



Job Aid: Submit a Residential Care Home Claim

This job aid describes how to submit a single Residential Care Home institutional claim in the Provider Online Service Center (POSC). For specific billing information, refer to the [Residential Care Home Billing Guide for the UB-04](#).

Note: Fields with an asterisk are required fields and must be completed to proceed to the next panel.

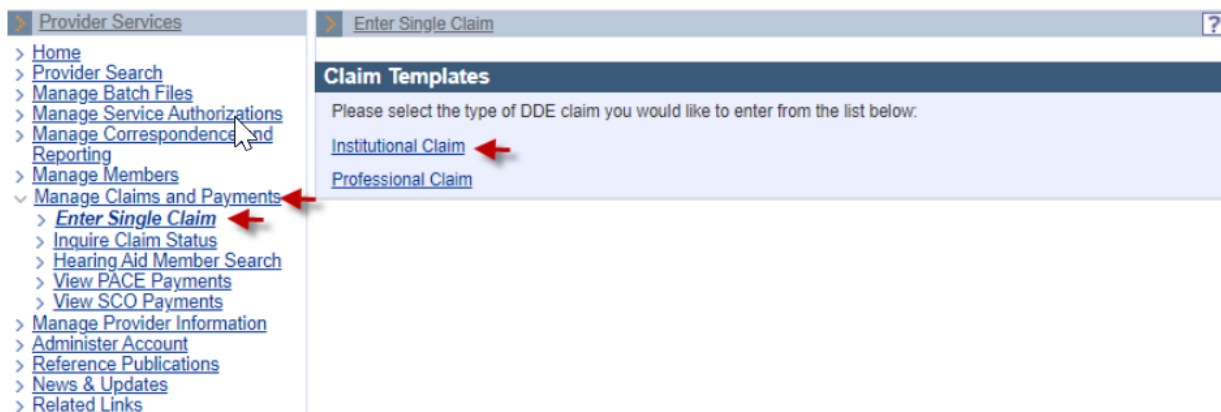
Access Enter Single Claim

From the **POSC** home page:

1. Click **Manage Claims Payments**.
2. Click **Enter Single Claim**. The **Claim Templates** panel displays.

On the **Claim Templates** panel:

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



Billing Information: Enter Billing and Resident Information

On the **Billing Information** panel:

4. Select the **Type of Bill*** from the dropdown list.
5. Select the **Billing Provider ID*** from the dropdown list. This is the 10-digit identification number/service location code assigned to the residential care home by MassHealth.

The screenshot shows the 'Enter Single Claim' form with the 'Billing and Service' tab selected. A red arrow points to the 'Billing and Service' tab. The 'Billing Information' section is highlighted. It contains the following fields:

- Previous ICN
- Type of Bill * (dropdown menu)
- Billing Provider ID * (dropdown menu)
- Billing Provider Taxonomy (text field)

6. Enter the **Member ID*** for the claim. This is the resident's 12-digit member identification number.
7. Enter the **Patient Account #***. If you use an account number to identify and track your residents, enter this account number in this field.
8. Enter the resident's name in the **Last Name*** and **First Name*** fields.
9. In the **DOB*** field, enter the resident's date of birth.
10. Select the resident's **Gender*** from the dropdown list.
11. In the **Member Address 1*** field, enter the street address of the residential care home in which the resident lives.
12. Enter the resident's **City***, **State***, and **ZIP code*** for the residential care home in which the resident lives.

The screenshot shows the 'Enter Single Claim' form with the 'Billing and Service' tab selected. The 'Billing Information' section is highlighted. It contains the following fields:

- Member ID *
- Patient Account # *
- Last Name *
- First Name *
- DOB *
- Gender *
- Member Address 1 *
- Member Address 2 *
- Member City *
- Member State *
- Member Zip *
- Medical Record # *

Billing Information: Enter Provider and Benefit Information

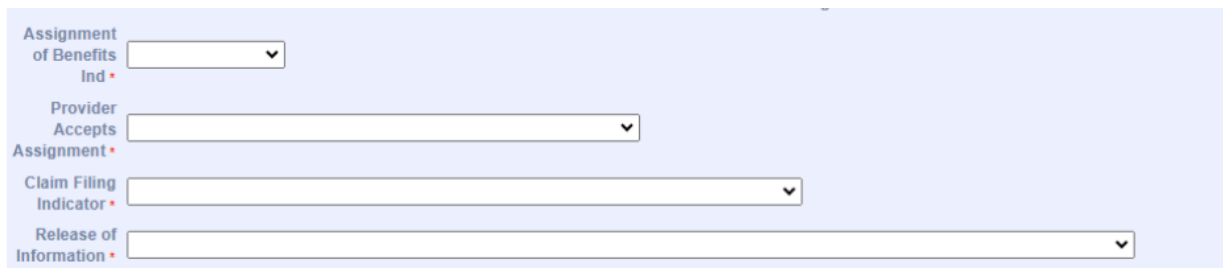
On the **Billing Information** panel:

13. In the **Attending Phys Last Name** and **Attending Phys First Name** fields, enter the name of the attending physician associated with the claim.
14. Enter the **Attending Phys NPI** (national provider number).



The screenshot shows a light blue panel with three input fields. On the left, there are two stacked fields: 'Attending Phys Last Name' and 'Attending Phys NPI'. On the right, there is a single field for 'Attending Phys First Name'. A mouse cursor is pointing at the 'Attending Phys First Name' field.

15. In the **Assignment of Benefits Ind*** dropdown list, select whether the resident authorizes benefits to be paid to the residential care home.
16. Select the appropriate value in the **Provider Accepts Assignment*** dropdown list.
17. Select the **Claim Filing Indicator*** from the dropdown list.
18. Select the **Release of Information*** from the dropdown list.

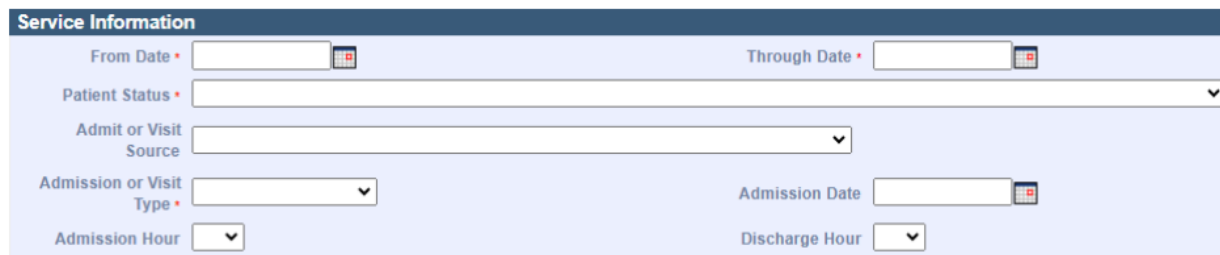


The screenshot shows a light blue panel with four dropdown menus. From top to bottom, they are: 'Assignment of Benefits Ind *', 'Provider Accepts Assignment *', 'Claim Filing Indicator *', and 'Release of Information *'. Each dropdown has a small downward arrow icon on the right side.

Service Information: Enter Service Information

On the **Service Information** panel:

19. In the **From Date*** and **Through Date*** fields, enter the date range for the claim.
20. Select the **Patient Status*** from the dropdown list.
21. Select the **Admit or Visit Source** from the dropdown list.
22. Enter the **Admission or Visit Type*** from the dropdown list.
23. Enter the **Admission Date**. Enter the date of the resident's initial admission to the residential care home or the date of the most recent readmission following a three-day hospital stay.

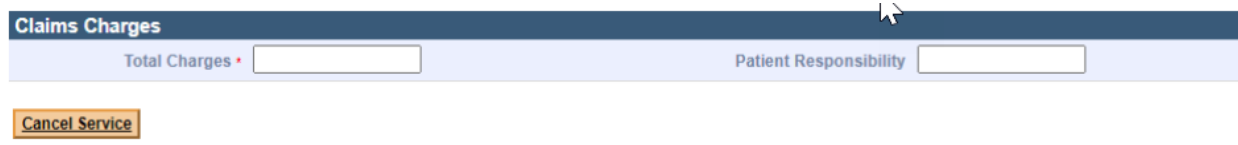


The screenshot shows a dark blue header bar with the text 'Service Information'. Below the header, there are several fields: 'From Date *' and 'Through Date *' (both with calendar icons), 'Patient Status *' (a long dropdown), 'Admit or Visit Source' (a dropdown), 'Admission or Visit Type *' (a dropdown), 'Admission Date' (with a calendar icon), 'Admission Hour' (a dropdown), and 'Discharge Hour' (a dropdown).

Claims Charges: Enter the Claim Charges

On the **Claims Charges** panel:

24. Enter the **Total Charges*** for the claim.



The screenshot shows the 'Claims Charges' panel. It has a dark blue header with the title 'Claims Charges'. Below the header, there are two input fields: 'Total Charges *' and 'Patient Responsibility'. A mouse cursor is pointing at the 'Patient Responsibility' field. At the bottom left of the panel, there is a button labeled 'Cancel Service'.

Extended Services: Enter Occurrence Information

Note: This section is applicable only if entering MLOA—Medical Leave and NMLOA—Non-Medical Leave information.

25. Click the **Extended Services** tab.

On the **List of Occurrences** panel:

26. Click **New Item**. The **Occurrence Code Detail** panel displays.

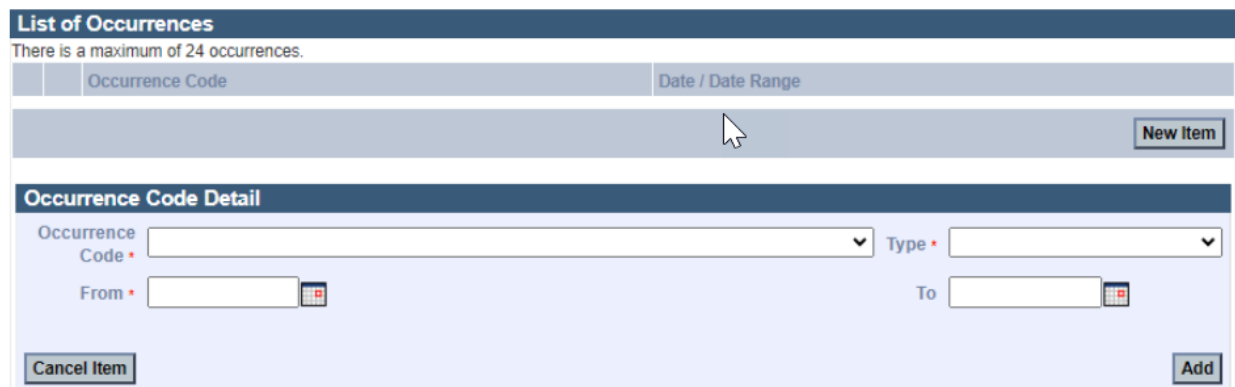
On the **Occurrence Code Detail** panel:

27. Select the **Occurrence Code*** from the dropdown list.

28. Select the **Type*** of occurrence from the dropdown list.

29. In the **From*** and **To** fields, enter the date range for the occurrence code for the claim.

30. Click **Add** to save the Occurrence information. Repeat steps 26–30 to add more occurrences.



The screenshot shows two panels. The top panel is 'List of Occurrences' with a dark blue header. Below the header, it says 'There is a maximum of 24 occurrences.' There is a table with two columns: 'Occurrence Code' and 'Date / Date Range'. A 'New Item' button is at the bottom right. The bottom panel is 'Occurrence Code Detail' with a dark blue header. It contains four input fields: 'Occurrence Code *' (a dropdown), 'Type *' (a dropdown), 'From *' (a date field with a calendar icon), and 'To' (a date field with a calendar icon). There are 'Cancel Item' and 'Add' buttons at the bottom.

On the **List of Values** panel:

31. Click **New Item**. The **Value Code Detail** panel displays.

On the **Value Code Details** panel:

32. Select the **Value Code*** from the dropdown list.

33. In the **Value*** field, enter the value.

34. Click **Add** to save the Value information. Repeat steps 31–34 to add more values.

The screenshot shows two panels. The top panel, titled 'List of Values', has a dark blue header and a light blue body. It contains a table with two columns: 'Code' and 'Value'. A message above the table states 'There is a maximum of 24 value codes.' A 'New Item' button is located in the top right corner of the table area. The bottom panel, titled 'Value Code Details', also has a dark blue header and a light blue body. It features a 'Value Code *' dropdown menu, a 'Value *' text input field, a 'Cancel Item' button in the bottom left, and an 'Add' button in the bottom right.

ICD Version: Specify the ICD Version

35. On the **ICD Version*** panel, the radio button will default to ICD-10.

36. On the **Principal and Admitting Diagnosis Codes** panel:

37. Enter the **Principal Diagnosis Code***.

38. Enter **Principal Present on Admission** from the dropdown menu.

39. Enter the **Admitting Diagnosis Code**.

The screenshot shows two panels. The top panel, titled 'ICD Version', has a dark blue header and a light blue body. It contains two radio buttons: 'ICD-9' and 'ICD-10', with 'ICD-10' being the selected option. The bottom panel, titled 'Principal and Admitting Diagnosis Codes', also has a dark blue header and a light blue body. It features three input fields: 'Principal Diagnosis Code *' with a search icon, 'Principal Present on Admission' with a dropdown arrow, and 'Admitting Diagnosis Code' with a search icon.

List of Diagnoses: Enter Diagnosis Information

On the **List of Diagnoses** panel:

40. Click **New Item**. The **Diagnosis Code Detail** panel displays.

On the **Diagnosis Code Detail** panel:

41. Enter the **Diagnosis Code***. This is the ICD-CM code that describes the resident's principal diagnosis. Refer to the [NUBC Instruction Manual](#) for code values.
42. Select the **Type** of diagnosis code from the dropdown list.
43. Click **Add** to save the diagnosis code. Repeat steps 41–43 to add more diagnosis codes.

The screenshot shows two panels. The top panel, titled "List of Other Diagnoses", has a header bar and a message: "There is a maximum of 24 diagnoses." Below this is a table with two columns: "Diagnosis" and "Present on Admission". A "New Item" button is in the top right corner. The bottom panel, titled "Other Diagnosis Code Detail", contains a "Diagnosis Code *" text box with a magnifying glass icon, a "Present on Admission" dropdown menu, a "Cancel Item" button, and an "Add" button.

Enter Procedure Information

44. Click the **Procedure** tab.








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

45. Click **New Item**. The **Institutional Service Detail** panel displays.

The screenshot shows the "List of Institutional Services" panel. At the top, there are three tabs: "Procedure", "Attachments", and "Confirmation". A red arrow points to the "Procedure" tab. Below the tabs is a message: "There is a maximum of 999 institutional service detail records." Below this is a table with columns: "Detail", "Rev Code", "Service Date Range", "Procedure", "Units", and "Charges". A "New Item" button is in the bottom right corner.

On the **Institutional Service Detail** panel:

46. Enter the **Revenue Code***.
47. Enter the number of **Units*** for the claim. This is the number of days for the claim.
48. Select the **Units of Measurement*** from the dropdown list.
49. Enter the **Charges*** for the claim.
50. Click **Add**. Repeat steps 45–50 to add more claim lines.

| Institutional Service Detail | |
|--|---|
| Detail 01 | |
| Revenue Code * | <input type="text"/> |
| Procedure Code | <input type="text"/>  |
| Proc Qualifier | HC - HCPCS Codes |
| From Date of Service | <input type="text"/>  |
| To Date of Service | <input type="text"/>  |
| Units * | <input type="text"/> |
| Units of Measurement * | <input type="text"/> |
| Charges * | <input type="text"/> |
| Non covered charges | <input type="text"/> |
| Modifier 1 | <input type="text"/>  |
| Modifier 2 | <input type="text"/>  |
| Modifier 3 | <input type="text"/>  |
| Modifier 4 | <input type="text"/>  |
| Co-pay | <input type="text"/> |
| 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"/> |
| <input type="button" value="Cancel Item"/> | <input type="button" value="Add"/> |

Confirm Claim

51. Click the **Confirmation** tab.
52. Verify that the claim information is correct.
53. Once you have verified the claim is correct, click **Submit**.

Enter Single Claim ?

Billings and Service Procedure | Extended Services Attachments | **Confirmation**

Confirmation

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

| | |
|-----------------------------|-------------------------|
| Service Date Range | 09/01/2023 - 09/05/2023 |
| Number of Details Submitted | 1 |
| Total Detail Charges | \$200.00 |
| Total Amount Billed | \$200.00 |

To change this amount, go back and edit the [Procedures](#)

Cancel Service **Submit**


54. Review the adjudicated claim results as identified on the confirmation page. Verify the claim status.


Explanation of Benefits (EOB) Codes

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

55. Review any EOB codes that may appear. If the claim status is denied, correct any errors and resubmit the claim.

56. Click **Close**.

[Enter Single Claim](#) 

Confirmation 


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

Claim Status Denied
Claim ICN 2224051300005
Adjudication Date 02/20/2024
Paid Amount \$0.00

Explanation of Benefits (EOB)

| Detail | EOB Code | Description |
|--------|----------|---|
| 00 | 2001 | MEMBER ID NUMBER NOT ON FILE |
| 00 | 282 | COVERED DAYS MISSING |
| 00 | 570 | HEADER FROM-THRU DATES MUST MATCH NUMBER OF BILLED DAYS |

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

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