



Job Aid: Institutional Claims Submission

This job aid reviews the process of submitting an electronic institutional claim in the Provider Online Service Center (POSC). For specific billing information, refer to the [National Uniform Billing Committee \(NUBC\)](#) or the relevant Billing Guides available at www.mass.gov/how-to/masshealth-billing-guides-for-paper-claim-submitters. Click on the appropriate document to access a specific guide.

This job aid describes how to:

- Enter and submit a single institutional claim for a member who has MassHealth coverage.

Note: Fields with an asterisk are required fields and must be completed to proceed to the next panel.

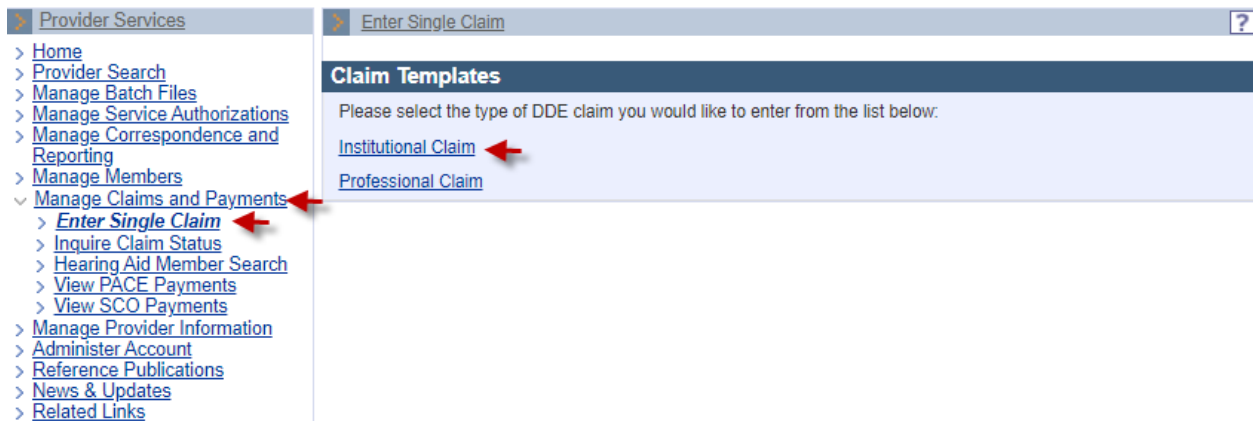
Access Enter Single Claim

From the **POSC** home page:

1. Click **Manage Claims and Payments**.
2. Click **Enter Single Claim**. The **Claims Templates** panel displays.

On the **Claim Templates** panel:

3. Click **Institutional Claim**. The **Billing Information** panel displays.



Billing and Service Tab: Enter Billing and Member Information

On the **Billing Information** panel:

4. Select the **Type of Bill*** from the dropdown list.
5. Select the **Billing Provider ID*** from the dropdown list.

Enter Single Claim

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

Billing Information

Previous ICN

Type of Bill •

Billing Provider ID •

Billing Provider Taxonomy

6. Enter the **Member ID*** for the claim.
7. Enter the **Patient Account #***.
8. Enter the member's name in the **Last Name*** and **First Name*** fields.
9. Enter the member's date of birth in the **DOB*** field.
10. Select the member's **Gender*** from the dropdown list.
11. Enter the member's street address in the **Member Address 1*** field.

Note: Additional address information (for example, apartment numbers) can be entered in the **Member Address 2** field.

12. Enter the member's **City***, **State***, and **Zip*** code in their respective fields.

Member ID •

Patient Account # •

Last Name •

First Name • MI

DOB •

Gender •

Member Address 1 •

Member Address 2 •

Member City •

Member State •

Member Zip •

Medical Record #

Billing and Service: Enter Provider and Benefit Information

On the **Billing Information** panel:

13. In the **Attending Phys Last Name** and **Attending Phys First Name** fields, enter the name of the attending physician associated with the claim. The attending physician must be actively participating or enrolled in MassHealth as at least a nonbilling provider.
14. Enter the **Attending Phys NPI**.
15. If a surgical code is being submitted, you must enter the name of the operating physician associated with the claim in the **Operating Phys Last Name** and **Operating Phys First Name** fields. The operating physician must be actively participating or enrolled in MassHealth as at least a nonbilling provider.
16. If an operating physician was named, you must enter the **Operating Phys NPI**.
17. If there is more than one operating physician, enter the name of the other operating physician in the **Other Operating Phys Last Name** and **Other Operating Phys First Name** fields. The other operating physician must also be actively participating or enrolled in MassHealth as at least a nonbilling provider.
18. If another operating physician was named, you must enter the **Other Operating Phys NPI**.
19. If the service was referred, you must enter the **Referring Provider Name**. Click on the magnifying glass to select a referring provider. Enter the referring provider name. Click on the provider name. The referring provider must be actively participating or enrolled in MassHealth as at least a nonbilling provider.

The screenshot shows a form with the following fields:

- Attending Phys Last Name
- Attending Phys First Name
- Attending Phys NPI
- Operating Phys Last Name
- Operating Phys First Name
- Operating Phys NPI
- Other Operating Phys Last Name
- Other Operating Phys First Name
- Other Operating Phys NPI
- Referring Provider Name (with a magnifying glass icon)

20. Enter a **Referral #** if applicable.

Note: If no referral is entered and there is a referral on file, MassHealth will use it to process the claim once the claim is submitted.

21. Enter a **Prior Authorization (PA)/Pre-Admission Screening (PAS) #** if applicable.

Note: If no PA or PAS is entered and there is one on file, MassHealth will use it to process the claim with the approved PA or PAS once the claim is submitted.

22. In the **Assignment of Benefits*** dropdown, select whether the member authorizes benefits to be paid to the provider.

Note: When submitting a MassHealth claim, this field should always be **Yes**.

23. Select the appropriate value in the **Provider Accepts Assignment*** dropdown list.
24. Select the **Claim Filing Indicator*** from the dropdown list.
25. Select the **Release of Information*** from the dropdown list.

The screenshot shows a light blue form with the following fields:

- Referral #**: A text input field.
- Prior Authorization / Pre-Admission Screening #**: A text input field.
- Assignment of Benefits Ind ***: A dropdown menu.
- Provider Accepts Assignment ***: A dropdown menu.
- Claim Filing Indicator ***: A dropdown menu.
- Release of Information ***: A dropdown menu.

Billing and Service: Enter Service Information

On the **Service Information** panel:

26. In the **From Date*** and **Through Date*** fields, enter the date range for the claim.
27. Select the **Patient Status*** from the dropdown list.
28. Select the **Admit or Visit Source** from the dropdown list.
29. Select the **Admission or Visit Type*** from the dropdown list.
30. Enter the **Admission Date**.
31. Select the **Admission Hour** from the dropdown list.

Note: The **Admission Hour** field uses the 24-hour clock (military time).
32. Select the **Discharge Hour** from the dropdown list.

Note: The **Discharge Hour** field uses the 24-hour clock (military time).
33. If applicable, select the appropriate code from the **Delay Reason Code** dropdown list.

Delay Reason Codes:

- When submitting a 90-Day Waiver Request, enter one of the following Delay Reason Codes:
 - 1-Proof of Eligibility Unknown or Unavailable
 - 4-Delay in Certifying Provider
 - 8-Delay in Eligibility Determination
- When submitting a Final Deadline Appeal Request, enter the following Delay Reason Code:
 - 9-Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation
- When submitting a National Correct Coding Initiative/Medically Unlikely Edit (NCCI/MUE) Review Request or a Special Handle Claim Review Request, you must include a detailed letter of why the claim needs to be reviewed. Enter the following Delay Reason Code:
 - 11-Other

Note: Supporting documentation must be uploaded with the claim when using a Delay Reason Code. The claim will not suspend for review if the supporting documentation is not uploaded.

Service Information

From Date *  Through Date * 

Patient Status *

Admit or Visit Source

Admission or Visit Type *

Admission Date 

Admission Hour

Discharge Hour

Delay Reason Code

Billing and Service: Enter the Claim Charges

On the **Claims Charges** panel:

34. Enter the **Total Charges*** for the claim.

Claims Charges

Total Charges *

Patient Responsibility

[Cancel Service](#)

Extended Service: Service Facility Provider

35. Scroll up to click on the **Extended Services** tab. On the **Service Facility Provider** panel, enter the **Service Facility Provider Name** if the location of services is different than that of the billing provider.

36. Enter the **Service Facility Provider NPI**.

Billings and Service Procedure | **Extended Services** | Coordination of Benefits

Attachments | Confirmation

Service Facility Provider

Service Facility Provider Name

Service Facility Provider NPI

Service Facility Address 1

Service Facility Address 2

Service Facility City

Service Facility State

Service Facility Zip

On the **List of Conditions** panel:

37. To add a Condition code, click **New Item**.

38. The **Condition Code Detail** panel displays. Select a **Condition Code/Description*** from the dropdown list, then click **Add**.

The screenshot shows two panels. The top panel, titled "List of Conditions", has a dark blue header and a light blue background. It contains the text "There is a maximum of 24 conditions." and a table with two columns: "Condition" and "Description". A "New Item" button is located in the bottom right corner of this panel. Below it is the "Condition Code Detail" panel, also with a dark blue header and light blue background. It features a dropdown menu labeled "Condition Code/Description *". At the bottom of this panel are two buttons: "Cancel Item" on the left and "Add" on the right.

On the **List of Occurrences** panel:

39. Click **New Item**. The **Occurrence Code Detail** panel displays.

On the **Occurrence Code Detail** panel:

40. Select the **Occurrence Code*** from the dropdown list.

41. Select the **Type*** of occurrence from the dropdown list.

42. In the **Date** fields, enter the date range for the claim.

43. Select the **Type*** of occurrence from the dropdown list.

44. Click **Add** to save the Occurrence information.

The screenshot shows two panels. The top panel, titled "List of Occurrences", has a dark blue header and a light blue background. It contains the text "There is a maximum of 24 occurrences." and a table with two columns: "Occurrence Code" and "Date / Date Range". A "New Item" button is located in the bottom right corner of this panel. Below it is the "Occurrence Code Detail" panel, also with a dark blue header and light blue background. It features two dropdown menus: "Occurrence Code *" and "Type *". Below these are two date input fields labeled "From *" and "To *", each with a calendar icon. At the bottom of this panel are two buttons: "Cancel Item" on the left and "Add" on the right.

Extended Service: Enter Value Code Information

On the **List of Values** panel:

45. Click **New Item**. The **Value Code Detail** panel displays.

On the **Value Code Detail** panel:

46. Select the **Value Code*** from the dropdown list.

47. In the **Value*** field, enter the amount of the claim that MassHealth is paying.

48. Click **Add** to save the Value Code information.

The screenshot shows two panels. The top panel, titled "List of Values", has a header bar and a message: "There is a maximum of 24 value codes." Below this is a table with a header row containing "Code" and "Value". A "New Item" button is located in the top right corner of the table area. The bottom panel, titled "Value Code Details", contains a "Value Code *" dropdown menu, a "Value *" text input field, a "Cancel Item" button in the bottom left, and an "Add" button in the bottom right.

Extended Service: Enter ICD Version

On the **ICD Version** panel, the radio button will default to ICD-10.

On the **Principal and Admitting Diagnosis Codes** panel:

49. Enter the **Principal Diagnosis Code***.

50. Enter **Principal Present on Admission** from the dropdown menu.

51. Enter the **Admitting Diagnosis Code**.

Note: You must add the **Principal Diagnosis Code** and **Admitting Diagnosis Code** when applicable.

The screenshot shows two panels. The top panel, titled "ICD Version", contains two radio buttons: "ICD-9" (unselected) and "ICD-10" (selected). The bottom panel, titled "Principal and Admitting Diagnosis Codes", contains three fields: "Principal Diagnosis Code*" with a search icon, "Principal Present on Admission" with a dropdown arrow, and "Admitting Diagnosis Code" with a search icon.

Extended Service: List of Diagnosis Information

On the **List of Other Diagnoses** panel:

52. Click **New Item**. The **Diagnosis Code Detail** panel displays.
53. Enter the **Diagnosis Code***.
54. Select the **Present on Admission** indicator from the dropdown list.
55. Click **Add** to save the Diagnosis Code information. Enter information on all remaining panels as required.

The screenshot shows two panels. The top panel, titled "List of Other Diagnoses", has a dark blue header and a light blue body. It contains a table with two columns: "Diagnosis" and "Present on Admission". Below the table is a "New Item" button. The bottom panel, titled "Other Diagnosis Code Detail", has a dark blue header and a light blue body. It contains a "Diagnosis Code" input field with a search icon, a "Present on Admission" dropdown menu, a "Cancel Item" button, and an "Add" button.

Enter Claim Note

To add a **Claim Note**:

56. Click **New Item**.
57. Choose **Claim Note Type*** from the dropdown menu.
58. Add a **Claim Note Description***.
59. Click **Add** to save the claim note.

The screenshot shows two panels. The top panel, titled "List of Claim Notes", has a dark blue header and a light blue body. It contains a table with two columns: "Claim Note Type" and "Claim Note Description". Below the table is a "New Item" button. The bottom panel, titled "Claim Notes Detail", has a dark blue header and a light blue body. It contains a "Claim Note Type" dropdown menu, a "Claim Note Description" text area, a "Cancel Item" button, and an "Add" button.

Enter Procedure Information

60. Click on the **Procedure** tab.

On the **List of Institutional Services** panel:

61. Click **New Item**. The **Institutional Service Detail** panel displays.

Procedure | Attachments | Confirmation

List of Institutional Services

There is a maximum of 999 institutional service detail records.

Detail	Rev Code	Service Date Range	Procedure	Units	Charges
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New Item

On the **Institutional Service Detail** panel:

62. Enter the **Revenue Code***.

63. When applicable, enter **HCPCS Procedure Code**, associated modifier, and date information.

64. Enter the **Units*** for the claim.

65. Select the **Units of Measurement*** from the dropdown list.

66. Enter the **Charges*** for the claim.

67. Enter **Drug Identification** information if the HCPC code entered on the claim is for drug charges. Complete the following fields as appropriate.

- NDC – enter the complete ID number of drug
- Units of Measurement
- Units
- Rx Qualifier
- Rx Number

68. Click **Add**.

Institutional Service Detail

Detail 01

Revenue Code

Procedure Code

Proc Qualifier **HC - HCPCS Codes**

From Date of Service

To Date of Service

Units

Units of Measurement

Charges

Co-pay

Non covered charges

Drug Identification

NDC

Units

Units of Measurement

Rx Qualifier

Rx Number

Cancel Item **Add**

Add Attachments

69. Click the **Attachments** tab.

On the **List of Attachments** panel:

70. Click **New Item**. The **Attachments Details** panel displays.

On the **Attachments Detail** panel:

71. Select the **Report Type** from the dropdown list.

72. Select the **Transmission Code** of the report from the dropdown list.

73. Click **Browse**. The “Choose file” window displays.

74. Navigate to the file you want to attach and click **Open**.

75. Click **Add/Upload**.

The screenshot shows a web interface with two tabs: **Attachments** (selected) and **Confirmation**. Below the tabs is a **List of Attachments** panel with a header bar and a table. The table has columns for **Report Type** and **Date Attached**. A **New Item** button is located in the bottom right of this panel. Below the list is an **Attachments Detail** panel with the following fields:

- Report Type ***: A dropdown menu.
- Transmission Code ***: A dropdown menu.
- Control #**: A text input field.
- File Name**: A section containing a **Choose File** button and the text "No file chosen".

At the bottom of the **Attachments Detail** panel are two buttons: **Cancel Item** on the left and **Add / Upload** on the right.

Confirm Claim

76. Click the **Confirmation** tab.

On the **Confirmation** panel:

77. Verify that the claim information is correct.

78. Once you verify the claim is correct, click **Submit**.

Enter Single Claim ?

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

Confirmation

You are about to submit an Institutional Claim request for Hijklm Abcdefg. Please verify the procedures and then click "Submit".

Service Date Range 09/01/2023 - 09/05/2023

Number of Details Submitted 1

Total Detail Charges \$200.00 To change this amount, go back and edit the [Procedures](#)

Total Amount Billed \$200.00

[Cancel Service](#) [Submit](#)

Claim Status Response

On the **Confirmation** panel:

79. Review the status of the claim, including any Explanation of Benefit (EOB) codes that may appear.

80. Click **Close**.

Enter Single Claim ?

Confirmation

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

Claim Status Denied

Claim ICN 2224051300005

Adjudication Date 02/20/2024

Paid Amount \$0.00

Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	2001	MEMBER ID NUMBER NOT ON FILE
00	282	COVERED DAYS MISSING
00	570	HEADER FROM-THRU DATES MUST MATCH NUMBER OF BILLED DAYS

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

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