



Corrective Action for Incorrectly Paid Paper Claims

Claims will be processed at the header level in NewMMIS. This means that if you submit a claim with multiple detail lines, all lines will stay together as one claim during processing, and will be assigned one internal control number (ICN) that will be the claim identifier.

If you are correcting the claim within 90 days of the oldest date of service on the denied claim lines, you can submit a new claim with only the corrected denied lines. If more than 90 days have passed since the oldest date of service on the denied claim lines, the process for correcting the denied lines depends on the data elements being corrected.

In order to correct a claim that has been paid, but at an incorrect amount, you must follow the adjustment procedure described below. However, you cannot follow the adjustment procedure if you are making a change to the member ID number or pay-to provider number/claim type. In these situations, you must request a void of the original payment, and then rebill the corrected claim, if applicable. If the claim is over 90 days from the date of service, then you must request a 90-day waiver.

Note: Dental providers should consult their provider manual or contact the MassHealth Dental Third-Party Administrator at 1-800-207-5019.

How to Submit an Adjustment

Prepare a new claim form with the correct information and attach any required documentation. Submit all paid claim lines as they appeared on the originally paid claim or the most recently adjusted claim.

Failure to submit all paid claim lines will result in the voiding of any omitted, previously paid lines. Do not subtract the original payment from the usual charge, and do not enter it in the "Other Paid Amount" column (the processing system will perform the necessary calculation).

CMS-1500 Claim Form:

In Field 22: Medicaid Resubmission Code, Original Ref. No., enter an "A" followed by the 13-character internal control number (ICN) assigned to the paid claim.

UB-04 Claim Form:

When requesting an adjustment to paid claims, the frequency code on the Type of Bill is "7" (Replacement of Prior Claim). In Field 64: Document Control Number, enter an "A" followed by the 13 character internal control number (ICN) assigned to the paid claim.

Note: The ICN appears on the remittance advice on which the original claim was paid.

Refer to Subchapter 5, Part 6, of your MassHealth provider manual for detailed billing instructions on claim status and correction.

If the original submission required documentation, you must attach the documentation to the adjusted claim. Submit the claim to:

MassHealth
Attn: Adjustments
P.O. Box 9118 Hingham, MA 02343