Job Aid: Institutional Claims Submission

This job aid reviews the process of submitting an electronic institutional claim in the Provider Online Service Center (POSC). For specific billing information, refer to the National Uniform Billing Committee (NUBC) or the relevant Billing Guides available at www.mass.gov/how-to/masshealth-billing-guides-for-paper-claim-submitters. Click on the appropriate document to access a specific guide.

This job aid describes how to:

- Enter and submit a single institutional claim for a member who has MassHealth coverage.

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

On the **Claim Templates** panel:

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



Billing and Service Tab: Enter Billing and Member Information

On the **Billing Information** panel:

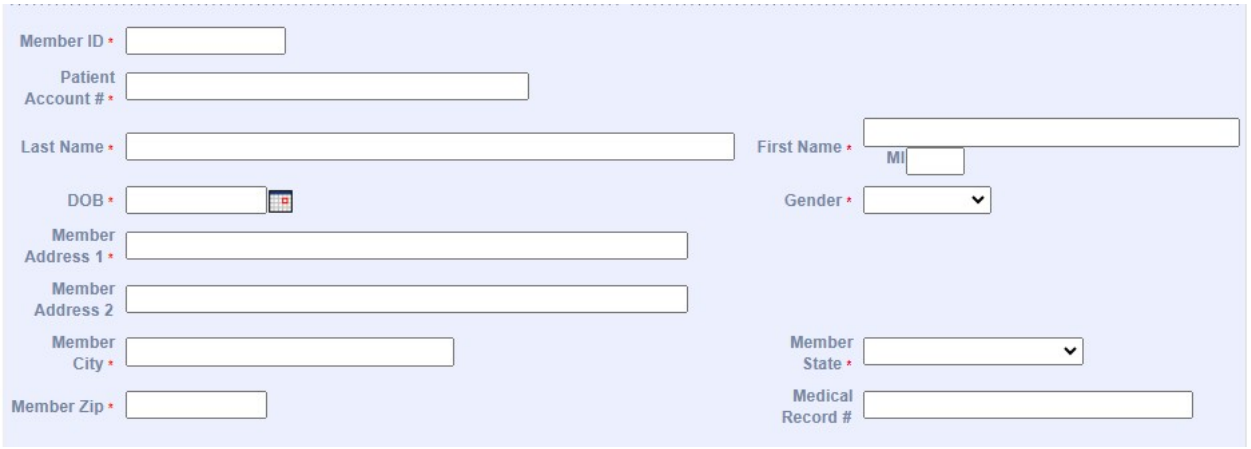
4. Select the **Type of Bill*** from the dropdown list.
5. Select the **Billing Provider ID*** from the dropdown list.



6. Enter the **Member ID*** for the claim.
7. Enter the **Patient Account #***.
8. Enter the member's name in the **Last Name*** and **First Name*** fields.
9. Enter the member's date of birth in the **DOB*** field.
10. Select the member's **Gender*** from the dropdown list.
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.

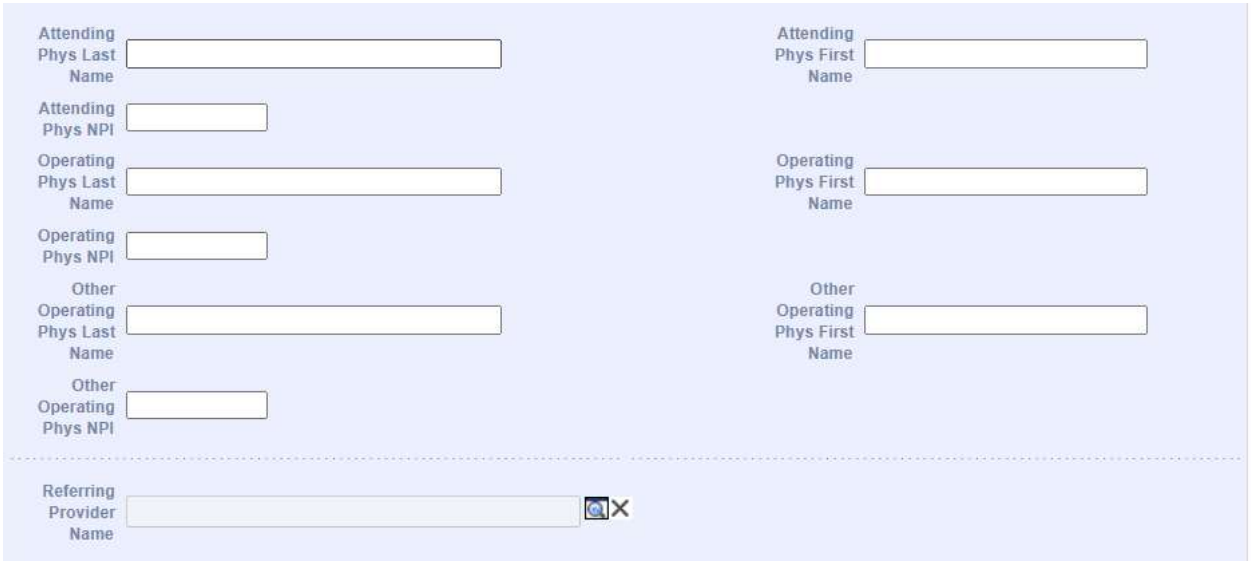
12. Enter the member's **City***, **State***, and **Zip*** code in their respective fields.



Billing and Service: 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. The attending physician must be actively participating or enrolled in MassHealth as at least a nonbilling provider.
14. Enter the **Attending Phys NPI**.
15. If a surgical code is being submitted , you must enter the name of the operating physician associated with the claim in the **Operating Phys Last Name** and **Operating Phys First Name** fields. The operating physician must be actively participating or enrolled in MassHealth as at least a nonbilling provider.
16. If an operating physician was named, you must enter the **Operating Phys NPI**.
17. If there is more than one operating physician, enter the name of the other operating physician in the **Other Operating Phys Last Name** and **Other Operating Phys First Name** fields. The other operating physician must also be actively participating or enrolled in MassHealth as at least a nonbilling provider.
18. If another operating physician was named, you must enter the **Other Operating Phys NPI** .
19. If the service was referred, you must enter the **Referring Provider Name**. Click on the magnifying glass to select a referring provider. Enter the referring provider name. Click on the provider name. The referring provider must be actively participating or enrolled in MassHealth as at least a nonbilling provider.



20. Enter a **Referral #** if applicable.

    Note: If no referral is entered and there is a referral on file, MassHealth will use it to process the claim once the claim is submitted.

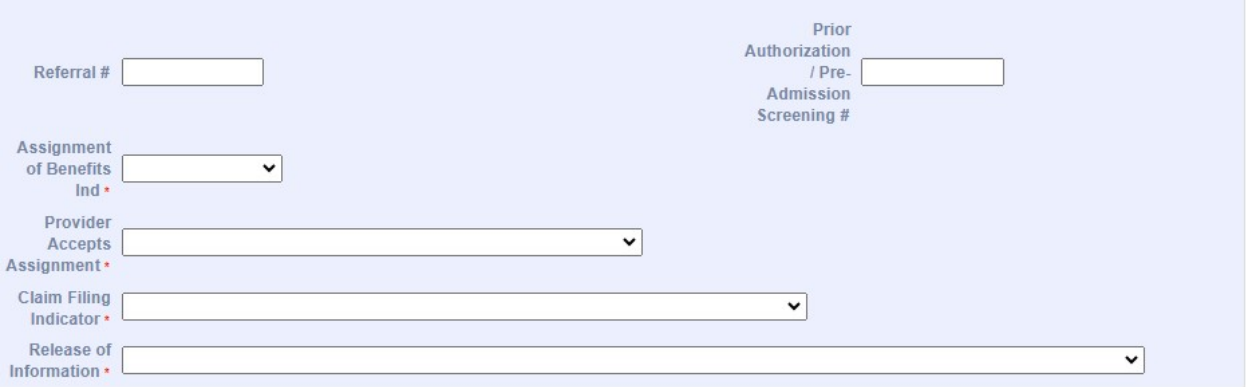
21. Enter a **Prior Authorization (PA)/Pre-Admission Screening (PAS) #** if applicable.

    Note: If no PA or PAS is entered and there is one on file, MassHealth will use it to process the claim with the approved PA or PAS once the claim is submitted.

22. In the **Assignment of Benefits*** dropdown, select whether the member authorizes benefits to be paid to the provider.

    Note: When submitting a MassHealth claim, this field should always be **Yes**.

23. Select the appropriate value in the **Provider Accepts Assignment*** dropdown list.
24. Select the **Claim Filing Indicator*** from the dropdown list.
25. Select the **Release of Information*** from the dropdown list.



Billing and Service: Enter Service Information

On the **Service Information** panel:

26. In the **From Date*** and **Through Date*** fields, enter the date range for the claim.
27. Select the **Patient Status*** from the dropdown list.
28. Select the **Admit or Visit Source** from the dropdown list.
29. Select the **Admission or Visit Type*** from the dropdown list.
30. Enter the **Admission Date**.
31. Select the **Admission Hour** from the dropdown list.

    Note: The **Admission Hour** field uses the 24-hour clock (military time).
32. Select the **Discharge Hour** from the dropdown list.

    Note: The **Discharge Hour** field uses the 24-hour clock (military time).
33. If applicable, select the appropriate code from the **Delay Reason Code** dropdown list.

    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.



Billing and Service: Enter the Claim Charges

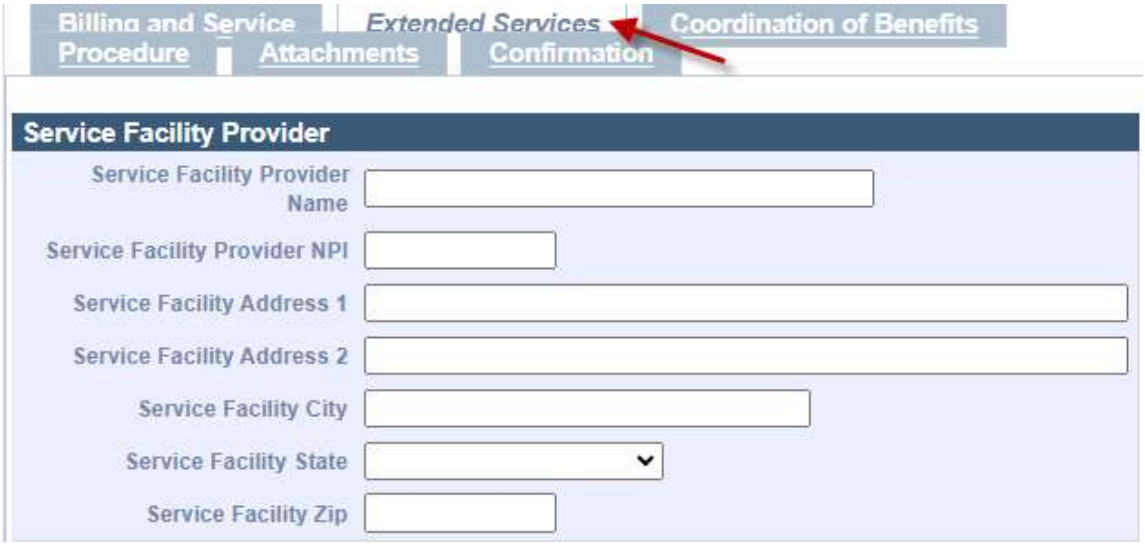
On the **Claims Charges** panel:

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



Extended Service: Service Facility Provider

35. Scroll up to click on the **Extended Services** tab. On the **Service Facility Provider** panel, enter the **Service Facility Provider Name** if the location of services is different than that of the billing provider.
36. Enter the **Service Facility Provider NPI**.



On the **List of Conditions** panel:

37. To add a Condition code, click **New Item**.
38. The **Condition Code Detail** panel displays. Select a **Condition Code/Description*** from the dropdown list, then click **Add.**



On the **List of Occurrences** panel:

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

On the **Occurrence Code Detail** panel:

40. Select the **Occurrence Code*** from the dropdown list.
41. Select the **Type*** of occurrence from the dropdown list.
42. In the **Date** fields, enter the date range for the claim.
43. Select the **Type*** of occurrence from the dropdown list.
44. Click **Add** to save the Occurrence information.



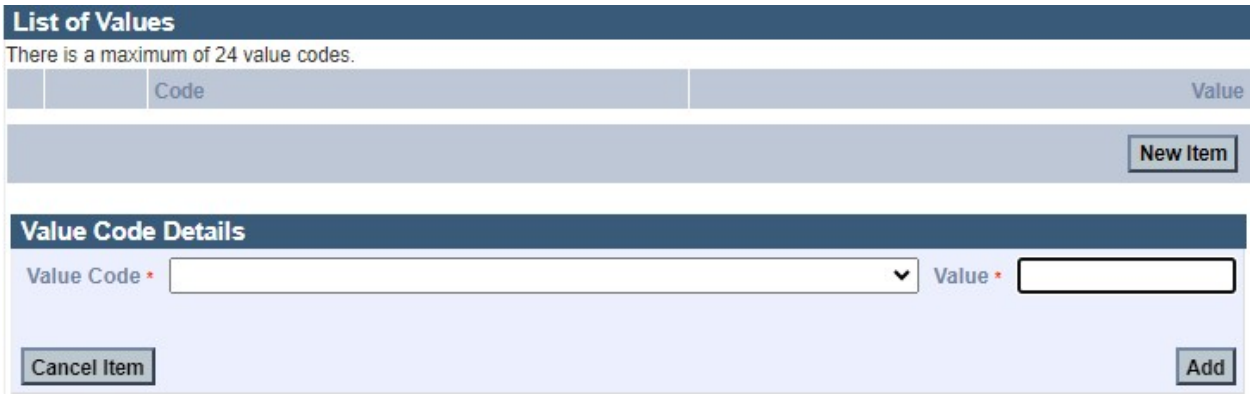
Extended Service: Enter Value Code Information

On the **List of Values** panel:

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

On the **Value Code Detail** panel:

46. Select the **Value Code*** from the dropdown list.
47. In the **Value*** field, enter the amount of the claim that MassHealth is paying.
48. Click **Add** to save the Value Code information.



Extended Service: Enter ICD Version

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

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

49. Enter the **Principal Diagnosis Code***.
50. Enter **Principal Present on Admission** from the dropdown menu.
51. Enter the **Admitting Diagnosis Code.**

    Note: You must add the **Principal Diagnosis Code** and **Admitting Diagnosis Code** when applicable.



Extended Service: List of Diagnosis Information

On the **List of Other Diagnoses** panel:

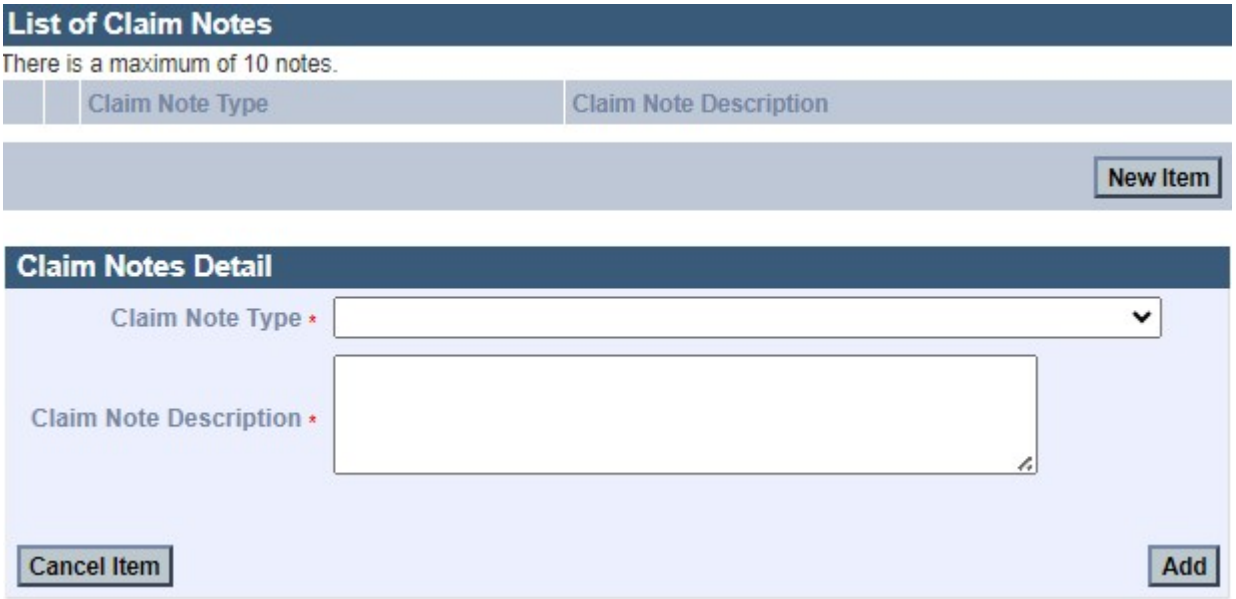
52. Click **New Item**. The **Diagnosis Code Detail** panel displays.
53. Enter the **Diagnosis Code***.
54. Select the **Present on Admission** indicator from the dropdown list.
55. Click **Add** to save the Diagnosis Code information. Enter information on all remaining panels as required.



Enter Claim Note

To add a **Claim Note:**

56. Click **New Item**.
57. Choose **Claim Note Type*** from the dropdown menu.
58. Add a **Claim Note Description***.
59. Click **Add** to save the claim note.



Enter Procedure Information

60. Click on the **Procedure** tab.

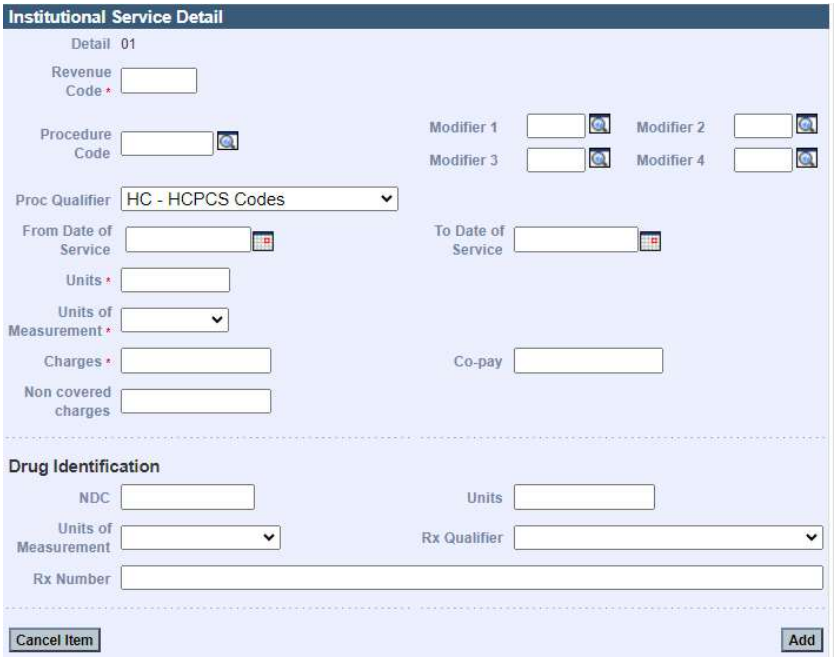
On the **List of Institutional Services** panel:

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



On the **Institutional Service Detail** panel**:**

62. Enter the **Revenue Code***.
63. When applicable, enter **HCPCS Procedure Code**, associated modifier, and date information.
64. Enter the **Units*** for the claim.
65. Select the **Units of Measurement*** from the dropdown list.
66. Enter the **Charges*** for the claim.
67. Enter **Drug Identification** information if the HCPC code entered on the claim is for drug charges. Complete the following fields as appropriate.
    - NDC – enter the complete ID number of drug
    - Units of Measurement
    - Units
    - Rx Qualifer
    - Rx Number
68. Click **Add.**



Add Attachments

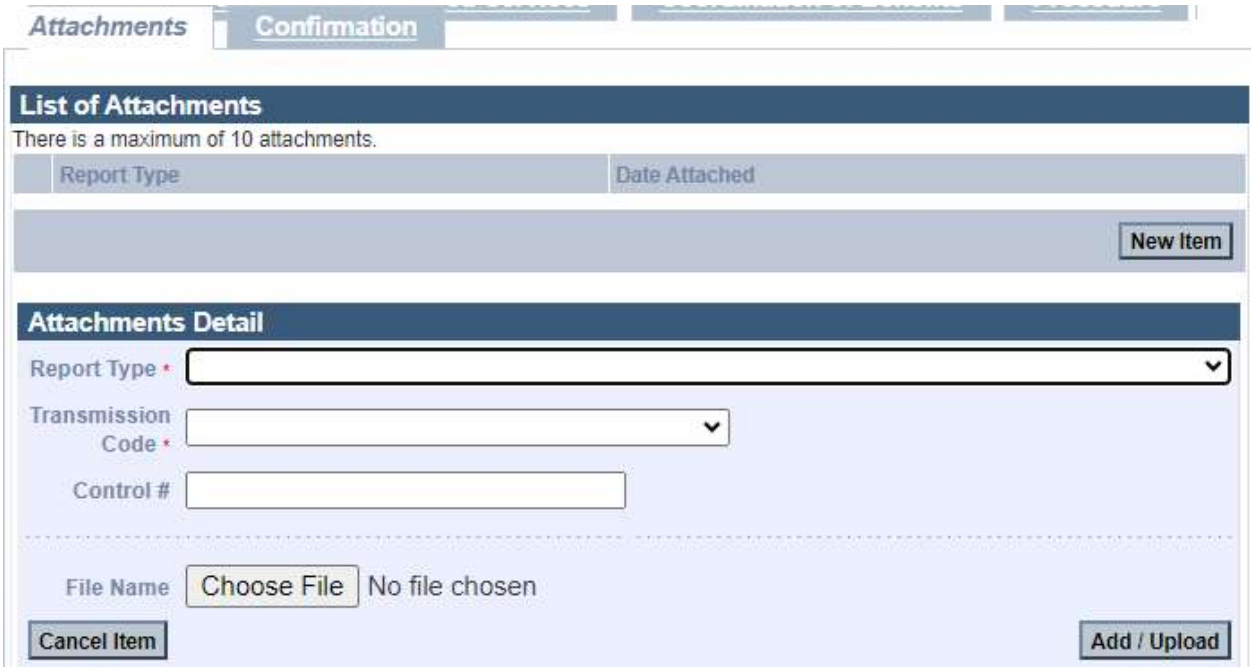
69. Click the **Attachments** tab.

On the **List of Attachments** panel:

70. Click **New Item**. The **Attachments Details** panel displays.

On the **Attachments Detail** panel:

71. Select the **Report Type** from the dropdown list.
72. Select the **Transmission Code** of the report from the dropdown list.
73. Click **Browse**. The “Choose file” window displays.
74. Navigate to the file you want to attach and click **Open.**
75. Click **Add/Upload**.



Confirm Claim

76. Click the **Confirmation** tab.

On the **Confirmation** panel:

77. Verify that the claim information is correct.
78. Once you verify the claim is correct, click **Submit**.



Claim Status Response

On the **Conformation** panel:

79. Review the status of the claim, including any Explanation of Benefit (EOB) codes that may appear.
80. Click **Close.**

