

Provider Web Portal

Institutional (UB-04) Web billing
Department of Human Services



Web portal basics

- This tutorial is specifically for those providers who submit on the Institutional (UB-04) claim form.
- The Web portal processes claims real-time so you will know the status of the claim as soon as you submit it.
- Providers will be able to view claims on the Web portal no matter how the claim is submitted (paper, electronic data interchange, or Web).
- Providers can:
 - View submitted claims for status and accuracy.
 - Submit new claims.
 - Correct and resubmit denied claims.
 - Adjust, void or copy paid claims.

Web portal billing

Submitting Institutional claims



- From the main menu select “Claims.”
- Select “Institutional” from the drop-down menu.

Institutional Claim

Billing Information

1 ICN
 Provider ID
 Client ID* [Search]
 Last Name
 First Name, MI
 Date of Birth
 Patient Account #
 Medical Record #
 Attending Phys [Search]
 Referring Phys [Search]
 Facility Number [Search]
 Other Physician [Search]
 Insurance Denied [Search]

Service Information

Claim Type* [Search]
 Type Of Bill* [Search]
 From Date*
 To Date*
 Patient Status [Search]
 Admit Source [Search]
 Admission Type [Search]
 Admission Date
 Admission Hour
 Discharge Time
 Covered Days* 0
 Non Covered Days 0

Charges

Total Charges \$0.00

Adjustment Reason Code [Search]

Diagnosis Condition Payer Procedure Occurrence/Span Value **Additional sections located here.**

2 Found***

Select row above to update.

Last Name Policy Number
 First Name, MI Plan Name
 Date of Birth
 Relationship [Search]

delete add

Medicare Information

Medicare Paid Date	Coinsurance Amount	Deductible Amount	Medicare Allowed Amount	Medicare Paid Amount
A	\$0.00	\$0.00	\$0.00	\$0.00

3 Paid Date
 Coinsurance Amount
 Deductible Amount
 Medicare Allowed Amount

delete add

Detail

Revenue Code	HCPCS/Rates	Units	Charges	Non Covered Charges	Status	Allowed Amount
A		0	\$0.00	\$0.00		\$0.00

4 Type data below for new record.

Item 1

From DOS* [Search]
 To DOS* [Search]
 Units* 0
 Charges* \$0.00
 Non Covered Charges \$0.00
 TPL Amount \$0.00
 Adjustment Reason Code [Search]
 Revenue Code* [Search]
 HCPCS/Rates [Search]

Modifiers [Search] [Search] [Search] [Search]

Units Of Measurement [Search]
 Status
 Allowed Amount \$0.00
 CoPay Amount \$0.00
 Medicare Paid Date
 Deductible Amount \$0.00
 Coinsurance Amount \$0.00
 Medicare Paid Amount \$0.00
 Medicare Allowed Amount \$0.00

delete add

Hard-Copy Attachments

5 Found***

Select row above to update -or- click Add button below.

Cont...iber
 Transmission [Search]
 Report Type [Search]
 Description

delete add

Claim Status Information

6 Claim: Not Submitted yet

Coversheet for supporting documentation

submit cancel

- Six sections will display:
 1. Institutional Claim
 2. TPL
 3. Medicare Information
 4. Detail
 5. Hard Copy Attachments
 6. Claim Status Information
- Six additional sections do not display.
 - These are available as links between sections 1 and 2.

Institutional claim – section 1

The screenshot shows a web form titled "Institutional Claim" divided into two main sections: "Billing Information" on the left and "Service Information" on the right. The "Billing Information" section includes fields for ICN, Provider ID, Client ID* (marked with a '1'), Last Name, First Name, MI, Date of Birth, Patient Account #, Medical Record #, Attending Phys, Referring Phys, Facility Number, Other Physician, and Insurance Denied. The "Service Information" section includes Claim Type* (marked with a '2'), Type Of Bill* (marked with a '3'), From Date* (marked with a '4'), To Date* (marked with a '5'), Patient Status, Admit Source, Admission Type, Admission Date, Admission Hour, Discharge Time, Covered Days, and Non Covered Days. At the bottom, there is a "Charges" section with "Total Charges" set to \$0.00.

Required fields are:

1. Client ID
2. Claim type
3. Type of bill
4. From date
5. To date

- Enter the required information and as much information as possible.
- The left side includes billing information.
- The right side includes service information.

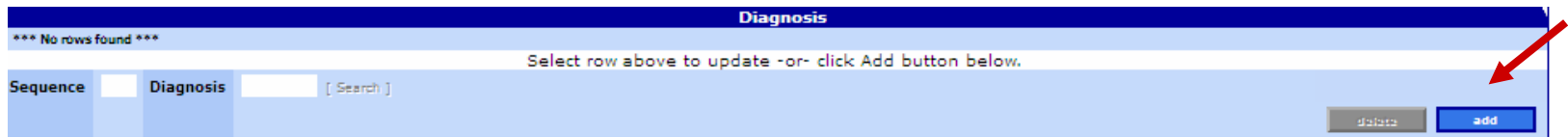
Additional sections

Institutional sections

- A navigation menu allows access to additional sections that do not appear on the main page.
- Additional sections are:
 - Diagnosis
 - Condition
 - Payer
 - Procedure
 - Occurrence/Span
 - Value
- Click on the item to navigate a section.

Diagnosis Condition Payer Procedure Occurrence/Span Value

Additional – Diagnosis section



Diagnosis

*** No rows found ***

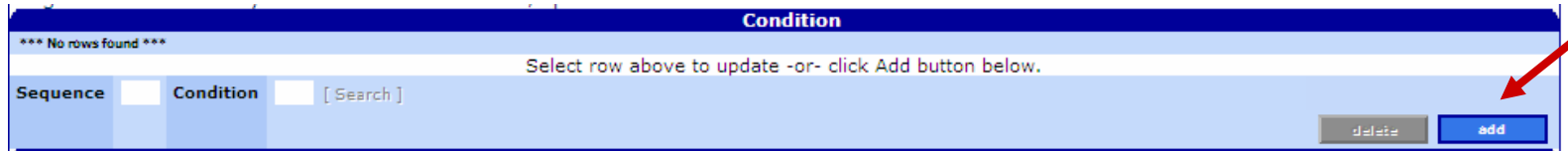
Select row above to update -or- click Add button below.

Sequence Diagnosis [Search]

delete add

- Allows entry of up to ten diagnoses.
- Click “add” to activate the diagnosis section for each diagnosis to be entered.
- Enter the Diagnosis (to find a diagnosis code, use the Search feature).
- Enter the Sequence (diagnosis code pointer) number.

Additional - Condition section



The screenshot shows a web application window titled "Condition". At the top, it displays "*** No rows found ***" and a message "Select row above to update -or- click Add button below." Below this, there is a search bar with the text "Sequence" and "Condition" followed by "[Search]". On the right side of the interface, there are two buttons: a grey button with a downward arrow and the text "add" (partially obscured), and a blue button with the text "add". A red arrow points to the blue "add" button.

- Allows entry of one or multiple conditions (*i.e.*, disabled beneficiary, private room medically necessary).
- Click “add” to activate the condition section for each condition to be entered.

Additional – Payer section

The screenshot shows a software interface titled "Payer". At the top, it says "*** No rows found ***" and "Select row above to update -or- click Add button below." Below this, there are four input fields: "Sequence" (a text box), "Payer" (a dropdown menu), "Prior Payment" (a text box), and "Estimated Amount Due" (a text box). At the bottom right, there are two buttons: a grey "delete" button and a blue "add" button. A red arrow points to the "add" button.

- Allows entry of the names of the payer organizations being billed (A. Medicare, B. Other, C. Medicaid).
- Payers are to be entered in order of primary, secondary, and tertiary.
- Click “add” to activate the payer section for each payer to be entered.

Additional – Procedure section

The screenshot shows a web application window titled "Procedure". At the top, it displays "*** No rows found ***" and a message "Select row above to update -or- click Add button below.". Below this, there is a table with the following columns: "Sequence", "Procedure", and "Procedure Date". The "Procedure" column has a "[Search]" button next to it. In the bottom right corner of the table area, there are two buttons: "delete" and "add". A red arrow points to the "add" button.

- Allows entry of the 4-digit principal procedure code.
- The procedure code is used to describe the procedure performed for definitive treatment rather than for diagnostic or exploratory purposes.
- Click “add” to activate the procedure section for each procedure to be entered.

Additional – Occurrence/Span section

The screenshot shows a web form titled "Occurrence/Span". At the top, there is a header bar with the title. Below it, a table lists columns: Sequence, Occurrence Code, Description, From Date, and To Date. A row below the header shows "A" under Sequence and "0" under Occurrence Code. Below the table is a form area with the text "Type data below for new record." The form contains several input fields: "Sequence*" with a value of "0" (callout 1), "Occurrence Code*" with a value of "0" (callout 2), "From Date*" (callout 3), and "To Date". There are also "delete" and "add" buttons at the bottom right. A red arrow points to the "add" button.

- Allows entry of the occurrence code (auto accident, employment related accident) relating to the billing period.
- Click “add” to activate the Occurrence/Span section.
- Required fields are:
 - Sequence
 - Occurrence code
 - From date

Additional – Value section

The screenshot shows a software interface titled "Value". At the top, it displays "*** No rows found ***" and the instruction "Select row above to update -or- click Add button below." Below this, there is a table with three columns: "Sequence", "Value", and "Amount". The "Value" column has a "[Search]" button next to it. At the bottom right of the interface, there are two buttons: a grey "delete" button and a blue "add" button. A red arrow points to the "add" button.

- Allows entry of the value code and related dollar or unit amounts to identify data of a monetary nature (most common semi-private rate).
- Click “add” to activate the Value section.
- Enter the Value (to find a value code, use the Search feature).

TPL – section 2

*** No rows found ***

Select row above to update.

Last Name

First Name, MI

Date of Birth

Relationship

Policy Number

Plan Name

Adjustment Reason Code [Search]

Plan ID [Search]

delete

- If a third party payer was billed, enter that information in this section.
- Click “add” to activate.
- Enter as much information as necessary.
- If a third-party did not make a payment or made a partial payment, the appropriate HIPAA Adjustment Reason Codes (ARC) must be entered.

Medicare information – section 3

Medicare Information				
Medicare Paid Date	Coinsurance Amount	Deductible Amount	Allowed Amount	Paid Amount
A	\$0.00	\$0.00	\$0.00	\$0.00
Select row above to update.				
Medicare Paid Date	<input type="text"/>	Coinsurance Amount	<input type="text"/>	
Allowed Amount	<input type="text"/>	Deductible Amount	<input type="text"/>	
Paid Amount	<input type="text"/>			

- This section is completed when the client has Medicare.

Detail – section 4

Required fields are:

1. From and To Dates of Service
2. Units
3. Charges
4. Revenue code
5. Medicare fields (if applicable)

Detail							
Item	Revenue Code	HCPCS/Rates	Units	Charges	Non Covered Charges	Status	Allowed Amount
A	1		0	\$0.00	\$0.00		\$0.00
Type data below for new record.							
Item	1					Modifiers	[Search] [Search] [Search]
From DOS*						Units Of Measurement	
To DOS*						Status	
Units*			0			Allowed Amount	\$0.00
Charges*				\$0.00		CoPay Amount	\$0.00
Non Covered Charges				\$0.00		Medicare Paid Date	
TPL Amount				\$0.00		Deductible Amount	\$0.00
Adjustment Reason Code		[Search]				Coinurance Amount	\$0.00
Revenue Code*		[Search]				Medicare Paid Amount	\$0.00
HCPCS/Rates		[Search]				Medicare Allowed Amount	\$0.00

delete add

- Allows entry of up to 999 detail lines.
- Click “add” to activate the section for each service you are billing.
- Enter all required information.

Hard-copy attachments – section 5

*** No rows found ***

Hard-Copy Attachments

Select row above to update -or- click Add button below.

Control Number

Transmission

Report Type

Description

delete add

- If you need to submit attachments with your claim, click “add” and complete as much information as possible.
- Examples include, sterilization or hysterectomy consent forms, op reports, medical records, etc.

Claim status information – section 6

The screenshot shows a web form with a blue header bar containing the text "Claim Status Information". Below the header, the text "Claim Status Not Submitted yet" is displayed. To the right of this text is a button labeled "Coversheet for supporting documentation". At the bottom right of the form, there are two buttons: "submit" and "cancel". Red circles are drawn around the "Claim Status Information" header and the "submit" button.

- Claim status information displays at the bottom of all claims.
- No data displays before the claim has been submitted.
- Click “submit.”

Institutional Claim

Billing Information		Service Information	
ICN	2006107100014	Claim Type*	I - INPATIENT CLAIMS
Provider ID		Type Of Bill*	111 [Search]
Client ID*	[Search]	From Date*	12/06/2005
Last Name		To Date*	12/06/2005
First Name, MI		Patient Status*	01 [Search]
Date of Birth		Admit Source*	1 [Search]
Patient Account #	36178_01	Admission Type*	2 [Search]
Medical Record #		Admission Date*	10/28/2005
Attending Phys*	1000001112 [Search]	Admission Hour*	1000
Referring Phys	[Search]	Discharge Time	0
Facility Number	100685089A MCD [Search]	Covered Days*	1
Other Physician	[Search]	Non Covered Days	0
Insurance Denied	[Select]	Charges	
		Total Charges	\$1,000.00

Diagnosis Condition Payer Procedure Occurrence/Span Value

TPL

*** No rows found ***

Select row above to update -or- click Add button below.

Last Name	Policy Number
[Input]	[Input]
First Name, MI	Plan Name
[Input]	[Input]
Date of Birth	
[Input]	
Relationship	
[Select]	

[delete] [add]

Medicare Information

Medicare Paid Date [Input] Coinsurance Amount [Input] \$0.00

Deductible Amount [Input] \$0.00

Detail

Item	Revenue Code	HCPCS/Rates	Units	Charges	Non Covered Charges	Status	Allowed Amount
1	101	99217	1.00	\$1,000.00	\$0.00	PAID	\$617.84

*** No rows found ***

Select row above to update -or- click Add button below.

Item	Revenue Code	HCPCS/Rates	Modifiers	Units	Units Of Measurement	Charges	Status	Non Covered Charges	Allowed Amount	TPL Amount	CoPay Amount
[Input]	[Input] [Search]	[Input] [Search]	[Input] [Search] [Input] [Search] [Input] [Search] [Input] [Search]	[Input]	[Select]	[Input]	[Input]	[Input]	[Input]	[Input]	[Input]

[delete] [add]

Hard-Copy Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Control Number	Transmission	Report Type	Description
[Input]	[Select]	[Select]	[Input]

[delete] [add]

Claim Status Information

Claim Status PAID

Claim ICN 2006107100014

Paid Date 12/25/2005

Allowed Amount \$617.84

EOB Information

Detail Number	Code	Description
1	9919	PRICING ADJUSTMENT - PROVIDER LOC PRICING APPLIED

Completed institutional claim example.

Claim status information – section 7

Claim Status Information	
Claim Status	PAID
Claim ICN	2003142600839
Paid Date	03/21/2002
Allowed Amount	\$298.89

[Coversheet for supporting documentation](#)

- Once the claim is submitted, this section indicates whether a claim is paid, suspended or denied.
- This section only indicates the allowed amount. To find out the actual amount DHS paid for the claim, you will need to perform a [claim search](#).
- If applicable, click on “coversheet for supporting documentation.”


Complete the following:

- Requestor Information
- Document type = Supporting Documentation
- Provider ID
- Recipient ID

Write the ICN on all supporting documentation.

Coversheet is required to fax or mail supporting documentation.

- For AMH:
Fax to 503-947-5546.
- For DMAP, mail to:
500 Summer St NE E44
Salem, OR 97301

	+ EDMS COVERSHEET +	
	Requestor Information:	
	Name: _____	Date: _____
	Phone: _____	No. of Pages: _____ <i>(Including this coversheet)</i>
DocumentType:		
<input type="checkbox"/> Provider Enrollment		
<input type="checkbox"/> Correspondence		
<input checked="" type="checkbox"/> Supporting Documentation for Claim		
<input type="checkbox"/> Prior Authorization		
<input type="checkbox"/> Routine Processing		
<input type="checkbox"/> Urgent Processing		
<input type="checkbox"/> Immediate Processing		
		} <i>Additional supporting documentation & justification is required for this level of processing.</i>
Justification: _____		
DMAP Services Criteria for PA's is found on the DHS Web site. Go to the following address and select the appropriate program rules: http://www.dhs.state.or.us/policy/healthplan/guides/main.html If your PA request does not support expedited processing, it will receive routine processing. DHS will inform the provider for requests (meeting expedited criteria) with missing information, within the expedited time frame.		
Index Field & Values (if applicable):		
Application Tracking Number:	_____	
Provider ID:	_____	
Recipient ID:	_____	
Prior Authorization Number:	_____	
ICN:	2 2 0 8 3 1 9 6 1 2 0 0 3	
DHS Use Only:		
Contact tracking Number:	_____	
Include question number and notes number, as applicable, in separate boxes.		
Confidentiality Notice: The information contained in this packet is confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax - except its direct delivery to the intended recipient - is strictly prohibited. If you have received this packet in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.		

EOB information

EOB Information		
Detail Number	Code	Description
0	468	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
0	9111	INTERNAL PROCESSING ERROR - CONTACT SE MANAGER
0	8001	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN OTHER.

- The EOB (explanation of benefits) information section appears once the claim is submitted.
- This section populates with explanations specific to the claim.

Claim actions

Once you submit a claim, the following buttons are available at the bottom of the claim:

- Paid claims: Adjust, copy, and void
- Denied claims: Re-submit

Paid claim – Adjust

- The adjust button allows modification of information within the claim, and then resubmits the claim to DHS.
- Modify and update data as necessary.
- Click on “adjust.”



Paid claim – Void

- The void button cancels the entire claim.
- Click on “void.”
- Any amount previously paid by DHS will be recouped.



The following messages were generated:

Message Description	Panel	Field	Row
Void Adjustment Successful	Dental Claim		

- You will not receive a warning!

Paid claim – Copy claim

- The copy claim button makes an exact duplicate of an existing claim.
- Once copied, claims data can be updated, and the claim can be submitted as a new claim.

- Click “copy claim.”



- Update information as needed.

- Click “submit.”



Denied claim – Re-submit

- The re-submit button allows modification of information within the claim, and then resubmits the claim to DHS.
- Enter new data in appropriate fields.
- Click “re-submit.”



Thank you!