



Job Aid: Void a Paid Claim

This job aid describes how to:

- Void 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 **Claims Search** panel is displayed.

Health and Human Services Mass.gov

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☰ MassHealth Provider Online Service Center (POSC)

- 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 SCC Payments



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 **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**.

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

6. Click **Search**.

☰ MassHealth Provider Online Service Center (POSC)

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

From the **Claims Search Results** panel:

7. Select the paid claim to be voided.

Review the Claim Detail Panel

From the **Claim Detail** panel:

8. Review the claim status.

9. Click **Void**.

Provider Services

- > Home
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 - > View SCO Payments
- > Manage Provider Information
- > Administer Account
- > Reference Publications
- > News & Updates
- > Related Links

Inquire Claim Status

Claim Detail

Provider [REDACTED] Provider ID [REDACTED]

Member ID [REDACTED]

Patient Account # [REDACTED]

Member Name [REDACTED]

ICN [REDACTED]

Charged Amount \$332.00 Payment Amount \$89.10

Status Date 08/25/2023

Adjudication Date 08/24/2023 Service Date(s) 08/22/2023 - 08/22/2023

Check Issue Date 08/29/2023

Claim Status F1-FIN

HC Claim Status

List Of Services

Detail	Service Code	Units	Charges	Paid Amount	Status
01	58300	1.00	\$293.00	\$81.51	Paid
02	81025	1.00	\$39.00	\$7.59	Paid

Close Return to Search Results Void Copy Replace Resubmit

From the Claim Confirmation Panel:

10. Click **Confirm**

Provider Services

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Inquire Claim Status

Confirmation

Your claim for [REDACTED] has been selected to be voided.

Claim Status Paid

Claim ICN [REDACTED]

Adjudication Date 11/21/2023

Paid Amount \$89.10

To void this claim, please select the Confirm button.

Cancel Service Confirm

Provider Services

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Inquire Claim Status

Confirmation

Your void request for [REDACTED] has been processed.

Claim Status Denied
 Claim ICN 5923 [REDACTED]
 Adjudication Date 11/21/2023
 Paid Amount \$0.00

Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	0	VOID ADJUSTMENT WAS SUCCESSFUL ←

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

Close ←

If the void failed, be sure to verify that you are voiding the last claim that paid. You cannot void or adjust a denied claim.

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Inquire Claim Status

Confirmation

Your void request for [REDACTED] has been processed.

Claim Status Denied
 Claim ICN 5923 [REDACTED]
 Adjudication Date 11/21/2023
 Paid Amount \$0.00

Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	550	ADJUSTMENT FAILED ←

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

Close