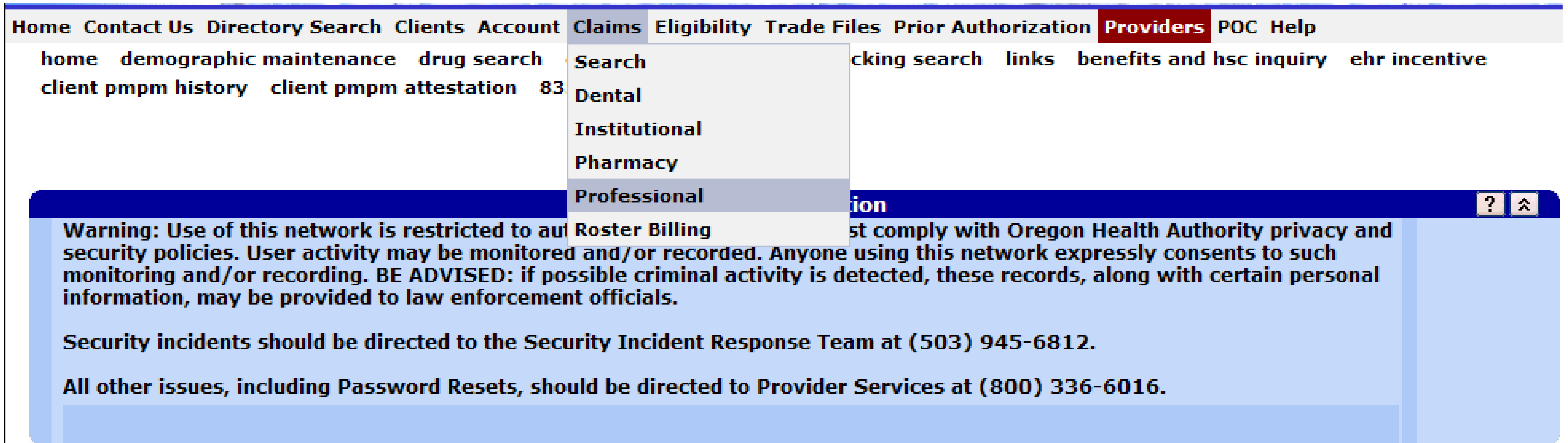
September 2024

MMIS Provider Portal
Professional 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 > Professional**



Professional claim sections

1. Professional Claim (header)
2. Diagnosis
3. TPL: Third-Party Liability
4. Medicare Information
5. Detail
6. Hard-Copy Attachments
7. Claim Status Information

1

Professional Claim

Billing Information

ICN
Provider ID NPI
Client ID* [Search]
Last Name
First Name, MI
Date of Birth
Patient Account #
Referring Phys [Search]
Insurance Denied

Service Information

From Date*
To Date*
Expected Delivery Date
Medical Record Number
Accident Related To
Charges
Total Charges $0.00
TPL Amount $0.00
Plan Payment Amount
CoPay Amount $0.00

2

Diagnosis

*** No rows found ***
Select row above to update -or- click Add button below.
Sequence
Diagnosis [Search]
Present on Admission
Description
ICD Version
delete add

3

TPL

*** No rows found ***
Select row above to update.
Last Name
First Name, MI
Date of Birth
Relationship
Policy Number
Plan Name
Plan ID [Search]
Adjustment Reason Code [Search]
Adjustment Group Code
Adjustment Amount
delete add

4

Medicare Information

	Medicare Paid Date	Coinsurance Amount	Deductible Amount	Psychiatric Amount	Paid Amount
A		$0.00	$0.00	$0.00	$0.00

Select row above to update.
Medicare Paid Date
Psychiatric Amount
Paid Amount
Coinsurance Amount
Deductible Amount

5

Detail

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

Type data below for new record.
Item 1
From DOS*
To DOS*
Units* 0
Units Qualifier
Charges* $0.00
Rendering Physician [Search]
Taxonomy
Zip+4
Status
Diagnosis Code Pointer
Modifiers [Search] [Search] [Search] [Search]
POS* [Search]
Procedure* [Search]
NDC
NDC UOM
NDC Quantity 0
Tpl Amount $0.00
Plan Payment Amount
Emergency No
Pregnancy
EPSDT Ref None
EPSDT Family Planning
Allowed Amount $0.00
CoPay Amount $0.00
Adjustment Reason Code [Search]
Adjustment Amount
Medicare Paid Date
Deductible Amount $0.00
Coinsurance Amount $0.00
Medicare Paid Amount $0.00
Medicare Psych Amount $0.00
delete add

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

7

Claim Status Information

Claim Status Not Submitted yet
Coversheet for supporting documentation

Professional Claim (header): Required fields

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

1. Client ID*
2. Referring Phys (only when the service requires a referral)
3. Insurance Denied (This should NEVER be checked)
4. From and To Dates*
5. TPL Amount (does not include Medicare)

Professional Claim

Billing Information

ICN

Provider ID NPI

1 Client ID* [Search]

Last Name CWMM

First Name, MI

Date of Birth

Patient Account #

2 Referring Phys [Search]

Insurance Denied 3

Mailbox and Filename

Mailbox #

File Name

Service Information

4 From Date* 10/15/2015

To Date* 10/15/2015

Expected Delivery Date

Medical Record Number

Accident Related To

Charges

Total Charges $0.00

5 TPL Amount $0.00

Plan Payment Amount

CoPay Amount $0.00

Diagnosis

To add a diagnosis:

1. Click **add** **(Only click add once, do not click it again after the information has been entered unless you are adding another diagnosis.)**
2. Enter sequence (1 for primary diagnosis, 2 for second, etc.)
3. Enter the ICD-10-CM diagnosis code without the decimal

Diagnosis

	Sequence	Diagnosis	Description	ICD Version	Present on Admission
A	1	M71811	Other specified bursopathies, right shoulder	10	

Type data below for new record.

2 **Sequence*** 1 3 **Diagnosis*** M71811 [Search]

Present on Admission **Description** Other specified bursopathies, right shoulder

ICD Version 10

1

delete add

TPL

Only complete this section when client has third-party insurance; does not include Medicare. To add TPL:

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

First Name, MI

Date of Birth 01/01/1900

Relationship

Policy Number

Plan Name

2 Plan ID* 20125 [Search]

3 Adjustment Reason Code 1 [Search]

Adjustment Group Code CO

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	Medicare Paid Amount
A		$0.00	$0.00	$0.00

1

Medicare Paid Date | Coinsurance Amount

Deductible Amount | Medicare Paid Amount

2

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 POS (Place of Service)*
6. Enter Procedure*
7. Enter NDC information (for physician-administered drugs only)
8. Adjustment Reason Code (for claims already billed to Medicare)

Detail

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

Type data below for new record.

Field	Value	Field	Value
Item	1	Emergency	No
2 From DOS*	10/15/2015	Pregnancy	
To DOS*	10/15/2015	EPSDT Ref	None
3 Units*	1.00	EPSDT Family Planning	
Units Qualifier		Allowed Amount	$0.00
4 Charges*	$200.00	CoPay Amount	$0.00
Rendering Physician	[Search]		
Taxonomy			
Zip+4		8 Adjustment Reason Code	[Search]
Status			
Diagnosis Code Pointer	1	Adjustment Amount	
Modifiers	[Search] [Search]	Medicare Paid Date	
	[Search] [Search]	Deductible Amount	$0.00
5 POS*	11 [Search]	Coinsurance Amount	$0.00
6 Procedure*	22840 [Search]	Medicare Paid Amount	$0.00
7 NDC		Medicare Psych Amount	$0.00
NDC UOM			
NDC Quantity	0		
Tpl Amount	$0.00		
Plan Payment Amount			

delete | 1 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 Attachments

*** No rows found ***

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

Control Number	
Transmission	
Report Type	
Description	

delete 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 Status 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 Status	PAID
Claim ICN	
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	
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

Error messages on new or adjusted claims

- If there are no errors, new and adjusted claims will process and get a new ICN.
- If there are errors, the top of the claim will display why the claim did not process.
  - The "Message Description" column explains the error.
  - The "Panel," "Field" and "Row" columns show where the error occurs.
  - You can fix the errors and try to process the claim again.

The following messages were generated:

Message Description	Panel	Field	Row
From Date is required.	Professional Claim	From Date	1
To Date is required.	Professional Claim	To Date	1
To DOS is required.	Professional Claim	To Date	1
From DOS is required.	Professional Claim	From Date	1
ProcedureCode is required.	Professional Claim	ProcedureCode	1
A valid POS is required	Professional Claim	POS	1
A valid Procedure is required	Professional Claim	Procedure	1
Units must be greater than 0.	Professional Claim		1
A valid Client ID is required	Professional Claim	Client ID	1

Claim Status: SUSPENDED

- You cannot take any action on a suspended claim.
  - OHA staff will give the claim 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

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@odhsoha.oregon.gov or 800-336-6016 (voice). We accept all relay calls.

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