



Submitting a 90-Day Waiver Request

When to Submit a 90-Day Waiver Request

You may request a 90-day waiver when the submission date of the claim is beyond 90 days from the service date or the date on an explanation of benefits (EOB) from another insurer and you meet one or more of the following conditions:

- you are changing the member ID number;
- you are changing the pay-to provider number;
- you are changing the procedure or revenue code on a claim that was originally submitted on paper
- you are changing the claim form/claim type; or
- you are billing the claim for the first time, and meet the criteria outlined in MassHealth regulations at 130 CMR 450.309 through 450.314.

The following circumstances do not require a 90-day waiver:

- claims that will be received within 90 days from the date on a third-party payer's EOB and still within 18 months of the service date; and
- claims that can be resubmitted according to the administrative and billing instructions in Subchapter 5 of your MassHealth provider manual.

How to Submit a 90-Day Waiver Request

- Waiver requests must be submitted via direct data entry (DDE).
- Submit with each claim, a copy of all remittance advices (RAs) where the claim has appeared, if applicable.
- Submit any other supporting documentation to each claim, such as copies of retroactive enrollment notices.
- Submit the 90-Day Waiver Request Form to each claim stating the reason for the waiver request.
- Enter the appropriate delay reason code from the drop down box on the Extended Services tab for professional claims or the drop down box on the Billing and Service tab for institutional claims.

The 90-Day Waiver Request Form can be found on the MassHealth Web site at www.mass.gov/masshealth. Click on the link for MassHealth Provider Forms in the lower right panel of the home page.