



Job Aid: Replace/Adjust a Paid Claim

Replace/Adjust a paid claim if it paid incorrectly and must be adjusted. The ICN for the new adjusted claim will begin with “58 or 59.”

This job aid describes how to:

- Replace/Adjust a claim after it has been paid by MassHealth.

Access Inquire Claim Status

From the **POSC** home page:

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

☰ MassHealth Provider Online Service Center (POSC)



The Provider Online Service Center provides the tools to effectively manage your business with MassHealth electronically. Use these services to view data, manage your profile information, and submit and retrieve transactions.

Enter Search Criteria

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

From the **Search for Claims** 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**.

☰ 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
[Redacted]	[Redacted]	Paid	\$17.10	\$29.49	09/09/2025

From the **Claims Search Results** panel:

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

From the **Claim Detail** panel:

8. Review the claim details.
9. Click **Replace**.

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?
Inquire Claim Status

Claim Detail

Provider [REDACTED]	Provider ID [REDACTED]
Member ID [REDACTED]	
Patient Account # [REDACTED]	
Member Name [REDACTED]	
ICN [REDACTED]	
Charged Amount \$29.49	Payment Amount \$17.10
Status Date 10/16/2025	
Adjudication Date 10/10/2025	Service Date(s) 09/09/2025 - 09/09/2025
Check Issue Date 10/21/2025	
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
01	T1019	1.00	\$6.23	\$3.49	Paid
02	T1019	1.00	\$6.07	\$3.49	Paid
03	T1019	1.00	\$5.90	\$3.40	Paid
04	T1019	1.00	\$5.73	\$3.40	Paid
05	T1019	1.00	\$5.56	\$3.32	Paid

Close
Return to Search Results
Void
Copy
Replace
Resubmit

10.

Continue to the Tabs/Panel(s) where the information is to be corrected:

11. Enter the corrected/updated information on the appropriate tab/panel.

12. Once all the information is corrected/updated, continue to the Confirmation Panel and click the **Submit** button.

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Inquire Claim Status

Billing and Service
Extended Services
Coordination of Benefits

Procedure
Attachments
Confirmation

Confirmation

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

Service Date Range 09/09/2025 - 09/09/2025

Number of Details Submitted 5

Total Detail Charges \$29.49 To change this amount, go back and edit the [Procedures](#)

Total Amount Billed \$29.49

Cancel Service
Submit

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Inquire Claim Status ?

Confirmation

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

Claim Status	Paid
Claim ICN	██████████
Adjudication Date	10/22/2025
Paid Amount	\$16.68

Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	9957	NETREVEAL SWITCH IS OFF
1	2613	MANAGED CARE SERVICE
1	3131	MODIFIER NOT USED FOR PA
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
1	2108	SUCCESSFUL EVV RESPONSE - EVV RECORD NOT FOUND
2	2613	MANAGED CARE SERVICE
2	3131	MODIFIER NOT USED FOR PA
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
2	2108	SUCCESSFUL EVV RESPONSE - EVV RECORD NOT FOUND
3	2613	MANAGED CARE SERVICE

◀ 1 2 ▶

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

Close
Void
Resubmit
Replace
Copy