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

All Provider Bulletin 423

DATE: November 2026

TO: All Providers Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

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

Enrollment Requirement

As explained in All Provider Bulletin 421, 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 or within 60 days for claims for medications submitted to the Pharmacy Online Processing System (POPS)). This includes, but is not limited to, ordering, referring, prescribing, attending, supervising, and operating (ORPASO) providers. This All Provider Bulletin provides additional information to help billing providers prepare for the enrollment requirement described in All Provider Bulletin 421.

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 1 to prepare for the additional enrollment requirements.

This All Provider Bulletin includes the informational denial messages listed in All Provider Bulletin 421, with minor wording updates and Claim Adjust Reason Code (CARC) and Remark Adjust Reason Code (RARC) updates; clarifies the prescriber enrollment grace period for claims for medications submitted to POPS; and includes additional informational denial messages related to ORPASO providers. The messages in Table 1 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 1.

Table 1. 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	16 – Claim/service lacks information or has submission/billing error(s)	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	
1095 Provider not authorized to be an attending provider - HDR	16 – Claim/service lacks information or has submission/billing error(s)	N253 - Missing/ incomplete/ invalid attending provider primary identifier
1096 Provider not authorized to be an attending provider -DTL	16 – Claim/service lacks information or has submission/billing error(s)	N253 - Missing/ incomplete/ invalid attending provider primary identifier
1044 Supervising provider ID not on file	16 - Claim/service lacks information or has submission/billing error(s)	N297 - Missing/incomplete /invalid supervising provider primary identifier
1045 Supervising provider is not actively enrolled	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service	
1048 Detail supervising provider ID not on file	16 - Claim/service lacks information or has submission/billing error(s)	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)
1049 Detail supervising provider is not actively enrolled	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service	
1056 Provider not authorized to be a supervising provider - HDR	16 - Claim/service lacks information or has submission/billing error(s)	N297 – Missing/incomplete/invalid supervising provider primary identifier
1057 Provider not authorized to be a supervising provider - DTL	16 - Claim/service lacks information or has submission/billing error(s)	N297 – Missing/incomplete/invalid supervising provider primary identifier
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 actively enrolled	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service	
1031 Detail operating provider is not actively enrolled	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service	
1034 Provider not authorized to be an operating provider - HDR	16 - Claim/service lacks information or has submission/billing error(s)	N273 – Missing/incomplete/invalid other payer operating provider identified
1035 Provider not authorized to be an operating provider - DTL	16 - Claim/service lacks information or has submission/billing error(s)	N273 – Missing/incomplete/invalid other payer operating provider identified
1053 Detail operating provider ID not on file	208 - National Provider Identifier - Not matched	N262- Missing/incomplete/

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
		invalid operating provider primary identifier
384 Other operating provider ID invalid	16 - Claim/service lacks information or has submission/billing error(s)	N263 – Missing/incomplete/invalid operating provider secondary identifier
479 Detail other operating provider ID invalid	16 - Claim/service lacks information or has submission/billing error(s)	N271 Missing/incomplete/invalid other provider secondary identifier
1075 Other operating provider ID not on file	16 - Claim/service lacks information or has submission/billing error(s)	N271 Missing/incomplete/invalid other provider secondary identifier
1076 NPI required for other operating provider	16 - Claim/service lacks information or has submission/billing error(s)	N263 – Missing/incomplete/invalid operating provider secondary identifier
1077 Other operating provider is not actively enrolled	16 - Claim/service lacks information or has submission/billing error(s)	N263 – Missing/incomplete/invalid operating provider secondary identifier
1078 Provider not authorized to be other operating provider - HDR	16 - Claim/service lacks information or has submission/billing error(s)	N274 – Missing/incomplete/invalid other payer other provider identified
1079 Provider not authorized to be other operating provider - DTL	16 - Claim/service lacks information or has submission/billing error(s)	N274 – Missing/incomplete/invalid other payer other provider identified
1086 Detail other operating provider ID not on file	16 - Claim/service lacks information or has submission/billing error(s)	N271 Missing/incomplete/invalid other provider secondary identifier

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
1087 NPI required for detail other operating provider	16 - Claim/service lacks information or has submission/billing error(s)	N263 – Missing/incomplete/invalid operating provider secondary identifier
1088 Detail other operating provider is not actively enrolled	16 - Claim/service lacks information or has submission/billing error(s)	N263 – Missing/incomplete/invalid operating provider secondary identifier

ORPASO Application

APB 421 noted that the ORPASO application was available to be downloaded from the MassHealth ORPASO website. It is now available instead 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. Dental Providers can obtain the ORPASO application at MassHealth-dental.org/en/providers.

MassHealth Website

This bulletin is available on the MassHealth Provider Bulletins web page.

Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters.

Questions?

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

Long-Term Services and Supports

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PO Box 2906

Milwaukee, WI 53201-2906

All Other Provider Types

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

Email:provider@masshealthquestions.com