



## Job Aid: Copying a Claim

This job aid describes how to copy a previously submitted paid or denied claim.

This allows you to:

- Correct or resubmit a denied claim.
- Submit a new claim for the same member.
- 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 [REDACTED]

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:

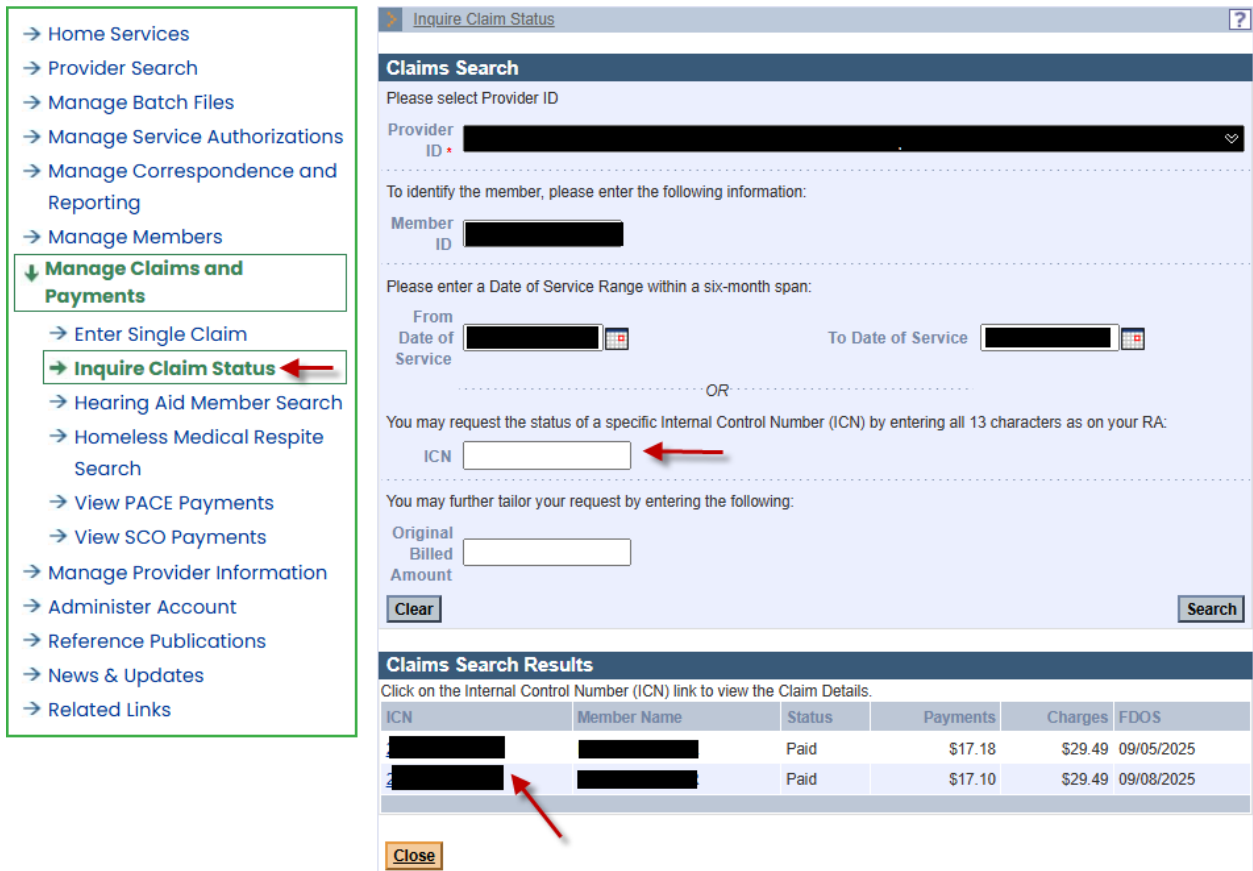
2. Enter the claim information for the replaced claim as you would for any new claim.

## To copy a previously submitted claim:

From the **POSC** home page:

1. Click **Manage Claims and Payments**.
2. Click **Inquire Claim Status**.
3. Enter the ICN of the previous claim you want to copy.
4. Click on the ICN
5. Click Copy

### **MassHealth Provider Online Service Center (POSC)**



**Manage Claims and Payments**

- Home Services
- 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
  - Homeless Medical Respite 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]	Paid	\$17.18	\$29.49	09/05/2025
<a href="#">[REDACTED]</a>	[REDACTED]	Paid	\$17.10	\$29.49	09/08/2025

# ☰ MassHealth Provider Online Service Center (POSC)

- Home Services
- Provider Search
- Manage Batch Files
- Manage Service Authorizations
- Manage Correspondence and Reporting
- Manage Members
- ↓ **Manage Claims and Payments**
- **Inquire Claim Status**
- Hearing Aid Member Search
- Homeless Medical Respite Search
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?Inquire Claim Status

**Claim Detail**

Provider	Provider ID
Member ID	
Patient Account #	
Member Name	
ICN	
Charged Amount \$29.49	Payment Amount \$17.18
Status Date	10/16/2025
Adjudication Date	10/10/2025
Check Issue Date	10/21/2025
Service Date(s)	09/05/2025 - 09/05/2025
Claim Status	F1-FINALIZED/PAYMNT-THE CLAIM/LINE HAS BEEN PAID
HC Claim Status	

**List Of Services**

	Detail	Service Code	Units	Charges	Paid Amount	Status
<a href="#">01</a>		T1019	1.00	\$5.56	\$3.40	Paid
<a href="#">02</a>		T1019	1.00	\$5.73	\$3.40	Paid
<a href="#">03</a>		T1019	1.00	\$5.90	\$3.40	Paid
<a href="#">04</a>		T1019	1.00	\$6.07	\$3.49	Paid
<a href="#">05</a>		T1019	1.00	\$6.23	\$3.49	Paid

Close Return to Search Results Void Copy Replace Resubmit

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## Continue with the Billing Information Panel

From the **Billing Information** panel:

1. Enter all of the clam information on each appropriate tab/panel and submit to MassHealth.