



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

All Provider Bulletin 421

DATE: October 1, 2026

TO: All Providers Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: Enrollment Requirement for All Providers on Claims Submitted to MassHealth

Enrollment Requirement

Effective for claims for dates of service on or after January 1, 2027, if state or federal rules require that a provider on a claim submitted to MassHealth must be an enrolled provider, the claim will not be payable if the provider is not enrolled with MassHealth on the date of service (or within 90 days after the first date of service on claims for services that must be ordered, referred, or prescribed). This includes, but is not limited to, ordering, referring, prescribing, attending, supervising, and operating (ORPASO) providers.

ORPASO Provider Enrollment

[Table 1](#) indicates which provider types may be included on claims as ORPASO providers and must be enrolled with MassHealth for the claims to be payable. Except for pharmacists who are eligible to prescribe (who may only enroll as “ORPASO only”), all such provider types may choose to enroll as either Fee-for-Service (FFS) providers or “ORPASO only” or “Managed Care Entity (MCE) only” providers. ORPASO only providers and MCE only providers cannot submit claims to receive payment from MassHealth but may be required to be included on claims submitted to MassHealth under state or federal rules.

Providers, including interns, residents, and other trainees, who are authorized to order, refer, or prescribe are required by Massachusetts state law (M.G.L. c. 112), as a condition of obtaining and maintaining state licensure, to apply to enroll with MassHealth as either an FFS or ORPASO only provider.

To enroll as a MassHealth Fee-for-Service (FFS) provider, apply through [MassHealth Provider Self-Service](#). If you have any questions about the enrollment process, please call MassHealth Customer Service at **(800) 841-2900**, TTY/TDD: 711. To enroll as an ORPASO only provider, go to mass.gov/MassHealth/ORPASO for instructions on how to get and submit an ORPASO application.

Providers who want to enroll as MCE only providers should contact their managed care plan.

Table 1. ORPASO Provider Clarifications

Provider Type	May enroll as FFS?	May be on a claim as an Ordering, Referring, or Prescribing provider and are required under state law to apply to enroll?	May be on a claim as an Attending or Supervising Provider?	May be on a claim as an Operating Provider?
Audiologist	Yes	No	Yes	Yes
Certified Nurse Midwife	Yes	Yes	Yes	Yes
Certified Nurse Practitioner	Yes	Yes	Yes	Yes
Certified Professional Midwife	Yes	Yes **	Yes	Yes
Certified Registered Nurse Anesthetist	Yes	Yes	Yes	No
Chiropractor	Yes	No	Yes	No
Clinical Nurse Specialist	Yes	Yes *	Yes	No
Dentist	Yes	Yes	Yes	Yes
Licensed Independent Clinical Social Worker	Yes	Yes *	Yes	No
Optometrist	Yes	Yes	Yes	Yes
Pharmacist	No	Yes***	No	No
Physician	Yes	Yes	Yes	Yes
Physician Assistant	Yes	Yes	Yes	Yes
Podiatrist	Yes	Yes	Yes	Yes
Psychiatric Clinical Nurse Specialist	Yes	Yes	Yes	No
Psychologist	Yes	Yes *	Yes	No

* Not authorized to prescribe medications

** Certified professional midwives are not subject to the state law requiring providers to apply to enroll with MassHealth.

*** Pharmacists must be eligible to prescribe. Pharmacists who have not entered into a Collaborative Drug Therapy Management agreement are not required under state law to apply to enroll in MassHealth.

Informational POSC and 835 Remittance Advice Denial Messages

MassHealth already requires billing, ordering, rendering, referring, and prescribing providers to enroll. MassHealth has been including informational denial messages related to the enrollment of attending, supervising, and operating providers on Provider Online Service Center (POSC) and 835 remittance advices (RAs) of impacted claims. Billing providers should review their RAs for the denial messages listed in [Table 2](#) to prepare for the additional enrollment requirements. The messages in [Table 2](#) appear on the POSC and Health Insurance Portability and Accountability Act (HIPAA) RAs of impacted claims if the attending, supervising, or operating provider is not enrolled or the National Provider Identifier (NPI) of such provider is invalid.

If you receive an 835 RA, you can log into the POSC to access the applicable detailed edit noted in the far-left column of [Table 2](#).

Table 2. Informational Denial Messages

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
1092 Attending provider NPI not on file	208 - National Provider Identifier - Not matched.	N253 - Missing/ incomplete/ invalid attending provider primary identifier.
1093 Mult Sak Prov Locs for attending provider	208 - National Provider Identifier - Not matched.	N253 - Missing/ incomplete/ invalid attending provider primary identifier.
1094 Attending provider not actively enrolled	283 - Attending provider is not eligible to provide direction of care.	
1044 Supervising provider ID not on file	208 - National Provider Identifier - Not matched.	N297 - Missing/incomplete /invalid supervising provider primary identifier.
1045 Supervising provider is not eligible	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N297 - Missing/incomplete /invalid supervising provider primary identifier.
1048 Detail supervising provider ID not on file	208- National Provider Identifier – Not matched	N297 - Missing/incomplete /invalid supervising provider primary identifier.
1049 Detail supervising provider is not eligible	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N297 - Missing/incomplete/ invalid supervising provider primary identifier.

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
1021 Operating provider ID not on file	208 - National Provider Identifier - Not matched.	N262- Missing/incomplete/invalid operating provider primary identifier.
1029 Operating provider is not eligible	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N262 - Missing/incomplete/invalid operating provider primary identifier.
1031 Detail operating provider is not eligible	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N262 - Missing/incomplete/invalid operating provider primary identifier.
1053 Details operating provider ID not on file	208 - National Provider Identifier - Not matched.	N262- Missing/incomplete/invalid operating provider primary identifier.

Processes Related to Unenrolled ORPASO Providers

[All Provider Bulletin 376](#) explains the processes that billing providers can take in response to unenrolled ordering, referring and prescribing providers. Such processes can also be applied to unenrolled attending, supervising, and operating providers.

MassHealth Website

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Questions?

If you have questions about the information in this bulletin, please contact:

Long-Term Services and Supports

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Portal: MassHealthLTSS.com

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All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

Email: provider@masshealthquestions.com

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