

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/masshealthpubs (click the Provider Library to access a specific guide).

Please Note: A 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.

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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.
14. Enter the **Attending Phys NPI**.
15. In the **Assignment of Benefits** drop-down, select whether or not the member authorizes benefits be paid to the provider.
Note: When submitting a Medicaid claim, this field should always be set to **Yes**.
16. Select the appropriate value in the **Provider Accepts Assignment** drop-down.
17. Select the **Claim Filing Indicator** from the drop-down.
18. Select the **Release of Information** from the drop-down.

Billing and Service: Enter Service Information

On the **Service Information** panel

19. In the **From Date** and **Through Date** fields, enter the date range for the claim.
20. Select the **Patient Status** from the drop-down.
21. Select the **Admit or Visit Source** from the drop-down.
22. Select the **Admission or Visit Type** from the drop-down.
23. Enter the **Admission Date**.
24. Select the **Admission Hour** from the drop-down.
Note: The **Admission Hour** field uses the 24-hour clock (military time).
25. 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

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Billing and Service: Enter the Claim Charges

On the **Claims Charges** panel

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

Extended Service: Enter Occurrence Information

27. Click the **Extended Services** tab.

On the **List of Occurrences** panel

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

On the **Occurrence Code Detail** panel

29. Select the **Occurrence Code** from the drop-down.
30. In the **Date** fields, enter the date range for the claim.
31. Select the **Type** of occurrence from the drop-down.
32. Click **Add** to save the Occurrence information.

Extended Service: Enter Value Code Information

On the **List of Values** panel

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

On the **Value Code Detail** panel

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

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

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

On the **Diagnosis Code Detail** panel

38. Enter the **Diagnosis Code**.
39. Select the **Type** of Diagnosis Code from the drop-down.
40. Click **Add** to save the Diagnosis Code information.

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

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Enter Procedure Information

41. Click the **Procedure** tab.

On the **List of Institutional Services** panel

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

On the **Institutional Service Detail** panel

43. Enter the **Revenue Code**.

44. When applicable, enter **HCPCS Procedure Code** and associated modifier and date information.

45. Enter the number of **Units** for the claim.

46. Select the **Units of Measurement** from the drop-down.

47. Enter the **Charges** for the claim.

48. 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
- Units of Measurement
- Rx Qualifier
- Rx Number

49. Click **Add**.

Add Attachments

50. Click the **Attachments** tab.

On the **List of Attachments** panel

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

On the **Attachments Detail** panel

52. Select the **Report Type** from the drop-down.

53. Select the **Transmission Code** of the report from the drop-down.

54. Click **Browse**. The Choose file window displays.

55. Navigate to the file you want to attach and click **Open**.

56. Click **Add/Upload**.

Confirm Claim

57. Click the **Confirmation** tab.

On the **Confirmation** panel

58. Verify that the claim information is correct.

59. Once you verify the claim is correct, click **Submit**.

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Claim Status Response

On the **Claim Status Response** panel

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