



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



**MassHealth
All Provider Bulletin 232
February 2013**

TO: All Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director
RE: Revisions to the Final Deadline Appeal Procedures

Background

MassHealth is revising its claims submission procedures as stated in 130 CMR 450.323. Effective April 1, 2013, final deadline appeal requests must be submitted electronically unless the provider has an approved electronic claim submission waiver. Final deadline appeal requests must be submitted electronically via direct data entry (DDE) using the appropriate HIPAA delay reason code. This bulletin describes the new procedures for the electronic submission of final deadline appeal requests using HIPAA delay reason codes.

Pharmacy providers should continue to follow the final appeals process described in Appendix A of the POPS Billing Guide.

**Important Note to
Dental Providers**

Oral and maxillofacial surgeons must now submit final deadline appeals electronically. Dental providers who are not oral or maxillofacial surgeons should continue to submit their final deadline appeals as described in [Dental Bulletin 41](#) (May 2009).

**Submitting a Final
Deadline Appeal**

A final deadline appeal must meet the criteria at 130 CMR 450.323(A) and include the documentation specified under 130 CMR 450.323(B) to substantiate the contention that the claim was denied or underpaid due to MassHealth error. These documents must be scanned and included with the DDE claim submission.

Please use the attachments tab of the Provider Online Service Center (POSC) to upload all applicable documents related to the final deadline appeal request. For professional claims, providers must select the appropriate delay reason code from the drop-down box on the Extended Services tab of the POSC. For institutional claims, providers must select the appropriate delay reason code from the drop-down box on the Billing and Service tab. *Only Delay Reason Code 9* may be used when submitting a final deadline appeal.

Please note that for members with commercial insurance and/or Medicare coverage, the coordination of benefits information must be completed on the DDE transaction.

Failure to submit the required documentation with your appeal request as stated above may result in the denial of the appeal.

(continued on next page)

***Decisions on Final
Deadline Appeal
Requests***

Final deadline appeal requests will initially appear in a suspended status on your remittance advice with Edit 828 (Claim/appeal is under review) while your request is being reviewed. The decision resulting from the review will be reflected on a subsequent remittance advice. If the final appeal is denied, one of the following edit codes will appear with the claim.

9086 – Denied after review

9087 – Insufficient information

9088 – Duplicate appeal request or

9089 – The request does not meet the criteria at 130 CMR 450.323(A)

Written notification of the approval or denial decision will be sent to the provider and constitutes the final agency action.

Questions

If you have any questions about the information in this bulletin, or need help getting started with electronic claims submission, 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.
