



OREGON  
**HEALTH**  
AUTHORITY

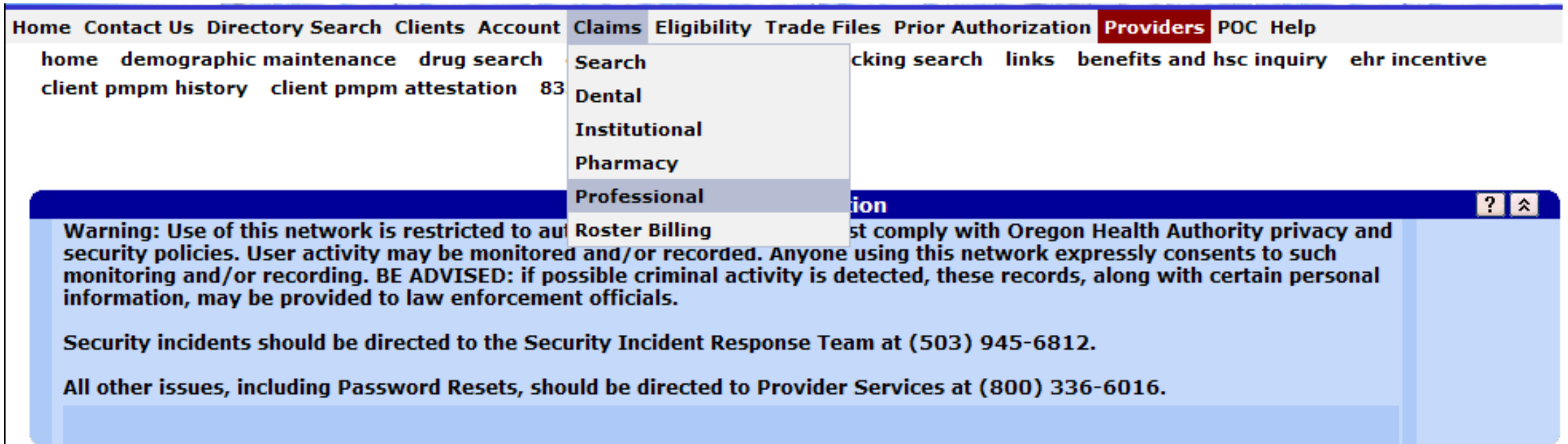
September 2024

# **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**



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. A dropdown menu is open under 'Claims', showing the following options: Search, Dental, Institutional, Pharmacy, Professional, and Roster Billing. The 'Professional' option is highlighted in blue. 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, 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.'

# 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

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

- 1. Professional Claim (header):** Includes Billing Information (ICN, Provider ID, Client ID, Last Name, First Name, MI, Date of Birth, Patient Account #, Referring Phys, Insurance Denied) and Service Information (From Date, To Date, Expected Delivery Date, Medical Record Number, Accident Related To, Charges, Total Charges, TPL Amount, Plan Payment Amount, CoPay Amount).
- 2. Diagnosis:** A table with columns for Sequence, Present on Admission, Diagnosis, Description, and ICD Version. Includes a search bar and 'delete'/'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.
- 4. Medicare Information:** Includes Medicare Paid Date, Coinsurance Amount, Deductible Amount, Psychiatric Amount, and Paid Amount.
- 5. Detail:** A table with columns for Item, Procedure, Units, Charges, Status, and Allowed Amount. Includes a 'Type data below for new record' section with various fields like From DOS, To DOS, Units, Charges, Rendering Physician, Taxonomy, Zip+4, Status, Diagnosis Code Pointer, Modifiers, POS, Procedure, NDC, NDC UOM, NDC Quantity, Tpl Amount, and Plan Payment Amount.
- 6. Hard-Copy Attachments:** Includes Control Number, Transmission, Report Type, and Description.
- 7. Claim Status Information:** Shows Claim Status as 'Not Submitted yet'.

# 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)

The screenshot shows a 'Professional Claim' form with the following sections and fields:

- Billing Information:**
  - ICN
  - Provider ID [redacted] NPI
  - 1 Client ID\* [redacted] [ Search ]
  - Last Name CWMM
  - First Name, MI [redacted]
  - Date of Birth [redacted]
  - Patient Account # [redacted]
  - 2 Referring Phys [redacted] [ Search ]
  - Insurance Denied [dropdown] 3
- Mailbox and Filename:**
  - Mailbox #
  - File Name
- Service Information:**
  - 4 From Date\* 10/15/2015
  - To Date\* 10/15/2015
  - Expected Delivery Date [redacted]
  - Medical Record Number [redacted]
  - Accident Related To [dropdown]
- 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.

<b>2</b> Sequence*	1	<b>3</b> Diagnosis*	M71811 [ Search ]
Present on Admission	<input type="checkbox"/>	Description	Other specified bursopathies, right shoulder
		ICD Version	10

# 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

The screenshot shows a web form titled "TPL" with a table header containing columns: Last Name, First Name, MI, Date of Birth, Relationship, Plan Name, and Policy Number. Below the header, there is a text input field for "Date of Birth" with the value "01/01/1900". A message "Select row above to update." is displayed. The form fields are: Last Name (text), First Name, MI (text), Date of Birth (text, pre-filled with "01/01/1900"), Relationship (dropdown), Plan Name (text), Plan ID\* (text, pre-filled with "20125", with a "[ Search ]" button), Adjustment Reason Code (text, pre-filled with "3", with a "[ Search ]" button), Adjustment Group Code (dropdown, pre-filled with "CO"), and Adjustment Amount (text, pre-filled with "\$0.00"). A "1" is placed above the "add" button. At the bottom right, there are "delete" and "add" buttons.

# Medicare Information

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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	<input type="text"/>	Coinsurance Amount	<input type="text"/>	
Deductible Amount	<input type="text"/>	Medicare Paid Amount	<input type="text"/>	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.

<b>Item</b>	1	<b>Emergency</b>	No
<b>From DOS*</b>	10/15/2015	<b>Pregnancy</b>	
<b>To DOS*</b>	10/15/2015	<b>EPSDT Ref</b>	None
<b>Units*</b>	1.00	<b>EPSDT Family Planning</b>	
<b>Units Qualifier</b>		<b>Allowed Amount</b>	\$0.00
<b>Charges*</b>	\$200.00	<b>CoPay Amount</b>	\$0.00
<b>Rendering Physician</b>	1570051021 [ Search ]	<b>Adjustment Reason Code</b>	[ Search ]
<b>Taxonomy</b>		<b>Adjustment Amount</b>	
<b>Zip+4</b>		<b>Medicare Paid Date</b>	
<b>Status</b>		<b>Deductible Amount</b>	\$0.00
<b>Diagnosis Code Pointer</b>	1	<b>Coinurance Amount</b>	\$0.00
<b>Modifiers</b>	[ Search ] [ Search ]	<b>Medicare Paid Amount</b>	\$0.00
	[ Search ] [ Search ]	<b>Medicare Psych Amount</b>	\$0.00
<b>POS*</b>	11 [ Search ]		
<b>Procedure*</b>	22840 [ Search ]		
<b>NDC</b>			
<b>NDC UOM</b>			
<b>NDC Quantity</b>	0		
<b>Tpl Amount</b>	\$0.00		
<b>Plan Payment Amount</b>			

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 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

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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 displays a web interface for 'Claim Status Information'. At the top, a dark blue header contains the title 'Claim Status Information'. Below this, a light blue bar shows 'Claim Status' followed by 'Not Submitted yet'. On the right side of this bar is a button labeled 'Coversheet for supporting documentation'. Below the main content area, two blue buttons labeled 'submit' and 'cancel' are positioned side-by-side. These two buttons are enclosed within a red rectangular border, indicating they are the primary actions to be taken.

# 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	
<a href="#">Coversheet for supporting documentation</a>		

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	
<a href="#">Coversheet for supporting documentation</a>		
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.
<a href="#">re-submit</a> <a href="#">cancel</a>		

# 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

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- 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?

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Contact OHP Provider Services

800-336-6016

[DMAP.ProviderServices@odhsoha.oregon.gov](mailto:DMAP.ProviderServices@odhsoha.oregon.gov)

# Thank you

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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](mailto:dmap.providerservices@odhsoha.oregon.gov) or 800-336-6016 (voice). We accept all relay calls.

Oregon Health Plan  
Provider Services  
500 Summer St NE, E44  
Salem, OR 97301  
800-336-6016  
[OHP.Oregon.gov/Providers](http://OHP.Oregon.gov/Providers)

