



**Commonwealth of Massachusetts**  
**Executive Office of Health**  
**and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**All Provider Bulletin 101**  
**June 1997**

**TO:** All Providers Participating in MassHealth

**FROM:** Bruce M. Bullen, Commissioner

**RE:** Reimbursable Services for MassHealth Limited Members

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**Background**

The purpose of this bulletin is to clarify the circumstances under which a MassHealth Limited member may receive services and the types of services that are covered. Transmittal Letter ALL-71, dated June 1997, transmits revised regulations that provide for this existing coverage under the new name, MassHealth Limited.

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**Reimbursable  
Circumstances**

The Division will pay for services provided to MassHealth Limited members only when those services are necessary to treat acute medical conditions requiring immediate attention. Only the following services are, therefore, covered for MassHealth Limited members:

- Non-elective (urgent, emergent, or newborn) acute hospital inpatient admissions. Such admissions must meet the Medicare/Medicaid Appropriateness Evaluation Protocol (AEP) guidelines.
  - Services provided by an acute outpatient hospital emergency department.
  - Both elective inpatient stays that meet the AEP guidelines and ambulatory visits including associated ancillary services for the treatment of acute medical conditions requiring immediate attention.
  - Transportation by ambulance required in conjunction with any of the above medical services.
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**Reimbursable  
Circumstances  
(cont.)**

- Medically necessary drugs, including non-legend drugs prescribed by a physician, that are required in conjunction with any of the medical services listed on page 1 of this bulletin. Such prescriptions and any refills are limited in total to a 30-day supply.
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**Eligible Providers**

The Division will reimburse only the following MassHealth providers for services furnished to MassHealth Limited members, and only under the circumstances described on page 1 of this bulletin:

- acute hospitals (inpatient and outpatient services);
- community health centers;
- dentists;
- dental clinics;
- dental school clinics;
- hospital-licensed community health centers;
- nurse midwives;
- pharmacies;
- physicians;
- public psychiatric inpatient hospitals; and
- transportation providers.

The Division will not reimburse any other provider for any services furnished to MassHealth Limited members.

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**Billing Instructions**

For most services, providers do not need to adjust their method of billing to specifically identify that a covered service was provided to an eligible MassHealth Limited member. For all services except dental, the Division can determine whether the service is covered by using the information that providers are already required to supply on their claim.

For **dental** services furnished to MassHealth Limited members, providers must enter on the no. 11 (dental) claim form the appropriate ICD-9-CM diagnosis code in Item 17, and the diagnosis name in Item 18, even if the service was provided in an outpatient or office setting.

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**Questions**

Providers may contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231 with any questions regarding this bulletin.

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