

MassHealth		Change of Address - Provider Requirements by Provider Type													
Provider Type	Ordering, Referring, and Prescribing (ORP) Providers		FEE-FOR-SERVICE PROVIDERS												
	Doing-Business-As (DBA) Address - Billing Address - Legal Entity Address (no tax-ID change)		DBA (no tax-ID change)		Legal Entity Address; Check Mailing Address (no tax-ID change)		Billing Address (no tax-ID change)								
	New Provider ID/Service Location (PID/SL)	Required Action(s)	New PID/SL	Required Action(s)	New PID/SL	Required Action(s)	New PID/SL	Required Action(s)							
Individual Provider Types 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 ANESTHETIST PT-57 CLINICAL NURSE SPECIALIST (CNS) PT-78 PSYCHIATRIC CLINICAL NURSE SPECIALIST (PCN) PT-86 QMB-ONLY PROVIDER (individual) PT-90 PHARMACIST PT-92 CLINICAL SOCIAL WORKER PT-A9 ACUPUNCTURIST PT-C5 DOULA			No	Update request on Provider Online Service Center (POSC) or Provider CAD											
No	Submit a Provider Change of Address Form (CAD)														
N/A															
No	Submit a Provider CAD														
N/A															
No	Submit a Provider CAD														
N/A															
No	Submit a Provider CAD														
N/A															
No	Submit a Provider CAD														
N/A															
Entity Provider Types PT-36 DEPARTMENT OF PUBLIC HEALTH (DPH) TRANSPORTATION (AND DPH WAIVER) PT-49 TRANSPORTATION PT-89 SCHOOL-BASED MEDICAID PT-95 COMPLEX CARE MANAGEMENT PT-97 GROUP PRACTICE ORGANIZATION (group of therapists and dentists are excluded) PT-99 RELATIONSHIP ENTITY PT-A5 COMMUNITY PARTNERS COMMUNITY SERVICE AGENCY PT-A6 COMMUNITY PARTNERS LONG TERM SERVICES AND SUPPORTS PT-A7 COMMUNITY PARTNERS BEHAVIORAL HEALTH PT-A8 ELTSS CP															
PT-20 COMMUNITY HEALTH CENTER 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 PT-46 CERTIFIED INDEPENDENT LABORATORY PT-53 INTERMEDIATE CARE FACILITY, MENTALLY RETARDED (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 PT-80 ACUTE OUTPATIENT HOSPITAL PT-81 HOSPITAL LICENSED HEALTH CENTER PT-83 PSYCHIATRIC OUTPATIENT HOSPITAL PT-84 AMBULATORY SURGERY CENTER PT-85 FREESTANDING BIRTH CENTER PT-86 QMB-ONLY PROVIDER (entity, organization) PT-87 RADIATION ONCOLOGY TREATMENT CENTER PT-91 INDIAN HEALTH SERVICES PT-97 GROUP PRACTICE ORGANIZATION (group of therapists and dentists) PT-96 LIMITED SERVICES CLINIC PT-98 SPECIAL PROGRAMS: FLU VACCINE PT-98 SPECIAL PROGRAMS: CERTIFIED MASTECTOMY FILTERS PT-98 SPECIAL PROGRAMS: WIGS PT-B7 TELEHEALTH NETWORK PROVIDER PT-B8 URGENT CARE CLINIC PT-B9 MASS IMMUNIZER STATE AGENCY PT-C1 MASS IMMUNIZER PT-C3 COMMUNITY SUPPORT PROGRAM (CSP) PT-C4 COMMUNITY BEHAVIORAL HEALTH CENTER															
PT-68 HOME CARE CORPORATION															
No								Update must be submitted as soon as possible							
* Massachusetts Substitute W-9 form is not needed for no-pay providers ** Primary Care Clinician Plan providers must attest that they have notified members of their change of address as noted in their contract. *** 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) Request an application at Mass.gov Provider Change of Address Form MA Substitute W-9															