



Job Aid: Resubmit a Denied Claim

This job aid describes how to:

- Resubmit a denied claim immediately after you have received the denial message from MassHealth; and
- Resubmit a denied claim at a later time.

If you are correcting a denied claim immediately:

1. From the confirmation panel, click the **Resubmit** button. Then, skip to step 7.

[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 **Denied**

Claim ICN [redacted]

Adjudication Date 10/26/2023

Paid Amount \$0.00

Explanation of Benefits (EOB)

Detail	EOB Code	Description
1	1921	INVALID TAXONOMY FOR PROVIDER TYPE/SPEC - DETAIL P
1	4191	FOURTH DIAG CODE NOT COVERED FOR DOS

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

[Close](#) [Resubmit](#) [Replace](#) [Copy](#)

If you are correcting a previously denied claim:

Access Inquire Claim Status

From the **POSC** home page:

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

Provider Services

- > [Home](#)
- > [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](#)
- > [View PACE Payments](#)
- > [View SCO Payments](#)
- > [Manage Provider Information](#)
- > [Administer Account](#)
- > [Reference Publications](#)
- > [News & Updates](#)
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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](#)

4. Enter the **ICN** of the claim to be corrected and click **Search**.
5. Click on the **ICN** in the **Claims Search Results** panel to open the claim.

Provider Services

- > [Home](#)
- > [Provider Search](#)
- > [Manage Batch Files](#)
- > [Manage Service Authorizations](#)
- > [Manage Correspondence and Reporting](#)
- > [Manage Members](#)
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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]	Denied	\$0.00	\$90.00	07/06/2023

6. From the **Claim Detail** panel, click **Resubmit**.

Claim Detail

Provider [REDACTED] Provider ID [REDACTED]

Member ID [REDACTED]

Patient Account # [REDACTED]

Member Name [REDACTED]

ICN [REDACTED]

Charged Amount \$90.00 Payment Amount \$0.00

Status Date 07/14/2023

Adjudication Date 07/08/2023 Service Date(s) 07/06/2023 - 07/06/2023

Check Issue Date

Claim Status F2-FINALIZED/DENIAL-THE CLM/LINE HAS BEEN DENIED

HC Claim Status

List Of Services

Detail	Service Code	Units	Charges	Paid Amount	Status
01	99441	1.00	\$90.00	\$0.00	Denied

Close Return to Search Results Void Copy Replace **Resubmit**

Continue to the tabs/panels where the corrections need to be made.

7. Enter the corrected claim information.

From the **Confirmation** panel:

8. Click **Submit**.

Confirmation

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

Service Date Range 07/06/2023 - 07/06/2023

Number of Details Submitted 1

Total Detail Charges \$90.00 To change this amount, go back and edit the [Procedures](#)

Total Amount Billed \$90.00

Cancel Service **Submit**