



Job Aid: Professional Claims Submission

This job aid reviews the process for submitting an electronic professional claim in the Provider Online Service Center (POSC). For specific billing information, providers should refer to the relevant MassHealth Billing Guides available at www.mass.gov/masshealthpubs under the Provider Library heading.

Professional claims are used when submitting a claim for professional services, such as physician services.

This job aid describes how to:

- Enter and submit a single professional 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.

Submit MassHealth Claim

From the **POSC** home page:

1. Click **Manage Claims and Payments** to submit the professional claim.
2. Click **Enter Single Claim**. The **Claims Templates** panel displays.

On the **Claims Templates** panel:

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

Note: The **Billing Information** panel opens under the Billing and Service tab. This tab and the Extended Services and Coordination of Benefits tabs make up the Claim header.

The screenshot displays the MassHealth Provider Online Service Center (POSC) interface. On the left is a navigation menu with a 'Collapse Services' link at the top. Under 'Provider Services', the 'Manage Claims and Payments' section is expanded, and 'Enter Single Claim' is highlighted with a red arrow. The main content area shows the 'Enter Single Claim' header with a question mark icon. Below this is the 'Claim Templates' section, which prompts the user to select a DDE claim type. Two options are listed: 'Institutional Claim' and 'Professional Claim', with a red arrow pointing to 'Professional Claim'. At the top of the main area, there are links for 'Mass.Gov Home', 'State Agencies', and 'State Online Services'.

Billing and Service Tab: Billing Information

On the **Billing Information** panel:

4. Select the **Billing Provider ID*** from the dropdown list.
5. Enter the **Member ID***.
6. Enter the **Patient Account #***.
7. Enter the member's **Last Name***.
8. Select the member's **Gender*** from the dropdown list.
9. Enter the member's **First Name***.
10. Enter the member's date of birth in the **DOB*** field.
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***.
13. Enter the member's **State*** from the dropdown list.
14. Enter the member's **Zip*** code.

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

- Previous ICN**: A text field.
- Billing Provider ID ***: A dropdown menu.
- Billing Provider Taxonomy**: A text field.
- Member ID ***: A text field.
- Patient Account # ***: A text field.
- Last Name ***: A text field.
- First Name ***: A text field with a middle initial (MI) field.
- DOB ***: A date field with a calendar icon.
- Gender ***: A dropdown menu.
- Member Date of Death**: A date field with a calendar icon.
- Member Address 1 ***: A text field.
- Member Address 2**: A text field.
- Member City ***: A text field.
- Member Zip ***: A text field.
- Member State ***: A dropdown menu.
- Medical Record #**: A text field.

15. Enter the **Rendering Provider Name** (for group practices only).

Note: To pre-populate these fields, click the magnifying glass to the right. Enter the provider NPI number and Business Name or Last Name and First Name. Then click **Search**. The provider name will appear below. Click on the name to prepopulate.



16. Enter **Referring Provider Name**, if applicable.

Note: To pre-populate these fields, click the magnifying glass to the right. Enter the provider NPI number and Business Name or Last Name and First Name. Then click **Search**. The provider name will appear below. Click on the name to prepopulate.



17. In the **Supervising Provider Last Name** and **Supervising Provider First Name** fields, enter the name of the supervising physician associated with the claim, if applicable.

18. Enter the **Supervising Provider NPI**.

Note: All providers must be actively enrolled with MassHealth, at least as a nonbilling provider, if included on the claim.


Rendering Provider Name  

Rendering Provider Taxonomy

Referring Provider Name  

Supervising Provider Last Name

Supervising Provider NPI

Supervising Provider Other ID 

OR

Supervising Provider First Name

Supervising Provider Other ID

19. Select **Release of Information*** from the dropdown list.

20. Select **Place of Service*** from the dropdown list.

21. Select **Assignment of Benefits Ind*** from the dropdown list.

22. Select **Signature on File*** from the dropdown list.

23. Select **Provider Accepts Assignment*** from the dropdown list.

24. Select **Claim Filing Indicator*** from the drop

This screenshot shows the top portion of a claim form. It includes several dropdown menus and input fields: 'Patient Signature' (a long dropdown), 'Source Code', 'Release of Information' (a dropdown), 'Place of Service' (a dropdown), 'Referral #' (an input field), 'Prior Authorization #' (an input field), 'Assignment of Benefits Ind' (a dropdown), 'Signature on File' (a dropdown), 'Provider Accepts Assignment' (a dropdown), 'Special Program Indicator' (a dropdown), and 'Claim Filing Indicator' (a dropdown). The 'Claim Filing Indicator' field is highlighted with a red asterisk, indicating it is a required field.

down list.

Billing Information Tab: Service Information and Claims Charges

25. Select **ICD Version***.

Note: Select **ICD-9** for claims with a date of service before October 1, 2015. Select **ICD-10** for claims with a date of service on or after that date. The system defaults to ICD-10.

26. Enter **Diagnosis Codes*** (minimum of one required).

Note: When entering diagnosis codes, please be sure to enter the primary diagnosis code in field 1. Where relevant, enter the secondary diagnosis code in field 2 and the tertiary diagnosis code in field 3. The remaining fields may be used to for any additional diagnosis codes related to the claim to be submitted. Providers may submit up to 12 diagnosis codes per transaction.

27. Enter **Total Charges***.

This screenshot displays the 'Service Information' and 'Claims Charges' sections of a claim form. The 'Service Information' section includes a radio button selection for 'ICD Version' (ICD-9 or ICD-10, with ICD-10 selected). Below this are 12 input fields for 'Diagnosis Code' (1 through 12). Further down are various date and time input fields: 'Related Causes Type' (dropdown), 'Accident State' (dropdown), 'Related Causes Date (439)' (date), 'Related Causes Hour' (dropdown), 'Disability Begin Date (360)', 'Disability End Date (361)', 'Assumed Care Date (090)', 'Relinquished Care Date (091)', 'Date First Seen (444)', 'Initial Treatment Date (454)', 'Date Last Seen (304)', 'Acute Manifestation of Chronic Condition (453)', 'Last X-Ray (455)', 'Hearing / Vision Prescription (471)', 'Onset of Illness (431)', 'Admit Date (435)', 'Discharge Date (096)', 'Last Worked Date (297)', and 'Work Return Date (296)'. The 'Claims Charges' section at the bottom contains two input fields: 'Total Charges' and 'Patient Paid Amount'. A 'Cancel Service' button is located at the bottom left of the form.

When all the information is entered on the Billing and Services tab, scroll to the top to click the **Extended Services** tab.

Note: Clicking the Extended Services tab will save data entered so far and will check for any required fields that have not been populated with information.



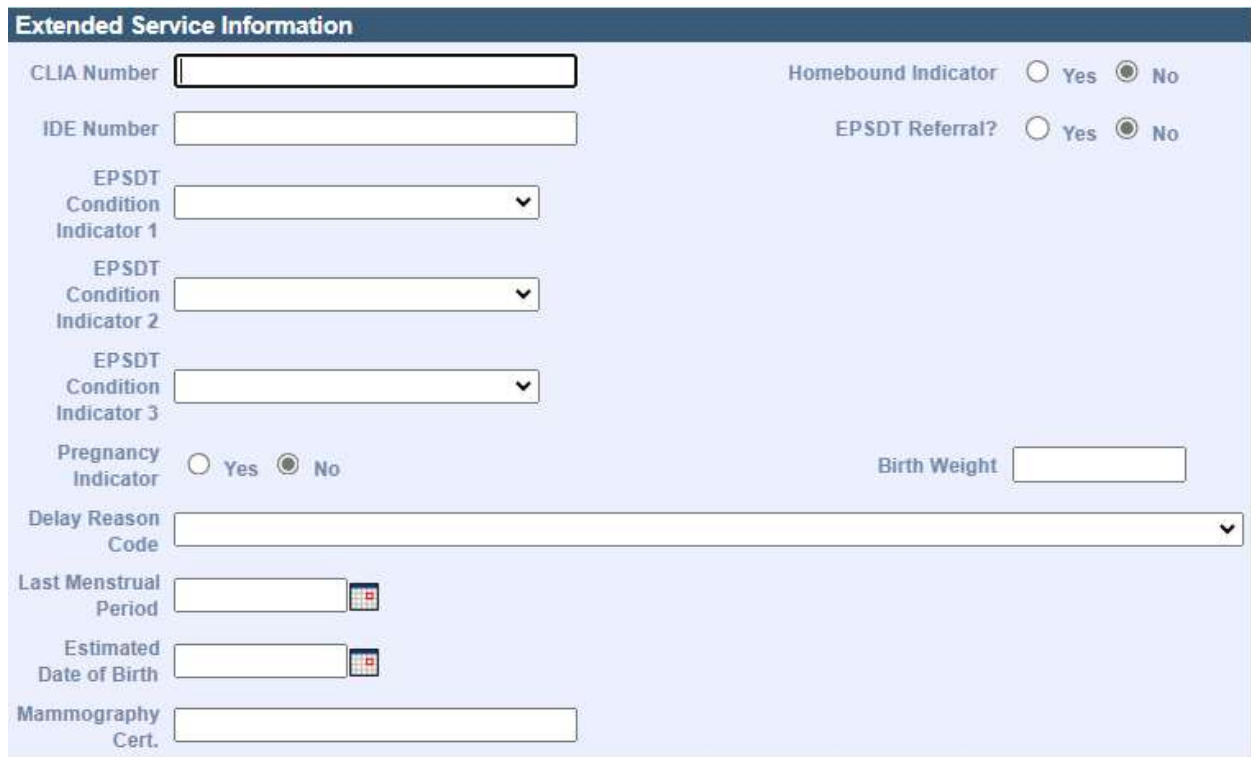
Billing and Service **Extended Services** Coordination of Benefits Procedure Attachments Confirmation

Extended Services Information and Service Facility Provider

On the **Extended Services Information** panel:

28. Enter or select the following, as appropriate.

- CLIA Number
- Homebound Indicator
- IDE Number
- EPSDT Referral
- EPSDT Condition Indicator 1
- EPSDT Condition Indicator 2
- EPSDT Condition Indicator 3
- Pregnancy Indicator
- Birth Weight
- Delay Reason Code
- Last Menstrual Period
- Estimated Date of Birth
- Mammography Certification



Extended Service Information

CLIA Number

IDE Number

EPSDT Condition Indicator 1

EPSDT Condition Indicator 2

EPSDT Condition Indicator 3

Pregnancy Indicator ☐ Yes ☒ No

Homebound Indicator ☐ Yes ☒ No

EPSDT Referral? ☐ Yes ☒ No

Birth Weight

Delay Reason Code

Last Menstrual Period

Estimated Date of Birth

Mammography Cert.

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.

On the **Service Facility Provider** panel:

29. Enter the **Service Facility Provider Name** if the Service Facility Location Address fields are entered.
30. Enter the **Service Facility Provider NPI** if the location of services is different than that of the billing provider's and the entity is not a sub-part of the billing provider.
31. In the **Service Facility Address 1**, **City**, **State**, and **Zip Code** fields, enter the Service Facility Address if the Service Facility Provider Name is entered.

Note: The **Service Facility Location Address** is required if the **Service Facility Provider Name** is entered on the claim, and vice versa.

| Service Facility Provider | |
|--------------------------------|--------------------------------|
| Service Facility Provider Name | <input type="text"/> |
| Service Facility Provider NPI | <input type="text"/> |
| Service Facility Address 1 | <input type="text"/> |
| Service Facility Address 2 | <input type="text"/> |
| Service Facility City | <input type="text"/> |
| Service Facility State | <input type="text" value="v"/> |
| Service Facility Zip | <input type="text"/> |

List of Claim Notes

On the **List of Claim Notes** panel, if applicable:

32. Click **New Item**. The **Claim Notes Detail** panel displays.

Note: A maximum of 10 claim notes can be added to a claim.

Claim Notes Detail

On the **Claim Notes Detail** panel:

33. Select **Claim Note Type** from the dropdown list.
34. Enter **Claim Note Description**.
35. Click **Add**.

The screenshot shows the 'List of Claim Notes' section with a table containing one row. The table has two columns: 'Claim Note Type' and 'Claim Note Description'. To the right of the table is a 'New Item' button with a red arrow pointing to it. Below the table is the 'Claim Notes Detail' panel, which has a 'Claim Note Type' dropdown menu and a 'Claim Note Description' text area. At the bottom left is a 'Cancel Item' button, and at the bottom right is an 'Add' button with a red arrow pointing to it.

Ambulance Transport and Certification

On the **Ambulance Transport and Certification** panel:

36. Enter or select the following, as appropriate.

- Patient Weight
- Transport Reason Code
- Transport Distance
- Roundtrip Purpose Description
- Stretcher Purpose Description
- Certification Condition Indicator

The screenshot shows the 'Ambulance Transport and Certification' panel. It contains several input fields: 'Patient Weight' (text box), 'Transport Reason Code' (dropdown menu), 'Transport Distance' (text box), 'Roundtrip Purpose Description' (text area), 'Stretcher Purpose Description' (text area), and 'Certification Condition Indicator' (dropdown menu). At the bottom left is a 'Cancel Service' button.

Note: If there is a third party to bill, you will need to complete the **Coordination of Benefits (COB)** panel before adding the Procedure information. Please refer to the [Coordination of Benefits Job Aid](#).

37. Once you've completed the Coordination of Benefits panel, scroll to the top to click the **Procedure** tab.

Procedure Tab

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

38. Click **New Item**. The **Professional Services Detail** panel displays.

Professional Services Detail

On the **Professional Services Detail** panel:

39. Enter the **HCPSC Procedure Code***.
40. Enter modifiers, if applicable.
41. If billing for an unlisted Procedure Code, enter a description of service, up to 80 characters.
42. Enter **From Date of Service***.
43. Enter **To Date of Service***.
44. Select **Place of Service** from the dropdown list.
45. Enter the diagnosis cross-reference number (**Diag. CrossRef***).


Note: If applicable, enter the number (1–12) corresponding to the primary, secondary, or tertiary diagnosis code(s) entered for the claim that is related to the service being entered. Up to four diagnosis cross-references can be entered. When multiple services are performed, enter the primary reference for each service first, followed by other applicable services. Please ensure that the correct diagnosis code is cross-referenced to the appropriate procedure code, as claims that do not contain compatible diagnosis and procedure codes will be denied.

46. Enter **Charges***.
47. Enter **Units***.



48. Select **Units of Measurement*** from the dropdown list.

Professional Services Detail

Detail 01

HCPCS Procedure Code * 

Unlisted Procedure Description

From Date of Service *  To Date of Service * 





Place of Service

Diag. Cross-Ref * Charges *

Units * Obstetric Anesthesia Additional Units

Units of Measurement *


Family Planning Indicator ☐ Yes ☒ No Hospice Employee Indicator ☐ Yes ☒ No

Modifier 1  Modifier 2 
Modifier 3  Modifier 4 

49. If applicable, enter the **Rendering Provider Name**. The rendering provider should be actively participating or enrolled with MassHealth as at least a nonbilling provider.

Note: Enter the rendering provider only if it is different from the one entered on the Billing and Service tab.

50. If applicable, enter **Rendering Provider Taxonomy**.

Rendering Provider Name  

Rendering Provider Taxonomy

51. If applicable, enter **Ordering Provider Last Name** and **First Name**. The Ordering provider must be actively participating or enrolled with MassHealth as at least a nonbilling provider.

52. If applicable, enter **Ordering Provider NPI** or, if identifying the ordering provider by a different method, select the **Ordering Provider Other ID Type** from the dropdown list and enter **Ordering Provider Other ID**.

Ordering Provider Name  

53. If applicable, use the magnifying glass to search for the **Supervising Provider Name**.

Note: Enter the Last Name and First Name, NPI, or Provider ID (PID) to search for the supervising provider. Then select the desired provider from the List of Servicing Providers panel.

Supervising Provider Name  

54. Select the **Emergency** option from the dropdown list, if applicable.

55. Select the **EPSDT*** option from the dropdown list.

| | | | |
|-----------------------|----------------------|------------|----------------------|
| Emergency | <input type="text"/> | EPSDT? * | <input type="text"/> |
| Prior Authorization # | <input type="text"/> | Referral # | <input type="text"/> |

56. If the claim includes charges for a National Drug Code (NDC), complete the following fields as appropriate.

- NDC – enter the complete ID number of drug
- Units
- Units of Measurement
- Rx Qualifier
- Rx Number
- Rx Date

Note: If this completes the procedure information, click **Add** at the bottom of the panel. If not, scroll down to continue entering information.

| | | | |
|----------------------------|----------------------|--------------|----------------------|
| 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"/> | | |
| Rx Date | <input type="text"/> | | |

Professional Services Detail: Durable Medical Equipment Service

57. If the claim includes a Durable Medical Equipment (DME) service, complete the following fields as appropriate.

- DME Length of Medical Necessity
- DME Purchase Price
- DME Rental
- DME Unit Price Indicator

Note: If this completes the procedure information, click **Add** at the bottom of the panel. If not, scroll down to continue entering information.

| | | | |
|--|----------------------|-----------------------------|----------------------|
| Durable Medical Equipment Service | | | |
| DME Length of Medical Necessity | <input type="text"/> | DME Purchase Price | <input type="text"/> |
| DME Rental Price | <input type="text"/> | Rental Unit Price Indicator | <input type="text"/> |

Professional Services Detail: Ambulance Service

58. If the claim includes Ambulance services, complete the following fields as appropriate.

- Patient Weight
- Patient Count
- Transport Reason Code
- Transport Distance
- Round Trip Purpose Description
- Stretcher Purpose Description
- Certification Condition Indicator

59. Enter the **Ambulance Pick-up Location**.

60. Enter the **Ambulance Drop-off Location**.

61. Click **Add**.

Note: The information you enter will be added to the **List of Professional Services**.

| | |
|--|--|
| Ambulance Service | |
| Patient Weight <input type="text"/> | Patient Count <input type="text"/> |
| Transport Reason Code | <input type="text"/> |
| Transport Distance <input type="text"/> | Roundtrip Purpose Description <input type="text"/> |
| Stretcher Purpose Description <input type="text"/> | |
| Certification Condition Ind <input type="text"/> | |
| Ambulance Pickup Location | |
| Street 1 <input type="text"/> | |
| Street 2 <input type="text"/> | |
| City <input type="text"/> | State <input type="text"/> |
| Zip <input type="text"/> | |
| Ambulance Drop-off Location | |
| Street 1 <input type="text"/> | |
| Street 2 <input type="text"/> | |
| City <input type="text"/> | State <input type="text"/> |
| Zip <input type="text"/> | |
| <input type="button" value="Cancel Item"/> | <input type="button" value="Add"/> |

List of Notes

On the **List of Notes** panel:

62. Click **New Item** to add a note for the service (in addition to those entered on the Extended Services panel). The **Notes Detail** panel displays.

Note: A maximum of 10 claim notes can be added to a claim.

On the **Notes Detail** panel:

63. Select **Note Type** from the dropdown list.
64. Enter **Note Description**.
65. Click **Add**.

The screenshot shows two panels. The top panel, titled "List of Notes", has a header bar and a message "There is a maximum of 10 notes." Below this is a table with two columns: "Note Type" and "Note Description". A "New Item" button is in the top right corner. The bottom panel, titled "Notes Detail", contains a "Note Type" dropdown menu, a "Note Description" text area, a "Cancel Item" button in the bottom left, and an "Add" button in the bottom right.

Note: The **List of COB Line Items** is used when the member also has Other Insurance or Medicare. Please refer to the [Coordination of Benefits Job Aid](#).

The screenshot shows two panels. The top panel, titled "List of COB Line Items", has a header bar and a message "There is a maximum of 15 procedure COB records." Below this is a table with columns: "Carrier Code", "Remittance Date", "Paid Amt.", "Paid Units of Service", and "Bundled Line". A "New Item" button is in the top right corner. The bottom panel, titled "COB Line Details", contains several input fields: "Carrier Code" (dropdown), "Remittance Date" (calendar icon), "Paid Units of Service" (text box with "1"), "Procedure Code" (text box with "99212" and a magnifying glass icon), "Prior Authorization #" (text box), "Bundled into Line #" (text box), "Paid Amount" (text box), "Remaining Patient Liability" (text box), "Modifier 1", "Modifier 2", "Modifier 3", "Modifier 4" (each with a text box and a magnifying glass icon), and "Referral #" (text box). There are "Cancel Item" and "Add" buttons at the bottom.

Attachments Tab: List of Attachments

On the **List of Attachments** panel:

66. Click **New Item**. The **Attachments Detail** panel displays.



On the **Attachments Detail** panel:

67. Select **Report Type*** from the dropdown list.

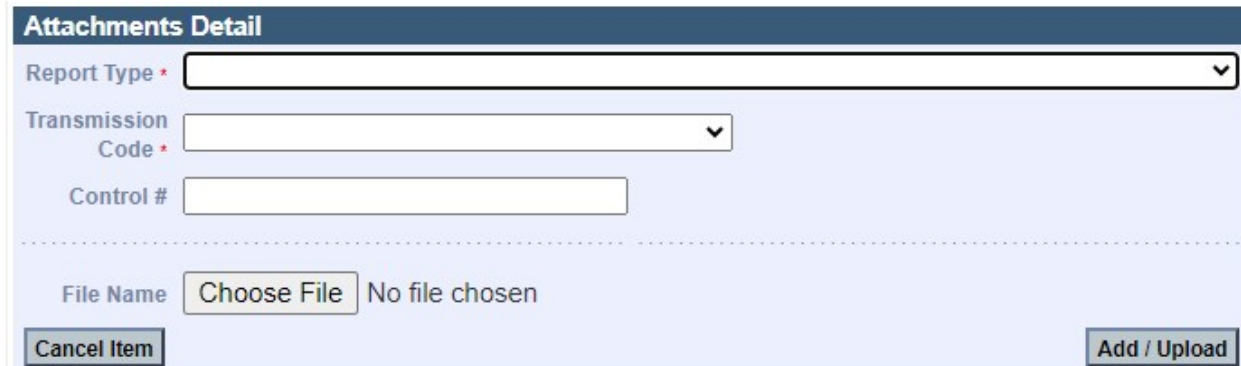
Note: If you are using this panel, all fields are required.

68. Select **Transmission Code*** from the dropdown list.

69. Click **Browse** and navigate to the attachment file.

70. Select the desired file and click **Open**.

71. Click **Add/Upload**.



72. Click the **Confirmation** tab.

Confirmation Tab

On the **Confirmation** panel:

73. Confirm the information is accurate.
74. Click **Submit**.

Billing and Service Procedure

Extended Services Attachments

Confirmation

Coordination of Benefits

Confirmation

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

Service Date Range

10/24/2023 - 10/24/2023

Number of Details Submitted

1

Total Detail Charges

\$150.00

Total Amount Billed

\$150.00

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

Cancel Service

Submit

Explanation of Benefits (EOB) Codes

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

75. Review any EOB codes that may appear.
76. Click **Close** to exit.

Confirmation

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

Claim Status

Denied

Claim ICN

2224004700006

Adjudication Date

01/04/2024

Paid Amount

\$0.00

Explanation of Benefits (EOB)

| Detail | EOB Code | Description |
|--------|----------|---|
| 00 | 2001 | MEMBER ID NUMBER NOT ON FILE |
| 1 | 1007 | DETAIL RENDERING PROV ID NOT ON FILE OR MISSING |

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

Close

Void

Resubmit

Replace

Copy