

Provider Web portal

Professional (CMS-1500) Web billing
Department of Human Services

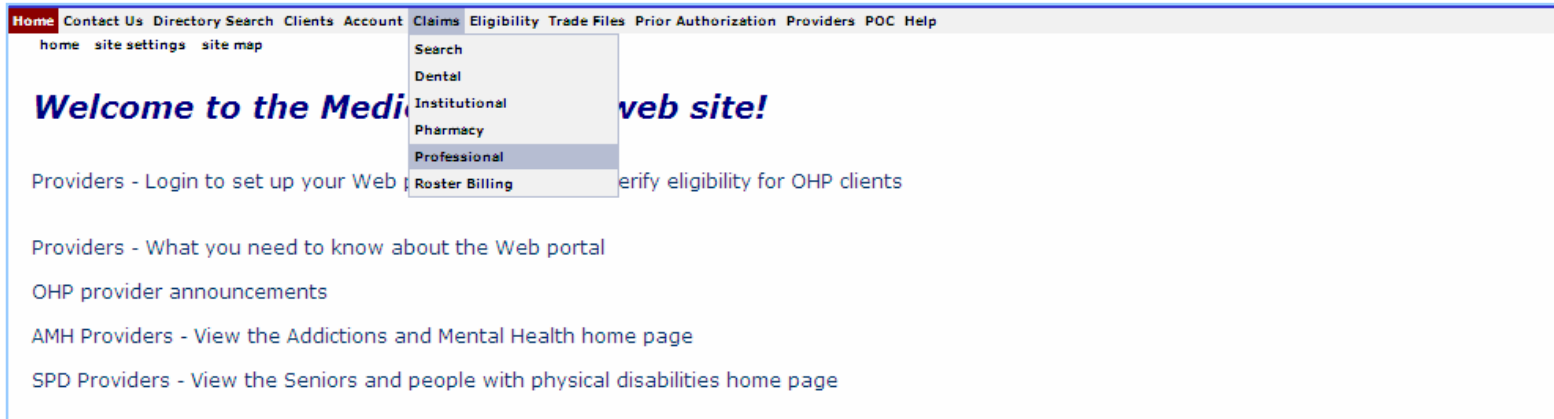


Web portal basics

- This tutorial is specifically for those providers that submit on the Professional (CMS-1500) 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 Professional claims



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

Professional Claim

Billing Information

1 ICN _____ From Date* _____
Provider ID _____ To Date* _____
Client ID* _____ [Search] Expected Delivery Date _____
Last Name _____ Accident Related To _____
First Name, MI _____ Charges
Date of Birth _____ Total Charges \$0.00
Patient Account #* _____ TPL Amount \$0.00
Referring Physician _____ [Search] Insurance Denied _____
CoPay Amount \$0.00
Adjustment Reason Code _____ [Search]

Diagnosis

2 *** 1 row found ***
Select row above to update -or- click Add button below.
Sequence _____ Diagnosis _____ [Search]
[delete] [add]

TPL

3 *** No rows found ***
Select row above to update.
Name _____ Policy Number _____
First Name, MI _____ Plan Name _____
Date of Birth _____
Relationship _____
[delete] [add]

Medicare Information

4 Medicare Paid Date _____ Coinsurance Amount \$0.00 Deductible Amount \$0.00 Allowed Amount \$0.00 Paid Amount \$0.00
Select row above to update.
Medicare Paid Date _____ Coinsurance Amount _____
Allowed Amount _____ Deductible Amount _____
Paid Amount _____

Detail

5

Procedure	Units	Charges	Status	Allowed Amount
0		\$0.00		\$0.00

Type data below for new record.

Item 1
From DOS* _____
To DOS* _____
Units* 0
Charges* \$0.00
Rendering Physician _____ [Search]
Status _____
Diagnosis Code Pointer _____
Modifiers _____ [Search] _____ [Search]
POS* _____ [Search]
Procedure* _____ [Search]

Emergency _____
Pregnancy _____
EPSDT Ref None
EPSDT Family Planning _____
Allowed Amount \$0.00
CoPay Amount \$0.00
Adjustment Reason Code _____ [Search]
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

6 *** No rows found ***
Select row above to update -or- click Add button below.
Co _____ Number _____
Transmission _____
Report Type _____
Description _____
[delete] [add]

Claim Status Information

7 Claim Status Not Submitted yet
[Coversheet for supporting documentation]

[submit] [cancel]

There are seven sections that will display.

1. Professional Claim
2. Diagnosis
3. TPL
4. Medicare Information
5. Detail
6. Hard Copy Attachments
7. Claim Status Information

Professional claim – section 1

The screenshot shows a web form titled "Professional Claim" with two main sections: "Billing Information" and "Service Information".

Billing Information:

- ICN: [Text Field]
- Provider ID: [Text Field]
- 1** Client ID*: [Text Field] [Search]
- Last Name: [Text Field]
- First Name, MI: [Text Field]
- Date of Birth: [Text Field]
- Patient Account #: [Text Field]
- Referring Physician: [Text Field] [Search]

Service Information:

- 2** From Date*: [Text Field]
- To Date*: [Text Field]
- Expected Delivery Date: [Text Field]
- Accident Related To: [Dropdown Menu]

Charges:

- Total Charges: \$0.00
- TPL Amount: [Text Field] \$0.00
- Insurance Denied: [Dropdown Menu]
- CoPay Amount: \$0.00

- Enter the required information and as much information as possible.
- Required fields are:
 - Billing information: Client ID
 - Service information: From and To Dates of Service

Diagnosis – section 2

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.

TPL – section 3

*** 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 add

- If a third party payer was billed, enter that information in this section.
- Click “add” to activate.
- Enter as much information as necessary.
- If the 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 4

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 Part B.

Detail – section 5

Detail					
Item	Procedure	Units	Charges	Status	Allowed Amount
A	1	0	\$0.00		\$0.00

Type data below for new record.

Item	1	Emergency	<input type="text"/>
From DOS*	<input type="text"/> 1	Pregnancy	<input type="text"/>
To DOS*	<input type="text"/>	EPSDT Ref	None
Units*	<input type="text"/> 0	EPSDT Family Planning	<input type="text"/>
Charges*	<input type="text"/> \$0.00	Allowed Amount	\$0.00
Rendering Physician	<input type="text"/> [Search]	CoPay Amount	\$0.00
Status	<input type="text"/>	Adjustment Reason Code	<input type="text"/> [Search]
Diagnosis Code Pointer	<input type="text"/>	Medicare Paid Date	<input type="text"/> 6
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Deductible Amount	<input type="text"/> \$0.00
POS*	<input type="text"/> [Search]	Coinsurance Amount	<input type="text"/> 6 \$0.00
Procedure*	<input type="text"/> [Search]	Medicare Paid Amount	<input type="text"/> \$0.00
		Medicare Allowed Amount	<input type="text"/> 6 \$0.00

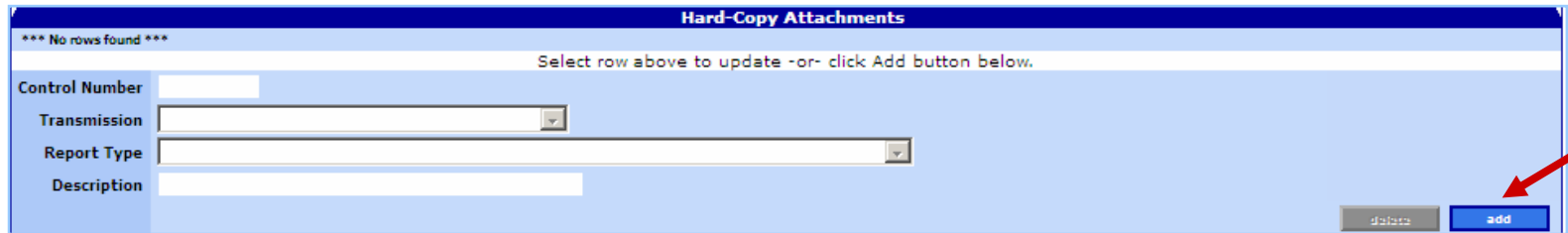
delete add

Required fields are:

1. From and To Dates of Service
2. Units
3. Charges
4. Place of service
5. Procedure
6. Medicare fields (if applicable)

- Allows entry of up to 50 detail lines.
- Click “add” to activate the section for each service you are billing.
- Enter all required information.

Hard-copy attachments – section 6



Hard-Copy Attachments

*** No rows found ***

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 7

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 link 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.”

Professional Claim ? ☰

Billing Information		Service Information	
ICN		From Date*	03/13/2001
Provider ID		To Date*	03/13/2001
Client ID*	[Search]	Expected Delivery Date	
Last Name		Accident Related To	<input type="text"/>
First Name, MI		Charges	
Date of Birth	06/30/1988	Total Charges	\$298.89
Patient Account #*		TPL Amount	\$0.00
Referring Physician	[Search]	Insurance Denied	<input type="text"/>
		CoPay Amount	\$0.00

Diagnosis

Sequence	Diagnosis	Description
1	350	TRIGEMINAL NERV DISORDER

Type changes below.

Sequence Diagnosis* [Search]

TPL

*** No rows found ***

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

Last Name	<input type="text"/>	Policy Number	<input type="text"/>
First Name, MI	<input type="text"/>	Plan Name	<input type="text"/>
Date of Birth	<input type="text"/>		
Relationship	<input type="text"/>		

Medicare Information

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

Type data below for new record.

Medicare Paid Date	<input type="text"/>	Coinsurance Amount	\$0.00
Allowed Amount	\$0.00	Deductible Amount	\$0.00
Paid Amount	\$0.00		

Detail

Item	Procedure	Units	Charges	Status	Allowed Amount
1	32851	1.00	\$298.89	PAID	\$298.89

Type changes below.

Item	1	POS*	22 [Search]
From DOS*	03/13/2001	Procedure*	32851 [Search]
To DOS*	03/13/2001	Emergency	<input type="text"/>
Units*	1.00	Pregnancy	Not pregnancy Related
Charges*	\$298.89	EPSDT Ref	None
Rendering Physician*	[Search]	EPSDT	<input type="text"/>
Status	PAID	Family Planning	<input type="text"/>
Diagnosis Code Pointer	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Allowed Amount	\$298.89
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	CoPay Amount	\$0.00
	<input type="text"/> [Search] <input type="text"/> [Search]		

Hard-Copy Attachments

*** No rows found ***

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

Control Number	<input type="text"/>
Transmission	<input type="text"/>
Report Type	<input type="text"/>
Description	<input type="text"/>

Claim Status Information

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

EOB Information

Detail Number	Code	Description
1	0555	CLAIM PAST 24 MONTH FILING - DTL

Completed professional 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 to 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 has been submitted.
- This section populates with a description 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 an 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!