

September 2024

# MMIS Provider Portal Institutional Claim

Find program-specific instructions in supplemental guides for each program

## Go to https://www.or-medicaid.gov

- Click Account > Secure Site
- After login, click Claims > Institutional

Home Contact Us Directory Search Clients Account	Claims Eligibility Trade Fi	iles Prior Authorization Providers POC Help	
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## Institutional claim sections

- 1. Institutional Claim (header)
- 2. Additional sections menu
- 3. TPL: Third-Party Liability
- 4. Medicare Information
- 5. Detail
- 6. Hard-Copy Attachments
- 7. Claim Status Information
- 8. Outpatient APC

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Report Type  Description Claim Status Information Claim Status Not Submitted yet	Item 1 From DOS* To DOS* Units* O Charges* \$0.4 Non Covered Charges \$0.4 Adjustment Reason Code [Search Adjustment Amount Revenue Code* [Search HCPC5/Rates [Search NDC	Allowed Amount     Status     Status     Modifiers     Units Of Measurement     Status     Allowed Amount     Status     Allowed Amount     O     CoPay Amount     Coinsurance Amount     Medicare Paid Amount     Medic	for new record. [Search] \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	[Search]	[ Search ] 5
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Claim Status Information Claim Status Not Submitted yet 77	Item 1 From DOS* To DOS* Units* O Charges* \$0.1 Non Covered Charges Adjustment Reason Code Adjustment Reason Code Adjustment Amount Revenue Code* [Search Adjustment Amount NDC Quantity O Transmission Report Type	Allowed Anount     Status     Type data below     Modifiers     Units Of Measurement     Status     Allowed Amount     CoPay Amount     Coinsurance Amount     Medicare Paid Amount	for new record. [Search] [Search] \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	[Search]	[ Search ] 5
Claim Status Information Claim Status Not Submitted yet	Item 1 From DOS* To DOS* Units* O Charges* \$0.1 Non Covered Charges \$0.4 Adjustment Reason Code Charges Adjustment Amount Revenue Code* (Search Adjustment Amount Revenue Code* (Search Adjustment Amount Control Number Transmission Transmission Description	Allowed Amount     Status     Status     Modifiers     Units Of Measurement     Status     Allowed Amount     Status     Allowed Amount     O     CoPay Amount     Coinsurance Amount     Medicare Paid Amount	for new record. [ Search ] [ Search ] \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	[Search]	[ Search ] 6
Claim Status Not Submitted yet 7	Item 1 From DOS* To DOS* Units* O Charges* \$0.1 Non Covered Charges \$0.1 Adjustment Reason Code [Search Adjustment Amount Revenue Code* [Search Adjustment Amount Revenue Code* [Search NDC NDC UOM NDC Quantity 0  *** No rews feand *** Control Number Transmission Report Type Description	Allowed Amount     Status     Modifiers     Units Of Measurement     Status     Allowed Amount     Status     Allowed Amount     O     CoPay Amount     Coinsurance Amount     Medicare Paid Amount     Coinsurance Amount     Medicare Paid Amou	for new record. [search] [search] \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	[Search]	[ Search ] 5 delete
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	Item 1 From DOS* To DOS* Units* O Charges* \$0.1 Non Covered Charges \$0.	Allowed Anount     Type data below     Modifiers     Units Of Measurement     Status     Allowed Amount     CoPay Amount     Coinsurance Amount     Coinsurance Amount     Medicare Paid Amount     Medicare Paid Amount     Plan Payment     Amount     Hard-Copy     Select row above to update	for new record. [search] [search] \$0.00 \$	( Search ) w.	[ Search ] deleta deleta Coversheet for supporting (

### Institutional Claim (header): Required fields

- 1. Client ID\*
- 2. Attending Physician NPI (for hospital and longterm care claims)
- 3. Insurance Denied (for clients with TPL; does not include Medicare)
- 4. Claim Type\*
- 5. Type of Bill\*
- 6. From and To Dates\*
- 7. Patient Status, Admission and Discharge fields (for inpatient claims)

Fields marked with an asterisk (\*) are required on all claims



#### **Additional sections:**

- 1. Diagnosis
- 2. Condition
- 3. Payer
- 4. Procedure
- 5. Occurrence/Span
- 6. Value

1 2 3 4 5 6 Diagnosis Condition Payer Procedure Occurrence/Span Value

Click the section name to open the section

## Diagnosis

For each diagnosis:

- 1. Click add
- 2. Enter the sequence (e.g., 1 for primary diagnosis)
- 3. Enter Present on Admission indicator (for inpatient claims):
  - Y: Diagnosis present on admission
  - N: Diagnosis not present on admission
  - U: Documentation insufficient to determine
  - W: Clinically undetermined
- 4. Enter the ICD-10 diagnosis code (do not use decimals)

'	Diagnosis								
	Sequence Diagnosis	Descr	iption	ICD Version Pre	sent on Admission				
	A 1 M71811	Othe	r specified burs	thies, right shoulder 10					
			-	Type d	ata below for new record.				
	2 Sequence*	1 4	Diagnosis*	1811 [ Search ]					
3	Present on Admission		Description	her specified bursopathies, right	shoulder				
			ICD Version				1		
						delete	add		

## Condition

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

- 1. Click add
- 2. Enter sequence
- 3. Enter condition

Condit	ion				
				*** No rows found ***	
				Select row above to update -or- click Add button below.	_
Sequence		Condition	[Search]		1
2		3			delete add

## Payer

This section is required only when the client has other coverage (TPL and/or Medicare). For each payer:

- 1. Click add
- 2. Enter sequence (e.g., 1 for primary payer)
- 3. Choose payer from drop-down menu
- 4. Enter prior payment received from payer
- 5. Enter estimated amount due after prior payment

Payer					
				**** No rows found ***	
		Sel	ect row above t	o update -or- click Add button below.	
Sequence	2	Prior Payment	4		4
Payer	3	📕 Estimated Amount Due	5		1
	-			delete	add

### Procedure

For hospital inpatient claims. For each procedure:

- 1. Click add
- 2. Enter sequence
- 3. Enter ICD-10 procedure code
- 4. Enter the procedure date

	Procedure								
Sequence	ICD Procedure	Description	Procedure Date						
A 0									
					Type data below for new record.				
Sequenc	e* 2						л		
ICD Procedur	e* 3	[Search]	Procedure Date	4			1		
				_		delete	add		

## Occurrence/Span

For Skilled Nursing Facility (SNF) services, use this screen to enter the client's qualifying hospital stay. For each occurrence/span:

- 1. Click add
- 2. Enter sequence
- 3. Enter occurrence code
- 4. Enter From and To Dates of the occurrence

Occurrence/Span									
Sequence Occurrence Code Description From Date To Date									
A 0									
Type data below for new record.									
Sequence* 2 From Date*									
Occurrence Code* 3 [Search] To Date	1								
	delete add								

#### Value

For each value:

- 1. Click add
- 2. Enter sequence
- 3. Enter value code
- 4. Enter amount



#### 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 F	irst Name MI Date of Birth Relationship	Plan Name <u>Policy Number</u>	
	01/01/1900	425 - 722	
		Select row a	above to update.
Last Name		Plan Name	
First Name, MI		2 Plan ID*	101 [Search]
Date of Birth	01/01/1900	3 Adjustment Reason Code	3 [Search]
Relationship	-	Adjustment Group Code	PR -
Policy Number		Adjustment Amount	\$0.00 1
			delete add

## **Medicare Information**

If the client has Medicare coverage:

- 1. Click the row to activate fields
- 2. Fill in all fields

	Medicare Information									
Medicare Paid Date	Coinsurance Amount	Deductible Amount Me	edicare Paid Amount	1						
A	\$0.00	\$0.00	\$0.00	1						
Medicare Paid Date		Coinsurance A	mount							
Deductible Amount		Medicare Paid A	mount							

## Detail

For each detail line:

- 1. Click add
- 2. Enter From and To DOS\* (dates of service)
- 3. Enter Units\*
- 4. Enter Charges\*
- 5. Enter Revenue Code\*
- 6. Enter HCPCS (for outpatient services)
- 7. Enter NDC information (for physicianadministered drugs only)

						Detail					
	Item R	evenue Code HO	CPCS/Rates Uni	ts Charges No	Covered Charges Status						
	Type data below for new record.										
		Itom	1		Modifiers	[ Search ]	[ Search ]	[ Search ]	[ Search ]		
		E Doc*	1			[ Search ]	[ Search ]	[ Search ]	[ Search ]		
	2	From DOS*	10/01/2015		Units Of Measurement		<b>_</b>				
		To DOS*	10/01/2015		Status						
	3	Units*	1.00		Allowed Amount	\$	0.00				
	4	Charges*	\$3	50.00	CoPay Amount	\$0.00					
	Non Cove	ered Charges		\$0.00	Medicare Paid Date						
Ad	justment I	Reason Code	[Se	arch ]	Deductible Amount						
					Coinsurance Amount						
	Adjustr	nent Amount			Medicare Paid Amount						
	<b>5</b> Rev	venue Code*	263 [ 5	earch ]	TPL Amount	\$0.00					
	6 н	CPCS/Rates	[ S	earch ]	Plan Payment Amount						
	Г	NDC									
	7-	NDC UOM		-							4
	U N	IDC Quantity		0							U
										delete	add

## **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	Hard-Copy Attachments										
	*** No rows found ***										
	Select row above to update -or- click Add button below.										
Control Number											
Transmission											
Report Type											
Description											
	add add										

## **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.

Claim S	tatus Information			
Claim Status	Not Submitted yet			
			Coversheet	for supporting documentation
		submit	cancel	

## **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 St	atus PAID					
Claim	ICN					
Paid (	Date 01/12/2012					
Allowed Ame	ount \$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 usid convictain				

## **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 St	atus	DENIED				
Claim	ICN					
Denied (	Date	12/01/2011				
Allowed Am	ount	\$0.00				
			Coversheet for supporting documentation			
HTPAA Adjustment Reasons						
Detail Number	HIPA	A Adjustment Reason Code	HIPAA Adjustment Reason Description			
0	95		Plan procedures not followed.			
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.			
2	45		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).			
2	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.

2		
Clain	n Status Information	
Claim St	atus SUSPENDED	
cl-l-		
Claim	ICN	
Allowed Am	ount \$0.00	
Allowed All	50.00	
-		
HIPAA A	djustment Reasons	
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	223	Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created.
0	206	National Provider Identifier - missing.
0	22	This care may be covered by another payer per coordination of benefits.
0	40	Charges do not meet qualifications for emergent/urgent care.
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).
3	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
4	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
5	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
6	16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark
6	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
7	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
8	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
9	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
10	45	Charge exceeds tee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
12	45	Charge exceeds tee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
12	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
14	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
15	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
15	45	charge exceeds ree schedule/maximum allowable or contracted/legislated ree arrangement. (Use Group Codes PK or Co depending upon llability).

## **Outpatient APC**

- This section displays on claims subject to Ambulatory Payment Classification (APC).
- It shows the procedure code, Payment APC and APC Status Indicator.

Refer to Hospital Services program web page for current APC resources: https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Hospital.aspx





**Contact OHP Provider Services** 

800-336-6016 option 5

dmap.providerservices@oha.oregon.gov



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

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