MMIS POSC Job Aid:
Institutional Claims Submission with MassHealth

This job aid reviews the process of submitting an electronic institutional claim in the Provider Online Service Center (POSC). For specific billing information, providers should reference the relevant Billing Guides available at www.mass.gov/how-to/masshealth-billing-guides-for-paper-claim-submitters (then click on the appropriate document below to access a specific guide).

Please Note: Any previously submitted electronic claim that requires a correction to the procedure code, revenue coder, or service date, must be submitted via Direct Data Entry (DDE).

This job aid describes how to submit a single institutional claim for a member who only has MassHealth coverage.

Access Enter Single Claim

From the Provider Online Service Center 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 and Service: Enter Billing and Member Information

On the **Billing Information** panel

4. Select the **Type of Bill** from the drop-down.
5. Select the **Billing Provider ID** from the drop-down.
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. In the **DOB** field, enter the member's date of birth.
10. Select the member's **Gender** from the drop-down.
11. In the **Member Address 1** field, enter the member's street address.

    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 should be actively participating/enrolled in MassHealth at least as a nonbilling provider.
14. Enter the **Attending Phys NPI**.
15. In the **Operating Phys Last Name** and **Operating Phys First Name** fields, enter the name of the operating physician associated with the claim if a surgical code is being submitted. The Operating Physician should be actively participating/enrolled in MassHealth at least as a nonbilling provider.
16. Enter the **Operating Phys NPI** if a surgical code is being submitted on the claim.
17. If applicable, 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 should be actively participating/enrolled in MassHealth at least as a nonbilling provider.
18. If applicable, enter the **Other Operating Phys NPI**.

    Note: The operating physician information is required if the other operating physician fields are entered.
19. In the **Referring Provider Name** field, click on the magnifying glass to select a referring provider. Enter the referring provider name. Click on the provider name. The Referring Provider should be actively participating/enrolled in MassHealth at least as a nonbilling provider.
20. In the **Assignment of Benefits** drop-down, select whether the member authorizes benefits to be paid to the provider.

    Note: When submitting a Medicaid claim, this field should always be set to **Yes**.
21. Select the appropriate value in the **Provider Accepts Assignment** drop-down.
22. Select the **Claim Filing Indicator** from the drop-down.
23. Select the **Release of Information** from the drop-down.

Billing and Service: Enter Service Information

On the **Service Information** panel

24. In the **From Date** and **Through Date** fields, enter the date range for the claim.
25. Select the **Patient Status** from the drop-down.
26. Select the **Admit or Visit Source** from the drop-down.
27. Select the **Admission or Visit Type** from the drop-down.
28. Enter the **Admission Date**.
29. Select the **Admission Hour** from the drop-down.

    Note: The **Admission Hour** field uses the 24-hour clock (military time).
30. Select the **Discharge Hour** from the drop-down.

    Note: The **Discharge Hour** field uses the 24-hour clock (military time).

    If applicable, select the appropriate code from the **Delay Reason Code** drop-down.

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 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, enter Delay Reason Code 11-Other

Billing and Service: Enter the Claim Charges

On the **Claims Charges** panel

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

Extended Service: Service Facility Provider

32. Enter the **Service Facility Provider Name** if the location of services is different than that of the billing provider.
33. Enter **Service Facility Provider NPI**.

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

Extended Service: Enter Occurrence Information

34. Click the **Extended Services** tab.

On the **List of Occurrences** panel

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

On the **Occurrence Code Detail** panel

36. Select the **Occurrence Code** from the drop-down.
37. In the **Date** fields, enter the date range for the claim.
38. Select the **Type** of occurrence from the drop-down.
39. Click **Add** to save the Occurrence information.

Extended Service: Enter Value Code Information

On the **List of Values** panel

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

On the **Value Code Detail** panel

41. Select the **Value Code** from the drop-down.
42. In the **Amount** field, enter the amount of the claim that Medicaid is paying.
43. Click Add to save the Value Code information.

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Extended Service: Enter ICD Version

On the ICD Version panel select the radio button corresponding to the ICD Version for the claim.

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

Extended Service: Enter Diagnosis Information

On the **List of Diagnoses** panel

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

On the **Diagnosis Code Detail** panel

44. Enter the **Diagnosis Code**.
45. Select the **Type** of Diagnosis Code from the drop-down.
46. Click **Add** to save the Diagnosis Code information.

    Note: You must add Principal diagnosis and Admitting when applicable.

Enter Procedure Information

47. Click the **Procedure** tab.

On the **List of Institutional Services** panel

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

On the **Institutional Service Detail** panel

49. Enter the **Revenue Code**.
50. When applicable, enter **HCPCS Procedure Code** and associated modifier and date information.
51. Enter the number of **Units** for the claim.
52. Select the **Units of Measurement** from the drop-down.
53. Enter the **Charges** for the claim.
54. 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

55. Click **Add**.

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Add Attachments

56. Click the **Attachments** tab.

On the **List of Attachments** panel

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

On the **Attachments Detail** panel

58. Select the **Report Type** from the drop-down.
59. Select the **Transmission Code** of the report from the drop-down.
60. Click **Browse**. The Choose file window displays.
61. Navigate to the file you want to attach and click **Open**.
62. Click **Add/Upload**.

Confirm Claim

63. Click the **Confirmation** tab.

On the **Confirmation** panel

64. Verify that the claim information is correct.
65. Once you verify the claim is correct, click **Submit**.

Claim Status Response

On the **Claim Status Response** panel

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