NewMMIS POSC Job Aid:
Professional Claims Submission with MassHealth

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.

Please Note: A previously submitted electronic claim that requires a correction to the procedure code, revenue code, or service date must be submitted via direct data entry (DDE).

Professional claims are used when submitting a claim for professional services, such as physician services. This job aid describes how to enter a single professional claim for a member who has MassHealth (Medicaid) insurance.

Submit MassHealth Claim

From the MassHealth Provider Online Service Center

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

Claims Templates

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.

Billing and Service Tab: Billing Information

On the **Billing Information** panel

4. Select **Billing Provider ID** from the drop-down list.
5. Enter **Member ID**.
6. Enter **Patient Account #**.
7. Enter member's **Last Name**.
8. Select member's **Gender** from the drop-down list.
9. Enter member's **First Name**.
10. Enter member's **DOB**.
11. Enter **Member** (Street) **Address**.
12. Enter **Member City**.
13. Select **Member State** from the drop-down list.
14. Enter **Member Zip**.
15. In the **Supervising Prov Last Name** and **Supervising Prov Phys First Name** fields, enter the name of the supervising physician associated with the claim, if applicable.
16. Enter the **Supervising Prov NPI**.

Billing Information Tab: Billing Information (*cont.*)

Note: The **Supervising Physician** should be actively enrolled with MassHealth at least as a nonbilling provider if included on the claim.

17. Select **Release of Information** option from the drop-down list.
18. Select **Place of Service** from the drop-down list.
19. Select **Assignment of Benefits Ind** option from the drop-down list.
20. Select **Signature on File** option from the drop-down list.
21. Select **Provider Accepts Assignment** option from the drop-down list.
22. Select **Claim Filing Indicator** from the drop-down list.

Billing Information Tab: Service Information and Claims Charges

23. Select **ICD Version**.

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

24. 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.

25. Enter **Total Charges**.
26. Click **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.

Extended Services Tab: Extended Services Information and Service Facility Provider

On the **Extended Services Information** panel

27. 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

When submitting a 90-Day Waiver Request, enter one of the following Delay Reason Codes.

Extended Services Tab: Extended Services Information and Service Facility Provider (*cont.*)

Code	Reason
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.

On the **Service Facility Provider** panel

28. Enter the **Service Facility Provider Name** if the Service Facility Location Address fields are entered
29. Enter **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.
30. 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.

Extended Services Tab: List of Claim Notes

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

31. 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

32. Select **Claim Note Type** from the drop-down list.
33. Enter **Claim Note Description**.
34. Click **Add**.

Extended Services Tab: Ambulance Transport and Certification

On the **Ambulance Transport and Certification** panel

35. Enter or select the following, as appropriate.
    - Patient Weight
    - Transport Reason Code

Extended Services Tab: Ambulance Transport and Certification (cont.)

- Transport Distance
- Roundtrip Purpose Description
- Stretcher Purpose Description
- Certification Condition Indicator

36. Click the **Procedure** tab**.**

Procedure Tab

Note: If there is a third party to bill, you will need to complete the **Coordination of Benefits** panel before adding the Procedure information.

On the **List of Professional Services** panel

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

Professional Services Detail

On the **Professional Services Detail** panel

38. Enter **HCPCS Procedure Code**.
39. Enter modifiers if applicable.
40. If billing for an unlisted Procedure Code, enter a description of service – up to 80 characters.
41. Enter **From Date of Service**.
42. Enter **To Date of Service**.
43. Select **Place of Service** from the drop-down list.
44. Enter **Diag. Cross-Ref**.

    Note: If applicable, enter the number (1–12) corresponding to the primary, secondary, tertiary, etc., 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.

45. Enter **Charges**.
46. Enter **Units**.
47. Select **Units of Measurement** from the drop-down list.
48. If applicable, enter **Rendering Provider Name**. The rendering provider should be actively participating/enrolled with MassHealth at least as a nonbilling provider.

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

49. If applicable, enter **Rendering Provider Taxonomy**.
50. If applicable, enter **Ordering Provider Last Name** and **First Name**. The Ordering provider should be actively participating/enrolled with MassHealth at least as a nonbilling provider.

Professional Services Detail (cont.)

51. 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 drop-down list and enter **Ordering Provider Other ID**.
52. If applicable, use the magnifying glass to search for the **Supervising Provider Name**.

    Note: Enter the Last Name and/or 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.
53. Select the **Emergency** option from the drop-down list, if applicable.
54. Select the **EPSDT** option from the drop-down list.
55. 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.

Professional Services Detail: Durable Medical Equipment Service

56. 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
    - Referral 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.

Professional Services Detail: Ambulance Service

57. 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
58. Enter the **Ambulance Pick-up Location**.
59. Enter the **Ambulance Drop-off Location**.
60. Click **Add**.

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

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List of Notes

To add a note for the service (in addition to those entered on the Extended Services panel) on the **List of Notes** panel

61. Click **New Item**. The **Notes Detail** panel displays.

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

On the **Notes Detail** panel

62. Select **Note Type** from the drop-down list.
63. Enter **Note Description.**
64. Click **Add**.

    Note: The **List of COB Line Items** is used when the member also has Other Insurance or Medicare.

Attachments Tab: List of Attachments

On the **List of Attachments** panel

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

Attachment Detail

On the **Attachments Detail** panel

66. Select **Report Type** from the drop-down list.
67. Select **Transmission Code** from the drop-down list.
68. Click **Browse** and navigate to the attachment file.
69. Select the desired file and click **Open**.
70. Click **Add / Upload**.
71. Click the **Confirmation** tab.

Confirmation Tab

On the **Confirmation** panel

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

Explanation of Benefits (EOB) Codes

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

74. Review any EOB codes that may appear.
75. Click **Close**.

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