



Job Aid: Replace or Adjust a Paid Claim

This job aid describes how to:

- Replace or adjust a claim after it has been paid by MassHealth.

Note: The ICN for the new adjusted claim will begin with “58” or “59.”

Access Inquire Claim Status

From the **POSC** home page:

1. Click **Manage Claims and Payments**.
2. Click **Inquire Claim Status**. The **Search for Claims** panel is displayed.

Provider Services

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MassHealth Provider Online Service Center

The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

If you suspect that the security of your account has been compromised, please contact the MassHealth Customer Service Center at 1-800-841-2900.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

Registered User? [Login](#) Would like to enroll as a provider? [Enroll Now](#) Need more information? [FAQs](#)

Enter Search Criteria

For more effective claim searching, enter as much search information as possible.

From the **Claims Search** panel:

3. Select **Provider ID** from the dropdown list.
4. Enter the **Member ID**.
5. Enter **From Date of Service** and **To Date of Service**, within a six-month time span.

Note: If known, enter the exact date of service or **ICN**, which returns only the specific claim in the Search Results.

6. Click **Search**.

The screenshot displays the 'Inquire Claim Status' web application. On the left is a navigation menu with 'Inquire Claim Status' highlighted. The main area is titled 'Claims Search' and contains several input fields: a dropdown for 'Provider ID', a text box for 'Member ID', two date pickers for 'From Date of Service' and 'To Date of Service', and a text box for 'ICN'. A 'Search' button is at the bottom right. Below the search area is a 'Claims Search Results' section with a table of results. The table has columns for ICN, Member Name, Status, Payments, Charges, and FDOS. One result is shown with a status of 'Paid'.

ICN	Member Name	Status	Payments	Charges	FDOS
[REDACTED]	[REDACTED]	Paid	\$43.29	\$169.00	06/29/2023

From the **Claims Search Results** panel:

7. Select the paid claim to be adjusted or replaced.

From the **Claim Detail** panel:

- Review the claim details.
- Click **Replace**.

The screenshot shows the 'Inquire Claim Status' panel with the following details:

Claim Detail

Provider	[REDACTED]	Provider ID	[REDACTED]
Member ID	[REDACTED]		
Patient Account #	[REDACTED]		
Member Name	[REDACTED]		
ICN	[REDACTED]		
Charged Amount	\$169.00	Payment Amount	\$43.29
Status Date	07/07/2023		
Adjudication Date	07/01/2023	Service Date(s)	06/29/2023 - 06/29/2023
Check Issue Date	07/11/2023		
Claim Status	F1-FIN		
HC Claim Status			

List Of Services

	Detail	Service Code	Units	Charges	Paid Amount	Status
	01	99212	1.00	\$130.00	\$35.70	Paid
	02	81025	1.00	\$39.00	\$7.59	Paid

Buttons: Close, Return to Search Results, Void, Copy, **Replace** (indicated by a red arrow), Resubmit

Continue to the Tabs/Panel(s) Where the Information Is to Be Corrected

- Enter the corrected/updated information on the appropriate tab/panel.
- Once all the information is corrected/updated, continue to the **Confirmation** panel and click **Submit**.

The screenshot shows the 'Confirmation' panel with the following details:

Confirmation

You are about to submit an Professional Claim request for [REDACTED]. Please verify the procedures and then click "Submit".

Service Date Range	06/29/2023 - 06/29/2023		
Number of Details Submitted	2		
Total Detail Charges	\$169.00	To change this amount, go back and edit the Procedures	
Total Amount Billed	\$169.00		

Buttons: Cancel Service, **Submit** (indicated by a red arrow)

12. Click **Close** when you are finished.

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- > Home
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- > 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
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- > Related Links

Inquire Claim Status ?

Confirmation

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

Claim Status Paid

Claim ICN 592 [REDACTED]

Adjudication Date 11/10/2023

Paid Amount \$43.29

Explanation of Benefits (EOB)

Detail	EOB Code	Description
1	1921	INVALID TAXONOMY FOR PROVIDER TYPE/SPEC - DETAIL P
1	2613	MANAGED CARE SERVICE
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
2	1200	REFERRING PROVIDER REQUIRED
2	1921	INVALID TAXONOMY FOR PROVIDER TYPE/SPEC - DETAIL P
2	2613	MANAGED CARE SERVICE
2	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**