

Update

MassHealth

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Are you really ready?

The NewMMIS implementation date is May 26, 2009.

Time is running out to complete your NewMMIS preparation activities. As the new implementation date draws closer, it is critical that you complete the countdown steps below to ensure maximum readiness. Refer to All Provider Bulletin 187 for more information, and be sure to check the NewMMIS Web page at www.mass.gov/masshealth/newmmis for the latest developments and provider communications on this and to see other important NewMMIS-related announcements.

Countdown Steps to NewMMIS...

1. Secure Internet access.

NewMMIS is an Internet-based application that will require providers and other entities to have access to the Internet to conduct business in an efficient manner with MassHealth. Internet access is also necessary to connect to the Provider Online Service Center (POSC) to verify eligibility, submit electronic claims, check claim status, request and inquire about PCC Plan referrals, and review, print, or download remittance advices or PCC Panel reports. (NewMMIS will not generate paper remittance advices or PCC Panel reports.)

2. Visit the NewMMIS Web page frequently to stay informed about timely NewMMIS updates, announcements, and communications.

From implementation information to updates on claims submissions, staying current should be one of your top priorities. See www.mass.gov/masshealth/newmmis.

3. Prioritize your implementation measures: Make participation in e-Learning courses a mandate.

Empower staff to take the initiative in their part of the implementation process. Stress the importance of their role in facilitating changes through better understanding and knowledge via e-Learning courses. Completing the e-Learning courses should be a top priority now. Identify difficult processing transitions before they become problem areas. If you have not completed the e-Learning courses, you will not have advanced knowledge of the use and impact of this functionality on your ability to conduct operations with MassHealth in NewMMIS. This could create significant operational obstacles on Day 1 (e.g., staff might not understand how to submit transactions effectively on the POSC). Revisit and practice—any time, anywhere. Visit the Provider Training sections of the NewMMIS Web page at www.mass.gov/masshealth/newmmis to register. You are running out of valuable time. Be sure to take time to view the new e-Learning course job aids that have been added to the Web site as well.

4. Review your NewMMIS registration letter.

On February 23, 2009, MassHealth sent NewMMIS registration letters to MassHealth providers and relationship entities who



are currently assigned a MassHealth provider number. (This excludes dental providers who are not oral or maxillofacial surgeons.) A second round of letters was mailed on **5/4/09** to those providers who have not yet registered in the POSC. The letters were mailed to the “doing business as” address and confirm the NewMMIS 10-digit provider ID/service location (PID/SL) number that the organization must use to perform transactions on the NewMMIS POSC following NewMMIS implementation. The letter also includes a personal identification number (PIN). Providers will need the PIN and their current seven-digit MassHealth provider number to register with the POSC. This new PID/SL that you acquire will replace your current MMIS provider number following implementation in NewMMIS. Since registration requires the PIN, it is imperative that the individual who will be responsible for managing security access to the POSC for your organization (primary user) be in possession of this letter. If you have not received your PIN letter, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900. Visit the NewMMIS Web page at www.mass.gov/mashealth/newmmis for more information, or to view the newly posted registration instructions and checklist, job aid, and POSC-related e-Learning courses.

5. Register on the POSC. Registration began in late March and will continue until August 2009. If you do not register, you will not be able to access the POSC to perform most functions.

- By now, you should have identified your organization’s primary user and confirmed receipt of the PIN letter. Even if you have a billing intermediary that supports your claims submission, payments, and account reconciliation, you are required to register your primary user. There are functions that you will be responsible for such as member eligibility, provider profile maintenance, and administer accounts. The new Provider Online Service Center Guide for the Primary User can help primary users understand how to manage user security access to the POSC. A provider’s primary user has a “manage subordinate accounts” role that will not be available to subordinate users. This guide instructs the primary user on tasks such as assigning and removing subordinate user roles. The user guide is available on www.mass.gov/mashealth/newmmis.
- Your primary user should also review the Step-by-Step Registration Instructions, the Provider Online Service Center Checklist, and the PIN Registration, as well as the updated Subordinate ID job-aid postings on the NewMMIS Web page at www.mass.gov/mashealth/newmmis.
- Create the appropriate security profiles for office staff and any additional users affiliated with your organization, such as billing intermediaries, who may need access to your provider information on the POSC.
- Create Subordinate IDs. Your primary user should review the “Subordinate ID” job aid and begin assigning subordinate IDs to all additional users in your organization or affiliated with your organization.

6. Prepare for NewMMIS claims submissions.

Avoid interruption in your billing practices by preparing your system to submit correct paper or electronic claims under NewMMIS. You should have already begun preparing to transition to the new CMS-1500 and UB-04 paper claim forms. Online companion and billing guides are a good resource for reviewing details to include when submitting claims. Many of these guides have been updated, with changes noted on the NewMMIS Web page at www.mass.gov/mashealth/newmmis. Companion guides and paper billing guides are useful references for electronic submitters as well, as they are singular resources for detailing additional MassHealth-specific information and instructions, such as revenue code listings for specific provider types, that need to be added to electronic claims. Remember to use your NPI on all claims submissions (unless you are an “atypical provider”)! Do not forget that legacy claim forms will not be accepted in NewMMIS. Be sure to follow the dates below when transitioning your systems to handle claims submissions in NewMMIS.

Be advised that **May 1, 2009**, was the last day MassHealth will accept proprietary claim forms and paper claims adjustments in the current (legacy) system. Effective **May 4, 2009**, all paper claims and paper adjustments

must be submitted on the industry-standard CMS-1500 and UB-04 claim forms. For more information about completing and submitting claims in NewMMIS, refer to the billing guides at www.mass.gov/masshealth/newmmis.

Note: Providers who are billing claims that require a PCC referral number issued before implementation must remember to add two leading zeros to the referral number when submitting claims. The legacy member ID cannot be used when submitting claims via DDE. In addition, PCC referrals will not be converted from the legacy system and must be entered on the claim with two leading zeros.

Effective **May 16, 2009**, MassHealth will no longer accept electronic claims for processing in the current (legacy) system. Instead, all electronic batch claims must be submitted through the POSC or select batch file submission from a MassHealth-approved vendor after May 15. Providers may also submit HIPAA transactions via system to system using the Healthcare Transaction Service (HTS). Providers can use DDE for single-claim submissions beginning **May 29, 2009**. Claims originally submitted to MassHealth in the current system cannot be modified through the DDE function via the POSC. DDE claims submitted via the POSC must use the 12-digit member ID. Refer to the billing and companion guides at www.mass.gov/masshealth/newmmis for more information.

March 31, 2009, was the last day claim attachment forms (CAFs) were generated in the legacy system. Claims submitted after March 31 that require documentation should be submitted on paper with the appropriate attachment. NewMMIS will replace the CAF process with electronic attachment functionality via direct data entry (DDE). Visit www.mass.gov/masshealth/newmmis for more information or contact HIPAA support at hipaasupport@mahealth.net.

May 1, 2009, was the last day MassHealth generated 820 transactions for Senior Care Options (SCO) and the Program for All-Inclusive Care of the Elderly (PACE) in the current system. NewMMIS will start generating 820 transactions for SCO and PACE on **June 8, 2009**.

7. Complete Trading Partner Testing. Submit test files now.

Trading partner testing ended in the legacy system on **March 26, 2009**. March 31, 2009, was the last date that MassHealth accepted the first HIPAA comprehensive test files from a submitter in NewMMIS. **May 18, 2009**, is the last date that NewMMIS will approve any billing entity for HIPAA comprehensive testing. However, trading partners may submit test files for compliance testing through the MassHealth Web site at <https://masshealth2.ehs.state.ma.us/transactions/test/logon.do>. NewMMIS trading partner testing will resume on **June 8, 2009**.

It is extremely important that all systems be modified to conform to the new billing procedures and HIPAA standards required to support NewMMIS claims processing. Billing guides and HIPAA companion guides can be found at www.mass.gov/masshealth/newmmis.

By now you should have coordinated with software vendors, billing intermediaries, or your own internal technical staff, to make the necessary changes to your systems for submitting HIPAA transactions in NewMMIS. All direct submitters to MassHealth have been contacted by MassHealth's Electronic Data Interchange department, but many providers, billing intermediaries, and software vendors have not submitted test files as scheduled. A new Trading Partner Testing Results Web section provides updates on provider testing participation. It can be accessed via the NewMMIS Web page at www.mass.gov/masshealth/newmmis.

Untested claim submissions are likely to fail, resulting in an interruption in your revenue stream or slower claims processing. If you cannot successfully submit batch transactions, you may need to bill on paper, use direct data entry (DDE) options, or even enlist the help of a billing intermediary. Contact HIPAA Support for assistance at hipaasupport@mahealth.net.

8. Complete steps in the NewMMIS Preparation Activities Checklist.

MassHealth has simplified the management of achieving your NewMMIS preparation goals with a countdown checklist to take you through the last two-to-four weeks leading up to implementation. As the date approaches, simply check off each completed task on your path toward readiness.

9. Review the “Are You Ready?” NewMMIS Readiness Requirement Checklist.

Take a look at February’s Feature of the Month for critical activities to complete before NewMMIS implementation, and the consequences that procrastination could pose to your business functions with MassHealth in NewMMIS. In addition, the April Feature of the Month offers a checklist of some systems and processing changes along with their legacy deadlines and corresponding NewMMIS functionality dates. Go to www.mass.gov/masshealth, click on Information for MassHealth Providers, then the applicable Feature of the Month.

10. Check out the new 12-digit member ID cards.

You should have noticed the new look as the new 12-digit member ID cards get into circulation. Remember that you can use the *new* 12-digit ID numbers to check eligibility. Remember, too, that you should use the *old* member ID numbers for billing purposes, requests for a preadmission-screening number, and for the submission of prior authorizations *until* instructed otherwise by MassHealth. To ease transition to NewMMIS, MassHealth will allow providers to use existing referral numbers and 10-digit member IDs used in the legacy system on claims submitted after implementation for a limited period of time. You will be notified in advance of any changes to this approach. Please note that while you may submit the current 10-digit member ID on claims, MassHealth will provide the 12-digit member ID on all outbound responses (i.e., remittance advice, eligibility verification, etc.).

11. Watch for availability of the updated EVSpc software.

On **May 23, 2009**, REVS will close. On **May 25, 2009**, providers may begin using the updated software, Eligibility Verification System (EVSpc). EVSpc will be available for download at www.mass.gov/masshealth/newmmis approximately 30 days before NewMMIS implementation. Once the EVSpc software is available, MassHealth will call MassHealth providers who currently use REVSpc to give instructions on how to download the new software. Be sure to install the new software before implementation to ensure that there are no installation issues for your organization.

The POSC will become your future source to track claims status and perform eligibility queries once NewMMIS is implemented. In NewMMIS, through the POSC, providers will be able to perform most MassHealth activities online 24 hours a day, seven days a week, including eligibility verification. As part of this change, many functions will be streamlined, including REVS and the Eligibility Operator (EO), which closed on March 31, 2009. All Provider Bulletin 184 describes these transitions and includes a chart of EVS features under NewMMIS. To make member eligibility calls after May 23, 2009, providers should call the same AVR number (1-800-554-0042). Providers using the AVR system will continue to be able to verify one claim at a time, as they do today. AVR users with Internet access can use the same POSC user ID and password used to access EVSpc. Non-Internet users need to call Customer Service at 1-800-841-2900 to obtain a user ID and password in order to access AVR.

12. Help MassHealth improve processing efficiencies.

Include appropriate identifying information when submitting correspondence, update requests, or application materials to MassHealth for processing, to facilitate matching requests to provider profiles. Unique identifiers to use include a MassHealth provider number, or combination of NPI and taxonomy code. In addition, new and old tax IDs are required for any changes of ownership. For more information, go to www.mass.gov/

[masshealth](#) and click on Information for MassHealth Providers, then on MassHealth Provider Information Maintenance.

13. Review companion and billing guides as well as draft publication updates for detailed instructions and help on common tasks such as researching billing guidelines, tips for modifying your system to submit HIPAA transactions, or accessing REVS in NewMMIS at www.mass.gov/masshealth/newmmis.

All these resources are available online in the Provider Library and will continue to be available and maintained until implementation. Many of the companion and billing guides have also been updated in recent weeks.

14. Visit the MassHealth Web site for the latest updates to the Provider Claim Submission Software.

MassHealth's free HIPAA-compliant billing software recently completed one of its final upgrades (version 1.98) before NewMMIS implementation. In addition, MassHealth released the last Provider Claim Submission Software (PCSS) download, a new service pack for PCSS version 1.98. Providers using the free MassHealth PCSS software had to have downloaded the service pack by April 15, 2009. The last day to submit claims using PCSS was May 15. After this date, PCSS will be terminated and all electronic batch claims must be submitted through the POSC. To download the service pack or if you do not plan to use DDE and would like to submit batch claims software, please see our vendor list link for MassHealth-approved software vendors at www.mass.gov/masshealth/pcss and click on PCSS Downloads.

E-Learning Courses "Provider Online Service Center—Submitting Institutional Claims" and "Provider Online Service Center—Submitting Professional Claims," offer tutorials for submitting DDE claims and are available online at www.mass.gov/masshealth/newmmis.

15. Check out the new Provider Advisory Group (PAG) comment section posted to the NewMMIS Web page.

MassHealth runs periodic PAG meetings with provider associations to communicate news about NewMMIS and to get feedback from the provider community about NewMMIS preparation activities. These meetings have been beneficial to both providers and MassHealth staff by creating a forum for dialogue about the challenges of NewMMIS preparation and by working out solutions to those challenges.

At a recent PAG meeting, MassHealth received feedback from some providers who expressed reluctance to take advantage of e-Learning as a way of preparing for NewMMIS implementation. Our goal is to alleviate anxiety about e-Learning, remove any roadblocks, and see 100% participation.

To access the comment/response article, go to www.mass.gov/masshealth/newmmis and click on Get Trained, then on Feedback on e-Learning from the February 2009 PAG Meeting.

16. NPI Readiness

Most providers must have their national provider identifier (NPI) on file with MassHealth and use only the NPI in the detail information when submitting claims to NewMMIS. **Claims that require NPI but do not contain it will be denied.** Providers billing Medicare and MassHealth should use the same NPI number. Providers that are not required to obtain an NPI (classified as "atypical providers") are described in All Provider Bulletin 164 (May 2007). Atypical providers must use their provider ID/service location, provided in the PIN letter, when submitting their claims to NewMMIS.

Special Instructions for Providers with a Single NPI that Corresponds to Multiple MassHealth Provider IDs

For providers with a single NPI that corresponds to multiple MassHealth provider IDs, MassHealth uses the following attributes from the submitted claim to determine the correct provider ID for claims processing and payment:

- type of bill (for institutional claims) or place of service (for professional claims);
- taxonomy; and
- “doing business as” (DBA) address and billing address (street, city, state, and zip).

If you are a hospital provider with one NPI billing for both inpatient and outpatient services, make sure to use the correct type of bill code to distinguish the services.

If you are an organization with different physical locations, enter your “doing business as” address in Field 33 of the CMS-1500 claim form, or in the appropriate fields for the 837P and 837I HIPAA transactions, so that we can identify the correct location for claims processing and payment.

Taxonomy is required on claims only when a single NPI corresponds to multiple provider IDs and other variables, such as type of bill and address, are not unique. We estimate that only a small number of providers will need to submit taxonomy on claims. Providers who are not instructed by MassHealth to use taxonomy should not include it on claims.

We strongly encourage any provider with a single NPI corresponding to multiple MassHealth numbers to participate in trading partner testing immediately.

17. Review the NewMMIS important events and activities scheduled for May.

All Provider Bulletin 187, dated April 2009, offers a number of date reminders for preparation tasks you should complete in order to transition staff and systems to NewMMIS functioning. To download this bulletin from the online Provider Library, go to www.mass.gov/masshealthpubs.

Additional Information

Encourage your MassHealth members to use MassHealth’s new 24/7, automated, self-service telephone access number that allows MassHealth, Commonwealth Care, and Health Safety Net applicants, members, and enrollees to hear details about their applications or cases over the phone. The number, 1 888-665-9993, may be accessed anytime from Sunday after 6:00 A.M. through Saturday before 10:00 P.M. to check the following information:

- case status (approved, closed, etc.);
- key eligibility dates (i.e., next review date);
- plan information;
- items still needed to process their case;
- examples of acceptable verifications;
- address to send outstanding verifications and forms;
- description of notices or other items recently sent to them by MassHealth; and
- the ability to request a copy of a misplaced or lost form.

Please note that this new feature is not yet available to those applying for or receiving long-term-care services (for example, applicants seeking coverage for long-term-care facilities or those currently living in such facilities). It is

also not yet available to a small number of MassHealth members living in community settings. In addition, new applications may not appear right away. If you cannot find the status of your application, you may want to wait and try again at a later time.

No-Cost Fluoride Varnish Training Offered.

MassHealth-approved training programs are now available for providers (pediatricians, family medical providers, and other qualified health care professionals) seeking to apply fluoride varnish to children (under the age of 21) of MassHealth members. Providers may take a MassHealth-approved self-administered Web-based training. Go to the MassHealth Fluoride Varnish Training for Health-Care Professionals Web page at www.mass.gov/masshealth/fluoridevarnish for registration information and additional training session updates. CME credit is available for providers who complete training.

New MassHealth Publications

MassHealth has recently posted several new publications to the MassHealth Web site: All Provider Bulletin 186 lists final deadline appeal procedures; All Provider Bulletin 185 informs providers about NewMMIS preparation tasks to include e-Learning, Trading Partner Testing, and NPI readiness; All Provider Bulletin 184 discusses NewMMIS member eligibility and verification system changes to include the discontinuation of the Eligibility Operator; All Provider Bulletin 182 tells providers what they need to do to be ready for NewMMIS implementation; and All Provider Bulletin 183 tells providers that incorrect eligibility information was given to a small number of MassHealth providers through the Automated Voice Response system. MassHealth has since corrected the problem and notified affected members. All Provider Bulletin 184 describes the changes providers can expect to see related to member-eligibility verification activities leading up to and including the implementation of NewMMIS; and Transmittal Letter All-163 informs providers that effective April 1, 2009, MassHealth has revised its regulations to eliminate nonemergency ambulance and wheelchair van services to MassHealth Essential, Basic, and certain Family Assistance members. In addition, Transmittal Letters AUD-16 (for audiologists) and HIS-24 (for hearing instrument specialists) list regulation changes effective March 15, 2009. To download these publications from the online Provider Library, go to www.mass.gov/masshealthpubs.

MassHealth has updated the Home Health Coverage Determination (HHCD) Form

for members with commercial insurance in addition to MassHealth. Providers are required to obtain a Coverage Determination/Explanation of Benefit (EOB) from the commercial insurer whenever the member's medical condition changes, resulting in a change of skilled services in the plan of care or when health insurance coverage status changes. The HHCD Form is accessible and fillable online at www.mass.gov/masshealth. Select the link for MassHealth Provider Forms in the lower-right corner of the home page, then on Home Health Coverage Determination Form. The HHCD Form must be printed and mailed or faxed with the EOB to MassHealth within 10 days of the provider's receipt of the EOB. For more information, refer to Home Health Agency Bulletin 46, dated January 2009.

MassHealth has reprocessed certain home health claims that were submitted with the UD modifier (over 60 consecutive days) and that had been incorrectly denied for error code 155 (procedure code modifier/provider type conflict). If you have questions, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900.

Please note that MassHealth has combined the Massachusetts Insurance Connection (MIC) brochure and application

The MIC is a health insurance program operated by MassHealth that helps people living with AIDS or diseases related to HIV by paying their private health insurance premiums. It is designed to help people who are no longer working or those who are unable to work more than part time. This program helps people who are not eligible for any other MassHealth coverage that provides comprehensive benefits. You may direct interested individuals to a MIC Program Coordinator at 617-210-5320 for eligibility requirements, application forms, and help completing the MIC program application.

Please be advised that MassHealth has revised the formerly titled Well-Child Care card. The new card, entitled, Well-Child Visit card, includes a Well-Child-Care Visit Schedule. This chart lists suggested increments for well-care checkups for newborns to 20-year-olds. If you have questions about your MassHealth, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with total or partial hearing loss).

Please remember to **include appropriate identifying information** when submitting correspondence, update requests, or application materials to MassHealth for processing. A MassHealth provider number or combination of NPI, taxonomy code, or zip code are acceptable unique identifiers. New and old tax IDs are also required for any changes of ownership. Submission of this identifying information enables MassHealth to match requests to provider profiles for more efficient processing. Go to www.mass.gov/masshealth and click on Information for MassHealth Providers, then MassHealth Provider Information Maintenance, for more information.

MassHealth, Commonwealth Care, and Health Safety Net Members Will Soon Be Able to Use the Virtual Gateway to Access Their Case Information

MassHealth, Commonwealth Care, and Health Safety Net members will soon be able to use the Virtual Gateway to view their case status online and to update certain information about themselves and their household on file with MassHealth without having to call a MassHealth office.

In addition, Commonwealth Care members with minimal changes to their cases will be able to use the Gateway to submit their annual eligibility reviews online, rather than using a paper form.

We are sure that you will want to spread the word about this significant new development that will greatly assist your clients and patients who receive health-assistance benefits. Currently, all of these functions are available only to registered organizations.

Using the Gateway's My Account Page (MAP), members will soon be able to view on a single screen their current status if they are receiving health-assistance benefits such as MassHealth, Commonwealth Care, Health Safety Net, Children's Medical Security Plan, or Healthy Start. They will be able to quickly access the following types of information:

- application status (e.g., approved, pending, closed);
- key eligibility dates (e.g., determination date);
- benefit information (e.g., category, status, effective dates);
- outstanding items needed to finalize their application;

- examples of acceptable forms of verifications that will satisfy application requirements; and
- eligibility notices that have been sent to them or their household.

In addition, members will be able to use the Gateway's "Change Form" feature to update, edit, or delete the following information electronically:

- homeless status;
- residential address;
- mailing address;
- phone number;
- pregnancy status;
- race; and
- ethnicity.

Finally, those Commonwealth Care members with minimal changes to their cases will be able to use the Gateway's Streamlined Renewals ("SLR") function to fulfill their annual review requirement online. This new feature will make the annual review process easier and more efficient for them, and help ensure continuity of coverage where applicable.

Allowing health-assistance members increased access and control over their own case information will surely help not only members, but also providers, in ensuring that members receive the most appropriate benefits as efficiently as possible.

Be sure to stay tuned for more details about this exciting development!

Healthcare Common Procedure Coding System (HCPCS) Updates

The Centers for Medicare & Medicaid Services (CMS) announced the following revisions to the Healthcare Common Procedure Coding System (HCPCS). If you have questions about these changes, refer to www.mass.gov/masshealth, click on MassHealth Regulations and Other Publications, and then on Provider Library, or contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900. Updated rates are available at www.mass.gov/dhcfp. You may also purchase a paper copy of the Division of Health Care Finance and Policy (DHCFP) regulations from either the Massachusetts State Bookstore or from DHCFP directly. The Massachusetts State Bookstore may be reached at www.mass.gov/sec/spr or 617-727-2834.

MassHealth Vision Care Providers

Revised service codes for Subchapter 6 of the *Vision Care Manual* are effective for all claims with dates of service on or after January 1, 2009. As of this date, you must use the new codes in order to obtain payment. The DHCFP regulation title for vision care services is 114.3 CMR 15.00: Vision Care Services and Ophthalmic Materials. A vision care provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Vision Care Manual*. More detail may be found in Transmittal Letters PHY-125 and VIS-38, dated January 2009.

MassHealth Hearing Instrument Specialists

Revised service codes and descriptions of the *Hearing Instrument Specialist Manual* are effective for dates of service on or after March 15, 2009. The DHCFP regulation title for audiological services is 114.3 CMR 39.00: Rehabilitation Clinic Services, Audiological Services, and Restorative Services. The DHCFP regulation title for hearing aid dispensing services is 114.3 CMR 23.00: Hearing Aid Dispensers. More detail may be found in Transmittal Letters HIS-24 and AUD-16, dated March 2009.

MassHealth Freestanding Ambulatory Surgery Centers

Revised service codes for Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual* are effective for all claims with dates of service on or after January 1, 2009. The DHCFP regulation title for freestanding ambulatory surgical and related anesthesia services is 114.3 CMR 16.00: Surgery and Related Anesthesia, and includes the following changes. Four codes have been deleted and replaced with existing codes. Replacement codes and their deleted counterparts are indicated on the following chart.

Deleted Code	Replacement Code
52606	52214
52612	52601
52614	52601
52620	52630

In addition, the following codes will no longer be accepted for billing as they are not approved by the manufacturer for freestanding ambulatory surgery centers.

L8614 – Cochlear device, includes all internal and external components

L8619 – Cochlear implant external speech processor, replacement

Claims with dates of service on or after January 1, 2009, submitted with deleted codes will be denied. More detail may be found in Transmittal Letter FAS-20, dated January 2009.

MassHealth Pharmacy Providers

Effective February 1, 2009, MassHealth has increased pharmacy copayments for generic and nonlegend drugs as follows:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics;
- \$2 for each prescription and refill for other generic drugs and over-the-counter drugs covered by MassHealth; and
- \$3 for each prescription and refill for brand-name drugs covered by MassHealth.

For more information, refer to Transmittal Letter ALL-161, dated January 2009.

Appendix Y Revision

MassHealth has revised Appendix Y for all provider manuals to include modified messages that impact individuals eligible for but unenrolled in Commonwealth Care who are also eligible for the Health Safety Net (HSN), and individuals enrolled in Commonwealth Care who are eligible to receive dental services through the HSN. HSN deductible amounts for these individuals have been updated to reflect the 2008 federal-poverty-level (FPL) income amounts. The deductible for individuals between 200% and 250% of the FPL has changed from \$41 to \$42. The

deductible for individuals between 250% and 300% of the FPL has changed from \$2,083 to \$2,122, effective February 1, 2009. For more information, refer to Transmittal Letter ALL-162, dated January 2009. If you have questions about this information, contact the Health Safety Net Help Line at 1-877-910-2100.

MassHealth Podiatrists

MassHealth has updated podiatrist regulations to codify the elimination of the limitation on podiatry services to those necessary for the life and safety of the member, and the corresponding requirement that providers obtain and provide a life-and-safety certification with claims for payment for podiatry services. However, MassHealth covers only podiatry services that are medically necessary and, in addition, all other provisions of 130 CMR 424.000 and 450.000 continue to apply. For members who belong to the PCC Plan, podiatry services will continue to require a referral from the member's PCC before the delivery of services. This letter also transmits a revised Subchapter 6 of the *Podiatrist Manual*. Subchapter 6 lists the codes that are covered by MassHealth. For dates of service on or after January 1, 2008, Service Code J7345 has been discontinued by CMS and replaced with Service Code J7347. More detail may be found in Transmittal Letter POD-60, dated October 2008. For additional information, contact MassHealth Customer Service at 1-800-841-2900. You may also e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

MassHealth Acute Outpatient Hospitals (AOHs)

Revised service codes for Subchapter 6 of the *Acute Outpatient Hospital Manual* are effective for all claims with dates of service on or after January 1, 2009, for the following areas:

- CPT codes that are not billable under the MassHealth acute outpatient hospital program (all other CPT codes in the CPT 2009 code book are billable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 410.000 and 450.000); and
- Level II HCPCS that are billable under the MassHealth acute outpatient hospital program.

The revised Subchapter 6 applies only when billing for services that are paid either according to the Payment Amount Per Episode (PAPE) methodology, or according to the DHCFP Clinical Laboratory Fee Schedule (114.3 CMR 20.00).

In addition, an AOH provider may request PA for any medically necessary service reimbursable under the federal Medicaid Act, in accordance with 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5), for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Acute Outpatient Hospital Manual* or other provider manuals referred to in the January 2009 Transmittal Letter AOH-20.

MassHealth providers must refer to the official list of CPT and HCPCS codes with descriptions, as posted on the Centers for Medicare & Medicaid Services Web site at www.cms.gov/medicare/hcpcs, when billing for services provided to MassHealth members.

MassHealth Acute Inpatient Hospitals, Psychiatric Inpatient Hospitals, Acute Outpatient Hospitals, Psychiatric Outpatient Hospitals, Chronic Disease and Rehabilitation Outpatient Hospitals, Physicians, and Mental Health Centers

Effective December 26, 2008, MassHealth has revised regulations to implement the Child and Adolescent Needs and Strengths (CANS) tool. Providers who furnish behavioral-health services to MassHealth members under the age of 21 are required to ensure that certain clinicians are certified every two years and that those clinicians complete the CANS when the member is discharged from a behavioral-health inpatient setting. Providers are also required to document the data collected during the discharge planning process and report it as specified. For details, refer to the applicable January 2009 Transmittal Letters: AIH-43, AOH-19, COH-6, PHY-124, or MHC-39. CANS forms, and

some frequently asked questions relating to them, can be accessed on the MassHealth CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Click on Information for Providers. The link for the CANS tool is under the first heading. MassHealth is offering online and in-person training to assist applicable clinicians in obtaining their certification. For more information about the CANS training and certification exam, visit <https://masscans.ehs.state.ma.us>.

MassHealth Physicians

Effective January 1, 2009, MassHealth has revised service codes in Subchapter 6 of the *Physician Manual* as noted in the January 2009 Transmittal Letter PHY-125. After this date, you must use the new codes along with the American Medical Association Current Procedural Terminology (CPT) 2009 code book in order to obtain payment. The DHCFP regulation titles are 114.3 CMR 17.00: Medicine; 114.3 CMR 16.00: Surgery and Related Anesthesia Care; 114.3 CMR 18.00: Radiology; and 114.3 CMR 20.00: Laboratory. Revisions apply to the following areas:

- CPT codes that are not ordinarily payable under MassHealth (all other numeric CPT codes in the CPT 2009 code book are payable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 433.000 and 450.000);
- CPT codes that have special limitations or requirements, such as PA, individual consideration, or attachment requirements; and
- Level II HCPCS codes that are payable under MassHealth and have special limitations or requirements, such as PA, individual consideration, or attachment requirements.

A physician may request PA for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Physician Manual*. More detail may be found in Transmittal Letter PHY-125, dated January 2009.

Physicians and Other Qualified Health Care Professionals, Community Health Centers

Effective October, 1, 2008, MassHealth announced revised regulations to allow the aforementioned providers to apply medically necessary fluoride varnish to eligible MassHealth members under 21 according to the following regulations:

- community health center regulations at 130 CMR 405.000; and
- physician regulations at 130 CMR 433.000.

The proposed change is expected to occur during a pediatric preventive care visit in an effort to increase access to preventive dental treatment and to intercept and prevent early childhood caries in children at moderate-to-high risk for dental caries. For more information, refer to the January 2009 Transmittal Letters PHY-123 and CHC-82.

Personal Emergency Response Systems (PERS): New Monthly Rental Rate, Prior Authorization, Documentation, and Installation Requirements

Effective February 1, 2009, MassHealth announced the following Personal Emergency Response Systems (PERS) changes as noted in Durable Medical Equipment Bulletin 15.

- MassHealth implemented a new PERS General Prescription Form.
- Prescription forms are no longer required to be renewed annually.
- DHCFP assigned a new monthly rental rate for PERS.
- MassHealth updated in-home installation requirements of PERS.

- MassHealth removed PA requirements for PERS.

For details, refer to Durable Medical Equipment Bulletin 15 at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then Provider Library, then on Provider Bulletins.

Community Health Centers

Effective January 1, 2009, MassHealth has revised service codes for Subchapter 6 of the *Community Health Center Manual* as noted in the January 2009 Transmittal Letter CHC-83. The DHCFC regulation titles are 114.3 CMR 18.00: Radiology; 114.3 CMR 20.00: Clinical Laboratory Services; 114.3 CMR 4.00: Rates for Community Health Centers; and 114.3 CMR 17.00: Medicine. Revisions apply to the following:

- radiology service codes and descriptions;
- laboratory service codes and descriptions; and
- visit service codes and descriptions—including vaccines and topical fluoride varnish.

Independent Diagnostic Testing Facilities

Effective January 1, 2009, CMS revised service codes for Subchapter 6 of the *Independent Diagnostic Testing Facilities Manual* as noted in the January 2009 Transmittal Letter IDTF-7. An independent diagnostic testing facility (IDTF) may request PA for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S. C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Independent Diagnostic Testing Facilities Manual*. Revisions apply to the following areas:

- “IC” indicates that the claim requires individual consideration. See 130 CMR 431.406 for more information.
- “PA” indicates that the service requires prior authorization. See 130 CMR 450.303 for more information.

The DHCFC regulation titles for IDTF services are 114.3 CMR 18.00: Radiology and 114.3 CMR 17.00 Medicine. More detail may be found in Transmittal Letter IDTF-7, dated January 2009.