



## Job Aid: Copying a Claim

This job aid describes how to:

- Copy a previously submitted paid or denied claim.

This allows you to submit a claim for a different member for the same service.

### To Copy a Claim

From the **Claim Confirmation** panel:

1. Click **Copy**.

#### Confirmation

You have submitted a Professional Claim for Hijklm Abcdefg. The status of the claim listed below should be retained for your records.

Claim Status **Paid** ←

Claim ICN 2224012700031

Adjudication Date 01/12/2024

Paid Amount \$35.70

#### Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	9952	PM: PASS
1	2613	MANAGED CARE SERVICE
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900.

**Close** **Void** **Resubmit** **Replace** **Copy** ↓

## Continue with the Billing Information Panel

From the **Billing Information** panel:

2. Enter the claim information for the replaced claim as you would for any new claim.

Enter Single Claim ?

**Billing and Service** | **Extended Services** | **Coordination of Benefits** | **Procedure** | **Attachments** | **Confirmation**

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### Billing Information

Previous ICN

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Billing Provider ID \*


Billing Provider Taxonomy


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Member ID \*

Patient Account # \*

Last Name \*  First Name \*  MI

DOB \*   Gender \*

Member Date of Death  

Member Address 1 \*

Member Address 2

Member City \*  Member State \*

Member Zip \*  Medical Record #

**To copy a previously submitted claim:**

From the **POSC** home page:

3. Click **Manage Claims and Payments**.
4. Click **Inquire Claim Status**.
5. In the **Claims Search** panel, enter the **ICN** of the previous claim you want to copy.

**Provider Services**

- > Home
- > Provider Search
- > Manage Batch Files
- > Manage Service Authorizations
- > Manage Correspondence and Reporting
- > Manage Members
- > Manage Claims and Payments
  - > Enter Single Claim
  - > **Inquire Claim Status**
  - > Hearing Aid Member Search
  - > View PACE Payments
  - > View SCO Payments
- > Manage Provider Information
- > Administer Account
- > Reference Publications
- > News & Updates
- > Related Links

**Inquire Claim Status**

**Claims Search**

Please select Provider ID

Provider ID

To identify the member, please enter the following information:

Member ID

Please enter a Date of Service Range within a six-month span:

From Date of Service  To Date of Service

OR

You may request the status of a specific Internal Control Number (ICN) by entering all 13 characters as on your RA:

ICN

You may further tailor your request by entering the following:

Original Billed Amount

**Claims Search Results**

Click on the Internal Control Number (ICN) link to view the Claim Details.

ICN	Member Name	Status	Payments	Charges	FDOS
<a href="#">[Redacted]</a>	[Redacted]	Denied	\$0.00	\$90.00	07/06/2023

6. Click on the **ICN** in the **Claims Search Results** panel. The **Claim Detail** panel will display.
7. Click **Copy**.

**Provider Services**

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- > Related Links

**Inquire Claim Status**

**Claim Detail**

Provider  Provider ID

Member ID

Patient Account #

Member Name

ICN

Charged Amount \$90.00 Payment Amount \$0.00

Status Date 07/14/2023

Adjudication Date 07/08/2023 Service Date(s) 07/06/2023 - 07/06/2023

Check Issue Date

Claim Status F2-FIN

HC Claim Status

**List Of Services**

Detail	Service Code	Units	Charges	Paid Amount	Status
<a href="#">01</a>	99441	1.00	\$90.00	\$0.00	Denied

## Continue with the Billing Information Panel

From the **Billing Information** panel:

8. Enter all the claim information on each appropriate tab/panel and submit to MassHealth.

Enter Single Claim ?

**Billing and Service** | **Extended Services** | **Coordination of Benefits** | **Procedure** | **Attachments** | **Confirmation**

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### Billing Information

Previous ICN

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Billing Provider ID \*


Billing Provider Taxonomy


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Member ID \*

Patient Account # \*

Last Name \*  First Name \*  MI

DOB \*   Gender \*

Member Date of Death  

Member Address 1 \*

Member Address 2

Member City \*  Member State \*

Member Zip \*  Medical Record #