



Inpatient and Outpatient Hospitals: Procedures for Rebilling More Than 90 Days from the Service Date on the UB-04 Claim Form

Within 90 days

If the new claim will be received by MassHealth within 90 days of the date of service, or within 90 days of the date of the explanation of benefits (EOB) from the primary insurer, you may correct all errors using the following method:

- Prepare a new claim form with the correct information.
- Attach any documentation that was required with your original submission.
- Submit the claim to

MassHealth
ATTN: Originals
P.O. Box 9118
Hingham, MA 02043

Over 90 days

If the new claim will be received by MassHealth over 90 days from the date of service or the date of the EOB from the primary insurer, but within the one year or 18-month deadline, and the original claim was submitted within 90 days of the date of service, and the member ID number, pay-to-provider number, revenue code, service code, claim type, or date of service is not changing you must

- prepare a corrected claim form, including all applicable claim lines. Include all claim lines from the original submission, including paid lines;
- attach any documentation that was required with your original submission; and
- submit the claim to

MassHealth
ATTN: Resubmittals
P.O. Box 9118
Hingham, MA 02043.

Note: If you are changing the date of service, the revenue code, or the service code, you must

- prepare a new, corrected claim form. Include all claim lines from the original submission, including paid lines;
- enter an “R” on line A in Item 64 on the UB-04 claim form; and
- enter the original internal control number (ICN) from the denied claim following the R in Item 64 on line A. (The ICN appears on the remittance advice on which the original claim was denied.)

- Attach any documentation that was required with your original submission.
- Submit the claim to

MassHealth
ATTN: Resubmittals
P.O. Box 9118
Hingham, MA 02043

If you are making changes to the member ID number, pay-to provider number, or claim type, and you have exceeded 90 days from the date of service or the date of the EOB from the primary insurer, you may request a 90-day waiver. Consult the administrative and billing instructions in Subchapter 5 of your MassHealth provider manual for additional information on claim correction procedures.