



Inpatient and Outpatient Hospitals: Procedures for Correcting “PAID” Claims When Billing on the UB-04 Claim Form

All changes made to claims that have appeared on a remittance advice as “PAID” must be done through the adjustment process. The adjustment process must be followed regardless of the service date.

Adjustment Procedure

Prepare a new, corrected claim form Include appropriate claim lines as they appeared on the originally paid claim, with corrected information

- Enter an A on line A in Item 64 of the UB-04 claim form
- Enter the internal control number (ICN) from the most recently “PAID” claim following the A in Item 64 on line A (the ICN is obtained from the remittance advice showing the claim as “PAID”)
- Enter the total charge for the claim
- **Do not** subtract the previous MassHealth payment from your total charge, and do not enter it in Item 54 (the system will calculate the balance due)
- Attach all applicable documentation (if the original claim required it, you must send it again with the adjustment)
- Submit the claim to:
MassHealth:
ATTN: Adjustments
PO Box 9118
Hingham, MA 02043

Exceptions

You cannot follow these procedures if you are making a change to the:

- member ID number
- pay-to provider number
- claim form

In these situations, you must request a void of the original payment and then rebill the corrected claim. If you have exceeded 90 days from the date of service or the date of the EOB from the primary insurer, you may request a 90-day waiver. Consult Subchapter 5 of the billing instructions in your MassHealth provider manual for additional information on claim correction procedures.