



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.

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.

☰ MassHealth Provider Online Service Center (POSC)

The screenshot shows the MassHealth POSC interface. On the left is a navigation menu with the following items: Home Services, Provider Search, Manage Batch Files, Manage Service Authorizations, Manage Correspondence and Reporting, Manage Members, Manage Claims and Payments (highlighted with a green box), Enter Single Claim (highlighted with a green box), Inquire Claim Status, and Hearing Aid Member Search. On the right is the 'Enter Single Claim' panel, which has a 'Claim Templates' section. Below this section, it says 'Please select the type of DDE claim you would like to enter from the list below:' and lists two options: 'Institutional Claim' and 'Professional Claim'. A red arrow points to the 'Professional Claim' link.

Fields with a red asterisk are required fields and must be completed in order to proceed to the next panel.

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 name **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.

Enter Single Claim ?

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

Billing Information

Previous ICN

Billing Provider ID *

Billing Provider Taxonomy

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 #

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, Business Name or Last Name and First Name, **click search**, the provider name will appear below, click on the name and it will 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, Business Name or Last Name and First Name, **click search**, the provider name will appear below, click on the name and it will prepopulate.

17. In the **Supervising Prov Last Name** and **Supervising Prov Phys First Name** fields, enter the name of the supervising physician associated with the claim, if applicable.
18. Enter the **Supervising Prov NPI**.

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

Rendering Provider Name <input style="width: 90%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="🔍"/> <input style="width: 5%; text-align: center;" type="button" value="✕"/>	
Rendering Provider Taxonomy <input style="width: 80%;" type="text"/>	
Referring Provider Name <input style="width: 90%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="🔍"/> <input style="width: 5%; text-align: center;" type="button" value="✕"/>	
Supervising Provider Last Name <input style="width: 80%;" type="text"/>	Supervising Provider First Name <input style="width: 80%;" type="text"/>
Supervising Provider NPI <input style="width: 80%;" type="text"/>	OR
Supervising Provider Other ID <input style="width: 80%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	Supervising Provider Other ID <input style="width: 80%;" type="text"/>

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 dropdown list.

Patient Signature Source Code <input style="width: 95%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	
Release of Information * <input style="width: 95%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	
Place of Service * <input style="width: 95%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	
Referral # <input style="width: 80%;" type="text"/>	Prior Authorization # <input style="width: 80%;" type="text"/>
Assignment of Benefits Ind * <input style="width: 80%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	Signature on File * <input style="width: 80%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>
Provider Accepts Assignment * <input style="width: 95%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	
Special Program Indicator <input style="width: 95%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	
Claim Filing Indicator * <input style="width: 95%;" type="text"/> <input style="width: 5%; text-align: center;" type="button" value="▼"/>	

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, and **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 to 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***.

Service Information

ICD Version • ICD-9 ICD-10

Diagnosis Code 1 *	<input type="text"/>	Diagnosis Code 2	<input type="text"/>
Diagnosis Code 3	<input type="text"/>	Diagnosis Code 4	<input type="text"/>
Diagnosis Code 5	<input type="text"/>	Diagnosis Code 6	<input type="text"/>
Diagnosis Code 7	<input type="text"/>	Diagnosis Code 8	<input type="text"/>
Diagnosis Code 9	<input type="text"/>	Diagnosis Code 10	<input type="text"/>
Diagnosis Code 11	<input type="text"/>	Diagnosis Code 12	<input type="text"/>

Related Causes Type	<input type="text"/>	Related Causes Date (439)	<input type="text"/>
Accident State	<input type="text"/>	Related Causes Hour	<input type="text"/>
Disability Begin Date (360)	<input type="text"/>	Disability End Date (361)	<input type="text"/>
Assumed Care Date (090)	<input type="text"/>	Relinquished Care Date (091)	<input type="text"/>
Date First Seen (444)	<input type="text"/>	Initial Treatment Date (454)	<input type="text"/>
Date Last Seen (304)	<input type="text"/>	Acute Manifestation of Chronic Condition (453)	<input type="text"/>
Last X-Ray (455)	<input type="text"/>	Hearing / Vision Prescription (471)	<input type="text"/>
Onset of Illness (431)	<input type="text"/>	Discharge Date (096)	<input type="text"/>
Admit Date (435)	<input type="text"/>	Work Return Date (296)	<input type="text"/>
Last Worked Date (297)	<input type="text"/>		

Claims Charges

Total Charges *	<input type="text"/>	Patient Paid Amount	<input type="text"/>
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When all the information is entered on the Billing and Services Tab, Click **Extended Services** tab (scroll to the top to see 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.

Service Facility Provider	
Service Facility Provider Name	<input type="text"/>
Service Facility Provider NPI	<input type="text"/>
Service Facility Address 1	<input type="text"/>
Service Facility Address 2	<input type="text"/>
Service Facility City	<input type="text"/>
Service Facility State	<input type="text" value="v"/>
Service Facility Zip	<input type="text"/>

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.

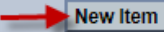
Claim Notes Detail

On the **Claim Notes Detail** panel:

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

List of Claim Notes


There is a maximum of 10 notes.

Claim Note Type	Claim Note Description
	

Claim Notes Detail

Claim Note Type •

Claim Note Description •



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

Ambulance Transport and Certification

Patient Weight

Transport Reason Code

Transport Distance

Roundtrip Purpose Description

Stretcher Purpose Description

Certification Condition Ind

Scroll to the top, **Note:** If there is a third party to bill, you will need to complete the **Coordination of Benefits** panel before adding the Procedure information. Please refer to the

Coordination of Benefits Job Aid on Mass.gov.

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

List of Coordination of Benefits (COB)
There is a maximum of 10 COB records.

Carrier Code	Name	Remittance Date	COB Payer Paid Amt.
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New Item

37. Scroll to the top when completed and Click the **Procedure** tab

Procedure Tab

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

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

Billing and Service | Extended Services | **Coordination of Benefits**

Procedure | Attachments | Confirmation

List of Professional Services
There is a maximum of 50 professional service detail records.

Detail	Procedure	Service Date Range	Units	Charges
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New Item

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 **Diag. CrossRef***.

Note: If applicable, enter the number (1–12) corresponding to the primary, secondary, tertiary, etc., 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/enrolled with MassHealth at least as a nonbilling provider.

Note: Enter the rendering provider here 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/enrolled with MassHealth at least as 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 drop-down 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/or 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"/>	EPSDT? *	<input type="text"/>
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"/>	Rx Qualifier	<input type="text"/>
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"/>

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 Patient Count

Transport Reason Code

Transport Distance Roundtrip Purpose Description

Stretcher Purpose Description

Certification Condition Ind

Ambulance Pickup Location

Street 1

Street 2

City State

Zip

Ambulance Drop-off Location

Street 1

Street 2

City State

Zip

List of Notes

To add a note for the service (in addition to those entered on the Extended Services panel) on the **List of Notes** panel.

62. Click **New Item**. 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
New Item	

Notes Detail

Note Type *

Note Description *

[Cancel Item](#) [Add](#)

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 on Mass.gov.

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
New Item				

COB Line Details

Carrier Code * Bundled into Line #

Remittance Date Paid Amount

Paid Units of Service * Remaining Patient Liability

Procedure Code * Modifier 1 Modifier 2

Modifier 3 Modifier 4

Prior Authorization # Referral #

[Cancel Item](#) [Add](#)

List of COB Reasons

There is a maximum of 30 procedure COB reason records.

Group Code	Reason	Amount
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 ?

[Billing and Service Procedure](#) |
 [Extended Services](#) |
 [Coordination of Benefits](#) |
 Attachments |
 [Confirmation](#)

List of Attachments

There is a maximum of 10 attachments.

Report Type	Date Attached
New Item	

Attachment Detail

On the **Attachments Detail** panel (if you are using this panel, the fields are required):

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

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](#)