



OREGON
HEALTH
AUTHORITY

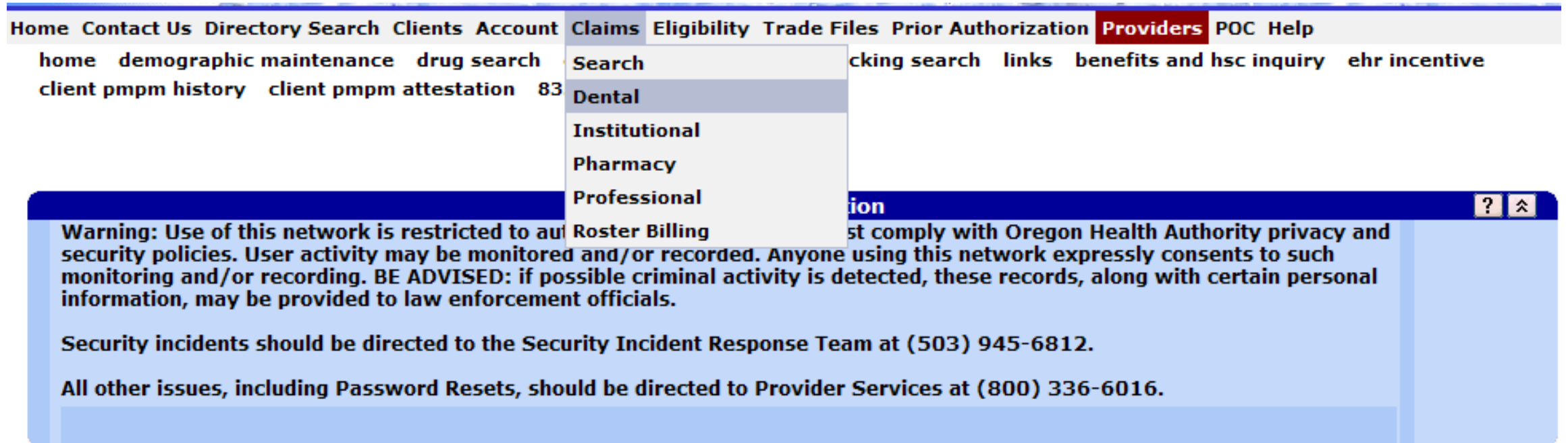
September 2024

MMIS Provider Portal Dental Claim

General instructions

Go to <https://www.or-medicaid.gov>

- Click **Account > Secure Site**
- After login, click **Claims > Dental**



The screenshot shows the top navigation bar of the Oregon Medicaid website. The menu items are: Home, Contact Us, Directory Search, Clients, Account, Claims, Eligibility, Trade Files, Prior Authorization, Providers, POC, and Help. The 'Providers' item is highlighted in red. Below the navigation bar, there is a search bar and several links: home, demographic, maintenance, drug search, client pmpm history, client pmpm attestation, 83, Roster Billing, and Billing. A dropdown menu is open under 'Claims', showing the following options: Search, Dental, Institutional, Pharmacy, Professional, and Roster Billing. The 'Dental' option is highlighted. Below the navigation bar, there is a warning message: 'Warning: Use of this network is restricted to authorized users. All users must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.' Below the warning message, there are two lines of text: 'Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.' and 'All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.'

Dental claim sections

1. Dental Claim (header)
2. Diagnosis
3. TPL (third-party liability)
4. Detail
5. Surfaces
6. Hard-Copy Attachments
7. Claim Status Information

The screenshot displays a dental claim form with the following sections and callouts:

- 1. Dental Claim (header):** Includes Billing Information (ICN, Provider ID, Client ID), Mailbox and Filename (Mailbox #, File Name), Service Information (Emergency, Accident, POS), Total Charges (Total Charges, TPL Amount, Plan Payment Amount, Total Paid Amount), and Patient Information (Last Name, First Name, MI, Date of Birth, Patient Account #, Insurance Denied, Rendering Physician, Taxonomy, Zip+4).
- 2. Diagnosis:** A table with columns for Sequence, Diagnosis, Present on Admission, Description, and ICD Version. Includes a search bar and "delete" and "add" buttons.
- 3. TPL (third-party liability):** Includes fields for Last Name, First Name, MI, Date of Birth, Relationship, Policy Number, Plan Name, Plan ID, Adjustment Reason Code, Adjustment Group Code, and Adjustment Amount. Includes "delete" and "add" buttons.
- 4. Detail:** A table with columns for Item, DOS, Procedure, Units, Tooth Number, Quadrant, Charges, Status, Allowed Amount, and Adjustment Reason Code. Includes a search bar and "delete" and "add" buttons.
- 5. Surfaces (Detail Item 1):** Includes a dropdown menu for Surface. Includes "delete" and "add" buttons.
- 6. Hard-Copy Attachments:** Includes fields for Control Number, Transmission, Report Type, and Description. Includes "delete" and "add" buttons.
- 7. Claim Status Information:** Shows Claim Status: Not Submitted yet. Includes a "Coversheet for supporting documentation" link.

Diagnosis

This section is optional for most dental services. For each diagnosis:

1. Click **add**
2. Enter the sequence (e.g., 1 for primary diagnosis)
3. Enter the ICD-10 diagnosis code (do not use decimals)

*** No rows found ***

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

2 Sequence 3 Diagnosis [Search]

Present on Admission Description ICD Version

delete add 1

TPL

For each third-party liability (TPL) resource (do not include Medicare):

1. Click **add**
2. Enter Plan ID
3. Enter Adjustment Reason Code

The Date of Birth and Adjustment Group Code fields are not required; they auto-populate upon claim submission

TPL						
Last Name	First Name	MI	Date of Birth	Relationship	Plan Name	Policy Number
			01/01/1900			
Select row above to update.						
Last Name				Plan Name		
First Name, MI				Plan ID*	Q940	[Search]
Date of Birth	01/01/1900			Adjustment Reason Code	96	[Search]
Relationship				Adjustment Group Code	CO	
Policy Number				Adjustment Amount		\$0.00
						delete add

Detail

For each detail line:

1. Click **add**
2. Enter Procedure*
3. Enter Tooth Number and Quadrant when applicable
4. Enter DOS (date of service)
5. Enter Units*
6. Enter Charges*

Detail								
Item	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Status	Allowed Amount
A	1		0			\$0.00		\$0.00

Type data below for new record.

Item	1	DOS*	01/26/2016
Procedure*	D0120 [Search]	Units*	1.00
Tooth Number		Charges*	\$150.00
Quadrant	[Search]	Allowed Amount	\$0.00
Status		Adjustment Reason Code	[Search]
Tpl Amount	\$0.00	Adjustment Amount	
Plan Payment Amount			
Diagnosis Code Pointer			

delete add

Procedure code from *Current Dental Terminology*, © 2024 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Surfaces

This section is only required when applicable. For each surface:

1. Click **add**
2. Choose surface from the drop-down box

The screenshot shows a software interface titled "Surfaces (Detail Item 1)". At the top, it displays "*** No rows found ***". Below this, a message reads "Select row above to update -or- click Add button below." On the left, there is a "Surface" label with a large yellow "2" next to it, and a dropdown menu. The dropdown menu is open, showing a list of surface types: BUCCAL, DISTAL, FACIAL, INCISAL, LINGUAL, MESIAL, and OCCLUSAL. On the right side of the interface, there is a large yellow "1" above two buttons: a grey "delete" button and a blue "add" button.

Hard-Copy Attachments

MMIS does not use information entered in this section. If you need to submit hardcopy attachments, please submit a paper claim.

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

Before you submit the claim, you have two choices:

- Click **submit** to submit the claim for processing.
- Click **cancel** to clear information you have entered on the claim.

Once you click **submit**, you will see one of three claim status options: Paid, Denied, or Suspended.

The screenshot shows a web interface for 'Claim Status Information'. The title bar is dark blue with the text 'Claim Status Information' in white. Below the title bar, the text 'Claim Status Not Submitted yet' is displayed in a light blue background. On the right side of this area, there is a button labeled 'Coversheet for supporting documentation'. Below the main content area, there are two buttons: 'submit' and 'cancel', both in blue with white text. These two buttons are enclosed in a red rectangular box.

Claim Status: PAID

On paid claims, you can:

- Click **cancel** to clear changes made during this session
- Click **adjust** to adjust with changes made during this session
- Click **void** to cancel the claim. OHA will recover payments made on the claim.
- Click **copy claim**. This creates a new claim. It will have all the information entered on the paid claim, with a status of “Not Submitted Yet.”

Claim Status Information		
Claim Status	PAID	
Claim ICN	[REDACTED]	
Paid Date	01/12/2012	
Allowed Amount	\$90.00	
Coversheet for supporting documentation		

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
2	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

cancel adjust void copy claim

Claim Status: DENIED

On denied claims, you can:

- Click **resubmit** to make changes to the claim and submit the changes during this session.
- Click **cancel** to clear changes made during this session.

Claim Status Information		
Claim Status	DENIED	
Claim ICN	[REDACTED]	
Denied Date	02/12/2016	
Allowed Amount	\$0.00	
Coversheet for supporting documentation		
HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
1	24	Charges are covered under a capitation agreement/managed care plan.

re-submit cancel

Claim Status: SUSPENDED

- You cannot take any action on a suspended claim.
 - OHA staff will give the claims a Paid or Denied status after internal review.
 - The review should not take longer than 30 days.

Claim Status Information		
Claim Status	SUSPENDED	
Claim ICN	[REDACTED]	
Allowed Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
1	4014	NO PRICING SEGMENT IS ON FILE.

Need help?

Contact OHP Provider Services

800-336-6016 Option 5

dmap.providerservices@odhsoha.oregon.gov

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at dmap.providerservices@oha.oregon.gov or 800-336-6016 (voice). We accept all relay calls.

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