



Provider Change of Address Grid

Change of Address - Provider Requirements by Provider Type

Provider Type (PT)	Doing Business Address (DBA) (no tax-ID change)		Legal Entity Address; Check Mailing Address (no tax-ID change)		Billing Address (no tax-ID change)	
	New PID/SL	Required Action(s)	New PID/SL	Required Action(s)	New PID/SL	Required Action(s)
Individual Provider Types	No	Update request on POSC or Provider Change of Address Form (CAD)	No	Individual providers (non-billing and not sole proprietor):	No	No
PT-01 PHYSICIAN PT-02 OPTOMETRIST PT-03 OPTICIAN PT-04 OCULARIST PT-05 PSYCHOLOGIST PT-06 PODIATRIST PT-08 NURSE MIDWIFE PT-16 CHIROPRACTOR PT-17 NURSE PRACTITIONER PT-39 PHYSICIAN ASSISTANT PT-44 HEARING INSTRUMENT SPECIALIST PT-50 AUDIOLOGIST PT-51 CERTIFIED REGISTERED NURSE ANESTHETISTS PT-57 CLINICAL NURSE SPECIALIST (CNS) PT-78 PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS) PT-86 QMB ONLY PROVIDERS (individuals) PT-90 PHARMACIST PT-92 CLINICAL SOCIAL WORKER				Update request on POSC or Provider Change of Address Form (CAD)		
Entity Provider Types	Yes	<input type="checkbox"/> New Application <input type="checkbox"/> Updated license or certification (if required) <input type="checkbox"/> Submit an enrollment application via the POSC or contact MassHealth customer service for a paper application.	No	Non-billing providers:	No	No
PT-36 DPH TRANSPORTATION (& DPH WAIVER) PT-49 TRANSPORTATION PT-89 SCHOOL-BASED MEDICAID PT-95 COMPLEX CARE MANAGEMENT PT-97 GROUP PRACTICE ORGANIZATION (<i>group of therapists and dentists are excluded</i>) PT-99 RELATIONSHIP ENTITY PT-A5 CP CSA PT-A6 CP LTSS PT-A7 CP BH PT-A8 ELTSS CP PT-20 COMMUNITY HEALTH CENTER (CHC) PT-21 FAMILY PLANNING AGENCY PT-22 ABORTION/STERILIZATION CLINIC PT-25 RENAL DIALYSIS CLINIC PT-26 MENTAL HEALTH CENTER PT-28 SUBSTANCE USE DISORDER TREATMENT PT-29 EARLY INTERVENTION PT-31 VOLUME PURCHASER PT-33 CASE MANAGEMENT PT-35 STATE AGENCY SERVICES PT-40 PHARMACY PT-45 INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) PT-46 CERTIFIED INDEPENDENT LABORATORY PT-53 ICF-MR STATE SCHOOL PT-55 REST HOME PT-65 PSYCHIATRIC DAY TREATMENT PT-70 ACUTE INPATIENT HOSPITAL PT-73 PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES) PT-74 SUBSTANCE ADDICTION DISORDER INPATIENT HOSPITAL PT-75 SUBSTANCE ADDICTION DISORDER OUTPATIENT HOSPITAL PT-76 INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP) PT-80 ACUTE OUTPATIENT HOSPITAL PT-81 HOSPITAL LICENSED HEALTH CENTER (HLHC) PT-83 PSYCHIATRIC OUTPATIENT HOSPITAL PT-84 AMBULATORY SURGERY CENTER PT-85 FREESTANDING BIRTH CENTER PT-86 QMB ONLY PROVIDERS (entities, organizations) PT-87 RADIATION ONCOLOGY TREATMENT CENTERS PT-91 INDIAN HEALTH SERVICES PT-97 GROUP PRACTICE ORGANIZATION (group of therapists and dentists) PT-96 LIMITED SERVICES CLINICS PT-98 SPECIAL PROGRAMS: Flu Vaccine PT-98 SPECIAL PROGRAMS: Certified Mastectomy Fitters (CMF) PT-98 SPECIAL PROGRAMS: WIGS PT-B7 TELEHEALTH NETWORK PROVIDER PT-B9 MASS IMMUNIZER STATE AGENCY PT-C1 MASS IMMUNIZER				<input type="checkbox"/> Update request on POSC or Provider Change of Address Form (CAD)		
PT-68 HOME CARE CORPORATION	No					Update must be submitted by ASAP
PT-98 SPECIAL PROGRAMS: ABI/MFP Waivers	No					Update must be submitted by Umass
PT-98 SPECIAL PROGRAMS: HOME AND COMMUNITY BASED WAIVERS SERVICES (HCBS)	No					Update must be submitted by Umass

* Massachusetts Substitute W-9 form is not needed for no pay providers

Note: If your provider type requires that you be enrolled with Medicare, you must update your address with Medicare.

[LTSS providers - please go to the MassHealth LTSS Provider Portal](#)

[Dental providers - please go to the MassHealth Provider Web Portal](#)

[Provider Online Service Center \(POSC\)](#)