



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



MassHealth
All Provider Bulletin 134
April 2004

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: **Billing Deadline for MassHealth Claims**

Background

The information in this bulletin replaces that found in All Provider Bulletin 109, dated April 2000. The purpose of this bulletin is to:

- **notify hospitals of the new address for the submission of inpatient 90-day waiver requests;**
 - remind providers of the deadlines for the submission of MassHealth claims;
 - review the process for requesting a waiver of the initial billing deadline; and
 - outline the resubmittal procedures.
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Initial Claim Submission

All MassHealth claims must be submitted within 90 days of the date of service or the date on an explanation of benefits (EOB) from a primary payer. A claim that is initially submitted within the 90-day billing deadline and denied for a correctable error may be resubmitted as many times as necessary up to 12 months from the date of service. When other insurance is involved, the time period is extended to 18 months from the date of service.

A claim submitted beyond the 90-day billing deadline will be denied for error code 296 (billing deadline exceeded).

Appropriate 90-Day Waiver Request

MassHealth's billing regulations at 130 CMR 450.000 identify the circumstances under which a provider may request a waiver of the initial billing deadline (90-day waiver). In addition, a provider should request a waiver for a denied claim that was submitted by the 90-day billing deadline but requires a correction to the member's identification number or the pay-to provider number.

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***Submitting a 90-Day
Waiver Request***

All requests for 90-day waivers, including for acute and chronic disease and rehabilitation inpatient hospitals, must be submitted to the address below and include:

- a cover letter outlining the reason for the request;
- documentation supporting the reason for the request;
- a legible and accurately completed claim form;
- any forms or attachments required for the processing of the claim; and
- all remittance advices on which the claim was denied.

MassHealth
ATTN: 90-Day Waiver Unit
P.O. Box 9101
Somerville, MA 02145

***Decisions on 90-Day
Waiver Requests***

If your waiver request is approved, the claim will appear processed on a remittance advice. If your waiver request is denied, the claim will appear processed on a remittance advice with error code 657 (request for 90-day waiver denied).

Questions

For more information on 90-day waivers, please refer to the billing instructions in Subchapter 5 of your provider manual or contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.
