



Job Aid: Professional Claims Submission

This job aid reviews the process for submitting an electronic professional claim in the Provider Online Service Center (POSC). For specific billing information, providers should refer to the relevant MassHealth Billing Guides available at www.mass.gov/masshealthpubs under the Provider Library heading.

Professional claims are used when submitting a claim for professional services, such as physician services.

This job aid describes how to:

- Enter and submit a single professional 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.

Submit MassHealth Claim

From the **POSC** home page:

1. Click **Manage Claims and Payments** to submit the professional claim.
2. Click **Enter Single Claim**. The **Claims Templates** panel displays.

On the **Claims Templates** panel:

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

Note: The **Billing Information** panel opens under the Billing and Service tab. This tab and the Extended Services and Coordination of Benefits tabs make up the Claim header.

The screenshot shows the POSC interface. On the left is a navigation menu with 'Provider Services' expanded to show 'Enter Single Claim' highlighted with a red arrow. The main content area shows the 'Enter Single Claim' page with a 'Claim Templates' section. Below the heading, it says 'Please select the type of DDE claim you would like to enter from the list below.' and lists 'Institutional Claim' and 'Professional Claim', with a red arrow pointing to 'Professional Claim'.

Billing and Service Tab: Billing Information

On the **Billing Information** panel:

4. Select the **Billing Provider ID*** from the dropdown list.
5. Enter the **Member ID***.
6. Enter the **Patient Account #***.
7. Enter the member's **Last Name***.
8. Select the member's **Gender*** from the dropdown list.
9. Enter the member's **First Name***.
10. Enter the member's date of birth in the **DOB*** field.
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***.
13. Enter the member's **State*** from the dropdown list.
14. Enter the member's **Zip*** code.

The screenshot shows a web application interface for entering a single claim. At the top, there is a navigation bar with tabs: "Billing and Service" (selected), "Extended Services", "Coordination of Benefits", "Procedure", "Attachments", and "Confirmation". Below the navigation bar is a "Billing Information" section. The form contains the following fields:

- Previous ICN: A text field.
- Billing Provider ID: A dropdown menu.
- Billing Provider Taxonomy: A text field.
- Member ID: A text field.
- Patient Account #: A text field.
- Last Name: A text field.
- First Name: A text field with a "MI" (Middle Initial) field below it.
- DOB: A date field with a calendar icon.
- Gender: A dropdown menu.
- Member Date of Death: A date field with a calendar icon.
- Member Address 1: A text field.
- Member Address 2: A text field.
- Member City: A text field.
- Member State: A dropdown menu.
- Member Zip: A text field.
- Medical Record #: A text field.

15. Enter the **Rendering Provider Name** (for group practices only).

Note: To pre-populate these fields, click the magnifying glass to the right. Enter the provider NPI number and Business Name or Last Name and First Name. Then click **Search**. The provider name will appear below. Click on the name to prepopulate.

16. Enter **Referring Provider Name**, if applicable.

Note: To pre-populate these fields, click the magnifying glass to the right. Enter the provider NPI number and Business Name or Last Name and First Name. Then click **Search**. The provider name will appear below. Click on the name to prepopulate.

17. In the **Supervising Provider Last Name** and **Supervising Provider First Name** fields, enter the name of the supervising physician associated with the claim, if applicable.

18. Enter the **Supervising Provider NPI**.

Note: All providers must be actively enrolled with MassHealth, at least as a nonbilling provider, if included on the claim.

The screenshot shows a form with the following fields:

- Rendering Provider Name:** A text input field with a magnifying glass icon and an 'X' icon to its right.
- Rendering Provider Taxonomy:** A text input field.
- Referring Provider Name:** A text input field with a magnifying glass icon and an 'X' icon to its right.
- Supervising Provider Last Name:** A text input field.
- Supervising Provider NPI:** A text input field.
- Supervising Provider Other ID Type:** A dropdown menu.
- Supervising Provider First Name:** A text input field.
- Supervising Provider Other ID:** A text input field.

An "OR" label is positioned between the "Supervising Provider NPI" and "Supervising Provider Other ID" fields.

19. Select **Release of Information*** from the dropdown list.

20. Select **Place of Service*** from the dropdown list.

21. Select **Assignment of Benefits Ind*** from the dropdown list.

22. Select **Signature on File*** from the dropdown list.

23. Select **Provider Accepts Assignment*** from the dropdown list.

24. Select **Claim Filing Indicator*** from the drop

The screenshot shows a form with the following fields:

- Patient Signature: [Text Input]
- Source Code: [Text Input]
- Release of Information *: [Dropdown]
- Place of Service *: [Dropdown]
- Referral #: [Text Input]
- Assignment of Benefits Ind *: [Dropdown]
- Provider Accepts Assignment *: [Dropdown]
- Special Program Indicator: [Text Input]
- Claim Filing Indicator *: [Dropdown]
- Prior Authorization #: [Text Input]
- Signature on File *: [Dropdown]

down list.

Billing Information Tab: Service Information and Claims Charges

25. Select **ICD Version***.

Note: Select **ICD-9** for claims with a date of service before October 1, 2015. Select **ICD-10** for claims with a date of service on or after that date. The system defaults to ICD-10.

26. Enter **Diagnosis Codes*** (minimum of one required).

Note: When entering diagnosis codes, please be sure to enter the primary diagnosis code in field 1. Where relevant, enter the secondary diagnosis code in field 2 and the tertiary diagnosis code in field 3. The remaining fields may be used for any additional diagnosis codes related to the claim to be submitted. Providers may submit up to 12 diagnosis codes per transaction.

27. Enter **Total Charges***.

The screenshot shows the 'Service Information' and 'Claims Charges' sections of a form.

Service Information

- ICD Version: ICD-9 ICD-10
- Diagnosis Code 1-12: [Text Input]
- Related Causes Type: [Dropdown]
- Accident State: [Dropdown]
- Disability Begin Date (360): [Date Picker]
- Assumed Care Date (090): [Date Picker]
- Date First Seen (444): [Date Picker]
- Date Last Seen (304): [Date Picker]
- Last X-Ray (455): [Date Picker]
- Onset of Illness (431): [Date Picker]
- Admit Date (435): [Date Picker]
- Last Worked Date (297): [Date Picker]
- Related Causes Date (439): [Date Picker]
- Related Causes Hour: [Dropdown]
- Disability End Date (361): [Date Picker]
- Relinquished Care Date (091): [Date Picker]
- Initial Treatment Date (454): [Date Picker]
- Acute Manifestation of Chronic Condition (453): [Date Picker]
- Hearing / Vision Prescription (471): [Date Picker]
- Discharge Date (096): [Date Picker]
- Work Return Date (296): [Date Picker]

Claims Charges

- Total Charges *: [Text Input]
- Patient Paid Amount: [Text Input]

[Cancel Service](#)

When all the information is entered on the Billing and Services tab, scroll to the top to click the **Extended Services** tab.

Note: Clicking the Extended Services tab will save data entered so far and will check for any required fields that have not been populated with information.



Extended Services Information and Service Facility Provider

On the **Extended Services Information** panel:

28. Enter or select the following, as appropriate.

- CLIA Number
- Homebound Indicator
- IDE Number
- EPSDT Referral
- EPSDT Condition Indicator 1
- EPSDT Condition Indicator 2
- EPSDT Condition Indicator 3
- Pregnancy Indicator
- Birth Weight
- Delay Reason Code
- Last Menstrual Period
- Estimated Date of Birth
- Mammography Certification

Extended Service Information

CLIA Number	<input type="text"/>	Homebound Indicator	<input type="radio"/> Yes <input checked="" type="radio"/> No
IDE Number	<input type="text"/>	EPSDT Referral?	<input type="radio"/> Yes <input checked="" type="radio"/> No
EPSDT Condition Indicator 1	<input type="text"/>		
EPSDT Condition Indicator 2	<input type="text"/>		
EPSDT Condition Indicator 3	<input type="text"/>		
Pregnancy Indicator	<input type="radio"/> Yes <input checked="" type="radio"/> No	Birth Weight	<input type="text"/>
Delay Reason Code	<input type="text"/>		
Last Menstrual Period	<input type="text"/>		
Estimated Date of Birth	<input type="text"/>		
Mammography Cert.	<input type="text"/>		

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.

On the **Service Facility Provider** panel:

29. Enter the **Service Facility Provider Name** if the Service Facility Location Address fields are entered.
30. Enter the **Service Facility Provider NPI** if the location of services is different than that of the billing provider's and the entity is not a sub-part of the billing provider.
31. In the **Service Facility Address 1, City, State,** and **Zip Code** fields, enter the Service Facility Address if the Service Facility Provider Name is entered.

Note: The **Service Facility Location Address** is required if the **Service Facility Provider Name** is entered on the claim, and vice versa.

The screenshot shows a form titled "Service Facility Provider" with a dark blue header. Below the header, there are seven input fields, each with a label to its left: "Service Facility Provider Name" (text box), "Service Facility Provider NPI" (text box), "Service Facility Address 1" (text box), "Service Facility Address 2" (text box), "Service Facility City" (text box), "Service Facility State" (dropdown menu with a downward arrow), and "Service Facility Zip" (text box).

List of Claim Notes

On the **List of Claim Notes** panel, if applicable:

32. Click **New Item**. The **Claim Notes Detail** panel displays.

Note: A maximum of 10 claim notes can be added to a claim.

Claim Notes Detail

On the **Claim Notes Detail** panel:

33. Select **Claim Note Type** from the dropdown list.
34. Enter **Claim Note Description**.
35. Click **Add**.

The screenshot shows a software interface for managing claim notes. At the top, a dark blue header reads "List of Claim Notes". Below it, a light blue bar contains the text "There is a maximum of 10 notes." and a table with two columns: "Claim Note Type" and "Claim Note Description". To the right of the table is a "New Item" button with a red arrow pointing to it. Below the table is a "Claim Notes Detail" section with a dark blue header. This section contains a "Claim Note Type" dropdown menu and a "Claim Note Description" text area. At the bottom left is a "Cancel Item" button, and at the bottom right is an "Add" button with a red arrow pointing to it.

Ambulance Transport and Certification

On the **Ambulance Transport and Certification** panel:

36. Enter or select the following, as appropriate.

- Patient Weight
- Transport Reason Code
- Transport Distance
- Roundtrip Purpose Description
- Stretcher Purpose Description
- Certification Condition Indicator

The screenshot shows a software interface for ambulance transport and certification. The header is "Ambulance Transport and Certification". The form contains several fields: "Patient Weight" (text input), "Transport Reason Code" (dropdown menu), "Transport Distance" (text input), "Roundtrip Purpose Description" (text area), "Stretcher Purpose Description" (text area), and "Certification Condition Ind" (dropdown menu). At the bottom left is a "Cancel Service" button.

Note: If there is a third party to bill, you will need to complete the **Coordination of Benefits (COB)** panel before adding the Procedure information. Please refer to the [Coordination of Benefits Job Aid](#).

Carrier Code	Name	Remittance Date	COB Payer Paid Amt.
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37. Once you've completed the Coordination of Benefits panel, scroll to the top to click the **Procedure** tab.

Procedure Tab

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

38. Click **New Item**. The **Professional Services Detail** panel displays.

Detail	Procedure	Service Date Range	Units	Charges
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Professional Services Detail

On the **Professional Services Detail** panel:

39. Enter the **HCPCS Procedure Code***.
40. Enter modifiers, if applicable.
41. If billing for an unlisted Procedure Code, enter a description of service, up to 80 characters.
42. Enter **From Date of Service***.
43. Enter **To Date of Service***.
44. Select **Place of Service** from the dropdown list.
45. Enter the diagnosis cross-reference number (**Diag. CrossRef***).

Note: If applicable, enter the number (1–12) corresponding to the primary, secondary, or tertiary diagnosis code(s) entered for the claim that is related to the service being entered. Up to four diagnosis cross-references can be entered. When multiple services are performed, enter the primary reference for each service first, followed by other applicable services. Please ensure that the correct diagnosis code is cross-referenced to the appropriate procedure code, as claims that do not contain compatible diagnosis and procedure codes will be denied.

46. Enter **Charges***.
47. Enter **Units***.

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

Professional Services Detail

Detail 01

HCPSC Procedure Code *

Modifier 1 Modifier 2

Modifier 3 Modifier 4

Unlisted Procedure Description

From Date of Service * To Date of Service *

Place of Service

Diag. Cross-Ref * Charges *

Units * Obstetric Anesthesia Additional Units

Units of Measurement *

Family Planning Indicator Yes No Hospice Employee Indicator Yes No

49. If applicable, enter the **Rendering Provider Name**. The rendering provider should be actively participating or enrolled with MassHealth as at least a nonbilling provider.

Note: Enter the rendering provider only if it is different from the one entered on the Billing and Service tab.

50. If applicable, enter **Rendering Provider Taxonomy**.

Rendering Provider Name

Rendering Provider Taxonomy

51. If applicable, enter **Ordering Provider Last Name** and **First Name**. The Ordering provider must be actively participating or enrolled with MassHealth as at least a nonbilling provider.

52. If applicable, enter **Ordering Provider NPI** or, if identifying the ordering provider by a different method, select the **Ordering Provider Other ID Type** from the dropdown list and enter **Ordering Provider Other ID**.

Ordering Provider Name

53. If applicable, use the magnifying glass to search for the **Supervising Provider Name**.

Note: Enter the Last Name and First Name, NPI, or Provider ID (PID) to search for the supervising provider. Then select the desired provider from the List of Servicing Providers panel.

Supervising Provider Name

54. Select the **Emergency** option from the dropdown list, if applicable.

55. Select the **EPSDT*** option from the dropdown list.

Emergency	<input type="text" value="v"/>	EPSDT?	<input type="text" value="v"/>
Prior Authorization #	<input type="text"/>	Referral #	<input type="text"/>

56. If the claim includes charges for a National Drug Code (NDC), complete the following fields as appropriate.

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

Note: If this completes the procedure information, click **Add** at the bottom of the panel. If not, scroll down to continue entering information.

Drug Identification			
NDC	<input type="text"/>	Units	<input type="text"/>
Units of Measurement	<input type="text" value="v"/>	Rx Qualifier	<input type="text" value="v"/>
Rx Number	<input type="text"/>		
Rx Date	<input type="text"/>		

Professional Services Detail: Durable Medical Equipment Service

57. If the claim includes a Durable Medical Equipment (DME) service, complete the following fields as appropriate.

- DME Length of Medical Necessity
- DME Purchase Price
- DME Rental
- DME Unit Price Indicator

Note: If this completes the procedure information, click **Add** at the bottom of the panel. If not, scroll down to continue entering information.

Durable Medical Equipment Service			
DME Length of Medical Necessity	<input type="text"/>	DME Purchase Price	<input type="text"/>
DME Rental Price	<input type="text"/>	Rental Unit Price Indicator	<input type="text" value="v"/>

Professional Services Detail: Ambulance Service

58. If the claim includes Ambulance services, complete the following fields as appropriate.

- Patient Weight
- Patient Count
- Transport Reason Code
- Transport Distance
- Round Trip Purpose Description
- Stretcher Purpose Description
- Certification Condition Indicator

59. Enter the **Ambulance Pick-up Location**.

60. Enter the **Ambulance Drop-off Location**.

61. Click **Add**.

Note: The information you enter will be added to the **List of Professional Services**.

Ambulance Service	
Patient Weight <input type="text"/>	Patient Count <input type="text"/>
Transport Reason Code	<input type="text"/>
Transport Distance <input type="text"/>	Roundtrip Purpose Description <input type="text"/>
Stretcher Purpose Description <input type="text"/>	
Certification Condition Ind <input type="text"/>	
Ambulance Pickup Location	
Street 1 <input type="text"/>	
Street 2 <input type="text"/>	
City <input type="text"/>	State <input type="text"/>
Zip <input type="text"/>	
Ambulance Drop-off Location	
Street 1 <input type="text"/>	
Street 2 <input type="text"/>	
City <input type="text"/>	State <input type="text"/>
Zip <input type="text"/>	
<input type="button" value="Cancel Item"/>	<input type="button" value="Add"/>

List of Notes

On the **List of Notes** panel:

62. Click **New Item** to add a note for the service (in addition to those entered on the Extended Services panel). The **Notes Detail** panel displays.

Note: A maximum of 10 claim notes can be added to a claim.

On the **Notes Detail** panel:

63. Select **Note Type** from the dropdown list.
64. Enter **Note Description**.
65. Click **Add**.

List of Notes

There is a maximum of 10 notes.

Note Type	Note Description
<input type="button" value="New Item"/>	

Notes Detail

Note Type *

Note Description *

Note: The **List of COB Line Items** is used when the member also has Other Insurance or Medicare. Please refer to the [Coordination of Benefits Job Aid](#).

List of COB Line Items

There is a maximum of 15 procedure COB records.

Carrier Code	Remittance Date	Paid Amt.	Paid Units of Service	Bundled Line
<input type="button" value="New Item"/>				

COB Line Details

Carrier Code *

Remittance Date

Paid Units of Service *

Procedure Code *

Prior Authorization #

Bundled into Line #

Paid Amount

Remaining Patient Liability

Modifier 1

Modifier 3

Modifier 2

Modifier 4

Referral #

List of COB Reasons

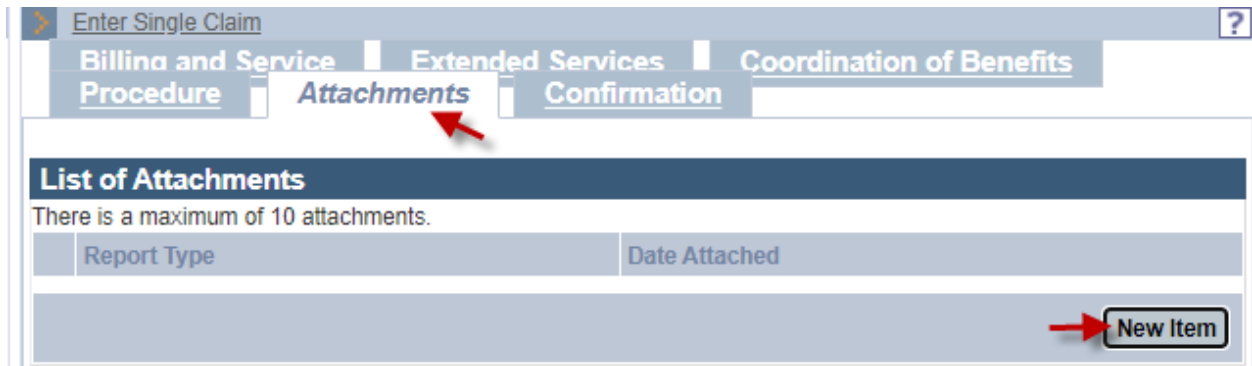
There is a maximum of 30 procedure COB reason records.

Group Code	Reason	Amount
<input type="button" value="New Item"/>		

Attachments Tab: List of Attachments

On the **List of Attachments** panel:

66. Click **New Item**. The **Attachments Detail** panel displays.



Enter Single Claim ?

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

List of Attachments

There is a maximum of 10 attachments.

Report Type	Date Attached
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New Item

On the **Attachments Detail** panel:

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

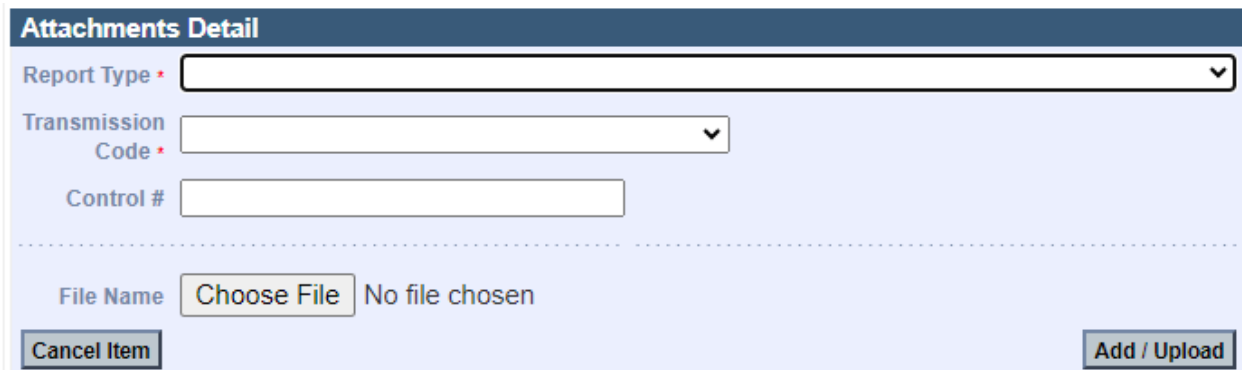
Note: If you are using this panel, all fields are required.

68. Select **Transmission Code*** from the dropdown list.

69. Click **Browse** and navigate to the attachment file.

70. Select the desired file and click **Open**.

71. Click **Add/Upload**.



Attachments Detail

Report Type *

Transmission Code *

Control #

File Name No file chosen

72. Click the **Confirmation** tab.

Confirmation Tab

On the **Confirmation** panel:

73. Confirm the information is accurate.
74. Click **Submit**.

Billing and Service Procedure	Extended Services Attachments	Confirmation	Coordination of Benefits
Confirmation			
You are about to submit an Professional Claim request for Hijklm Abcdefg. Please verify the procedures and then click "Submit".			
Service Date Range	10/24/2023 - 10/24/2023		
Number of Details Submitted	1		
Total Detail Charges	\$150.00	To change this amount, go back and edit the Procedures	
Total Amount Billed	\$150.00		
Cancel Service		Submit	

Explanation of Benefits (EOB) Codes

On the **Explanation of Benefits (EOB)** panel:

75. Review any EOB codes that may appear.
76. Click **Close** to exit.

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	Denied			
Claim ICN	2224004700006			
Adjudication Date	01/04/2024			
Paid Amount	\$0.00			
Explanation of Benefits (EOB)				
Detail	EOB Code	Description		
00	2001	MEMBER ID NUMBER NOT ON FILE		
1	1007	DETAIL RENDERING PROV ID NOT ON FILE OR MISSING		
◀ ▶				
If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900.				
Close	Void	Resubmit	Replace	Copy