



Submitting Paper Claims

Please Note: Effective January 1, 2012, MassHealth is moving toward an all-electronic claims submission policy to achieve greater efficiency. All claims must be submitted electronically, unless the provider has received an approved electronic claim submission waiver. 90-day waiver requests and final deadline appeals may be submitted either electronically via the Provider Online Service Center or on paper.

Please see [All Provider Bulletin 217](#), dated September 2011, for more information about MassHealth's paper claims waiver policy. For information on how to submit 90-day waiver requests and final deadline appeals electronically, please also see [All Provider Bulletin 220](#) and [All Provider Bulletin 221](#), dated December 2011.

Even from those providers who have received an electronic claim submission waiver, MassHealth will accept only standardized paper claim forms — the CMS-1500 and UB-04. If claims cannot be submitted electronically, providers may submit paper claims to MassHealth, but they must follow the procedures given below.

Providers should enter accurate information in the appropriate boxes, using a dark font, and submit an original CMS-1500 or UB-04 form (no photocopies) each time they bill MassHealth.

Instructions on what data should be entered where on the paper claim forms, is present in the billing guides for the CMS-1500 and UB-04. You can find them at www.mass.gov/masshealth. Go to MassHealth Regulations and Other Publications, then to the Provider Library.

In order for a MassHealth claim form to process accurately, the claim must

- be legible;
- be in black ink only; and
- never contain negative money amounts in any amount boxes.

When Submitting Adjustment or Resubmittal Claims

As applicable, in item 22 of the CMS-1500, or item 64 of the UB-04, ensure that an "A" is entered for an adjustment and an "R" is entered for a resubmittal, followed by the former internal control number (ICN). Ensure that the "A" or "R," and the ICN, are correct and legible.

It is not necessary to attach a copy of the remittance advice (RA) to claims. Please include any attachments, such as reports and operative notes, sent with the original claim. Detailed information (by claim type), about adjusting and resubmitting claims, is available in Subchapter 5, Part 6, of your MassHealth provider manual.

Reminder: When submitting an adjustment on the UB-04 claim form, the frequency code on the Type of Bill must be changed to "7."