011	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
021	BMC HEALTHNET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
031	PRIOR AUTH REQUIRED ON ALL CARE EXCEPT EMERGENCIES. ESP NORTH SHORE. CALL 781-581-3900 FOR LYNN CLIENTS, 978-837-9479 FOR BEVERLY CLIENTS.
035	DMH CLIENT.
036	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE CAMBRIDGE HOSPITAL AT 617-868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP AT FALLON AT 508-852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF UPHAM'S CORNER AT 617-288-0970.
051	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL HARBOR ELDER SERVICES AT 617-296-5100.
056	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
061	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
066	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
071	MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY. FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8AM-5PM MON-FRI.

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<u>Code</u>	<u>Message</u>
075	MEMBER ID MAY HAVE BEEN USED IN THE PAST BY MORE THAN ONE MASSHEALTH MEMBER. VERIFY MEMBER NAME AND BIRTHDATE ON RESPONSE.
096	CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 413-794-9428 TO COORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
111	RESIDENT AT LONG-TERM-CARE FACILITY.
116	EAEDC (CAT. 04). SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS, CALL PROVIDER SERVICES AT 1-800-841-2900.
121	DIRECT ALL INQUIRIES ABOUT ELIGIBILITY TO SOCIAL SERVICE WORKER.
126	COMMUNITY CASE MANAGEMENT MEMBER. PRIOR AUTHORIZATION NOW REQUIRED FOR HOME HEALTH (PDN, NURSING, HH AIDE, PCW) INFO 1-800-863-6068.
131	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
171	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF EAST BOSTON AT 617-568-6416.
186	EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).
201	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL CCA: 1-866-610-2273.
231	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL SWH: 1-888-794-7268.
246	EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
271	MET CAP ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(C).
281	UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. FOR MORE INFORMATION, CALL 1-877-910-2100.
306	INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
311	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
366	MET CAP ON PHARMACY SERVICES UNDER 130 CMR 450.130(C).
386	MEDICARE-COVERED SERVICES ONLY.
391	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL EVERCARE: 1-888-867-5511.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).

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<u>Code</u>	<u>Message</u>
480	BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS AND PAYMENT LIMITATIONS ON CLAIM SUBMISSIONS.
485	BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS.
490	DMH CLIENT. NOT ELIGIBLE FOR MASSHEALTH.
495	ELIGIBLE FOR PREMIUM ASSISTANCE ONLY. BILL MEMBER'S PRIVATE HEALTH INSURANCE.
500	SPECIAL NHP PROGRAM. CALL NHP AT 1-888-816-6000 FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL.
505	MASSHEALTH COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-841-2900.
516	CALL HRCA AT 617-325-8000 FOR AUTHORIZATION OF ALL SERVICES EXCEPT ACUTE INPATIENT ADMISSIONS.
520	ELIGIBLE FOR AMBULATORY PRENATAL CARE ONLY.
522	ELIGIBLE FOR EMERGENCY SERVICES ONLY.
525	FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
530	NO PCC/MCO AUTHORIZATIONS NEEDED. FOR MH/SA SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
595	ELIGIBLE BUT NOT ENROLLED IN MANAGED CARE. SERVICE CANNOT BE BILLED TO MASSHEALTH. MEMBER MUST ENROLL. HSN COVERAGE AVAILABLE.
596	MEMBER ALSO ELIGIBLE FOR ESSENTIAL. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.
597	MEMBER ALSO ELIGIBLE FOR BASIC. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.
601	ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY, UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
602	FOR ELIGIBILITY DATES AND PAYMENT FOR ALL OTHER PREGNANCY-RELATED SERVICES UNDER HEALTHY START, CALL 1-888-488-9161.
603	ELIGIBLE FOR EMERGENCY SERVICES UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
604	FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677.

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<u>Code</u>	<u>Message</u>
605	FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677.
606	REIMBURSEMENT FROM THE UNCOMPENSATED CARE POOL NOT ALLOWABLE FOR THIS PATIENT. FOR INFORMATION CALL 617-988-3222 OR 1-877-910-2100.
608	MEMBER ELIGIBLE FOR MEDICARE PART D. FOR MEMBER ENROLLMENT STATUS OR OTHER INFORMATION CALL 1-800-MEDICARE (1-800-633-4227).
609	YES. MEMBER HAS FULL MEDICAID BENEFITS.
610	NO. MEMBER DOES NOT HAVE FULL MEDICAID BENEFITS.
611	MEMBER IS QUALIFIED MEDICARE BENEFICIARY. SEE 130 CMR 519.010.
612	MEMBER IS SPECIFIED LOW INCOME MEDICARE BENEFICIARY. SEE 130 CMR 519.011(A).
613	MEMBER IS QUALIFIED INDIVIDUAL BENEFICIARY. SEE 130 CMR 519.011(B).
614	BILL HOSPICE PROVIDER IF SERVICE IS RELATED TO TERMINAL ILLNESS.
615	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-866-444-5155.
616	NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478.
617	NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-462-5449.
618	BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-615-1883.
619	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-868-5200. FOR VISION SERVICES CALL 1-800-868-5200.
620	MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL.
621	MEMBER ENROLLED WITH <Commonwealth Care MCO> PLAN. COVERAGE TO BEGIN <Mon 06>.
622	NETWORK HEALTH MEMBER. FOR VISION SERVICES CALL 1-888-257-1985.
623	NHP MEMBER. FOR VISION SERVICES CALL 1-800-462-5449.
624	BMC HEALTHNET PLAN MEMBER. FOR VISION SERVICES CALL 1-800-615-1883.
625	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR VISION SERVICES CALL 1-800-868-5200.
628	COMMONWEALTH CARE PLAN TYPE I. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR PRESCRIPTION DRUGS.

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<u>Code</u>	<u>Message</u>
629	COMMONWEALTH CARE PLAN TYPE II. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR SOME SERVICES.
630	COMMONWEALTH CARE PLAN TYPE II. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
631	COMMONWEALTH CARE PLAN TYPE III. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
632	COMMONWEALTH CARE PLAN TYPE IV. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
633	HSN IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. MEMBER HAS SUBMITTED AN MBR AND IS NOT ELIG FOR MASSHEALTH. CALL 1-877-910-2100.
634	MEMBER MUST ENROLL IN COMMCARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 1-877-MA-ENROLL (1-877-623-6765).
635	HSN AVAILABLE.
636	MEMBER IS ALSO ELIGIBLE FOR HSN SECONDARY. SEE 114.6 CMR 13.00 FOR INFO ON HSN REQS.
637	MEMBER IS HSN SECONDARY. BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS.
638	PARTIAL HSN AVAILABLE. MEMBER WITH 200-250 PERCENT FPL. HSN DEDUCTIBLE IS \$41.
639	PARTIAL HSN AVAILABLE. MEMBER WITH 250-300 PERCENT FPL. HSN DEDUCTIBLE IS \$2,083.
640	HSN NOT AVAILABLE.
641	PARTIAL HSN AVAILABLE.
642	PARTIAL HSN DENTAL AVAILABLE. MEMBER WITH 200-250 PERCENT FPL. HSN DEDUCTIBLE IS \$41.
643	PARTIAL HSN DENTAL AVAILABLE. MEMBER WITH 250-300 PERCENT FPL. HSN DEDUCTIBLE IS \$2,083.
644	HSN DENTAL AVAILABLE.
645	PARTIAL HSN DENTAL AVAILABLE.
646	COPAY MAY BE APPLICABLE. FPL IS XXX.X.
647	HSN MEDICAL AND PHARMACY COPAYS MAY BE APPLICABLE. FPL IS XXX.X.
648	HSN PHARMACY COPAYS MAY BE APPLICABLE. FPL IS XXX.X.

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Other Messages

This section lists messages returned from REVS that do not have a code associated with them. While they do not have an associated code, these messages are still important when providing services.

Member is Eligible	Member is eligible based on the services and restrictions indicated for the date of service inquired upon.
Member is Eligible – RID has changed	Member is eligible based on the services and restrictions indicated for the date of service inquired upon. The member ID inquired upon for this member has changed. The new member ID is displayed and should be used for billing purposes.
Member is Not Eligible	Member is not eligible on date of service inquired upon. Member was eligible for benefits at some time in the 13 months prior to the date of inquiry.
Member Not Found	Member is not known to REVS.
Member is Eligible - Use this RID for this Date of Service Only	Member is eligible based on the services and restrictions for the date of service inquired upon. However, the member ID that you need to submit on the claim for payment differs from the member ID that you entered in REVS. Submit the claim with the member ID returned but use the member ID you entered in REVS for future eligibility inquiries.
PCC Member. Call (corporate & site name, if applicable) (phone number) for approval. For exceptions see 130 CMR 450.118(J).	Member is enrolled with a primary care clinician (PCC). The corporate PCC and site PCC (if applicable) names will be displayed. The site PCC phone number will be displayed.
Duplicate RID. Call 1-800-833-7582 for assistance.	The member ID entered has been linked to more than one member on REVS. Call the eligibility operator to determine the appropriate member ID to check eligibility.