

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

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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

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Professional Claim (header): Required fields

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

Client ID* Professional Claim Billing Information Mailbox and Filename	? 🕅
Referring Phys (only when the ICN Mailbox # Image: Search 1 File Name Service Information	
Service To Date* 10/15/2015 requires a Expected Delivery Date 10/15/2015	
referral) Medical Record Number	
Insurance Denied (This First Name, MI	
Dot income Date of Birth Date of Birth Total Charges \$ Should Patient Account # 5 TPL Amount \$0.00	0.00
NEVER DE Checked) 2 Referring Phys [Search] Plan Payment Amount Insurance Denied 3 CoPay Amount \$0.00	

4. From and To Dates*

1

2

3

5. TPL Amount (does not include Medicare)

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



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 F	irst Name MI Date of Birth Relation	onship Plan	Name Policy Number			
	01/01/1900					
			Select row a	above to update.		
Last Name			Plan Name			
First Name, MI			2 Plan ID*	20125 [Search]		
Date of Birth	01/01/1900	3	Adjustment Reason Code	1 [Search]		
Relationship	· ·		Adjustment Group Code	co 💌		a
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 I	Information
Medicare Paid Date	Coinsurance Amount	Deductible Amount Medica	are Paid Amount	4
A	\$0.00	\$0.00	\$0.00	
Medicare Paid Date		Coinsurance Amo	ount	
Deductible Amount		Medicare Paid Amo	ount	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 physicianadministered drugs only)
- 8. Adjustment Reason Code (for claims already billed to Medicare)

			D-t-1	
	Item Procedure Unit	s Charges Status Allowed Amount	Detail	
	A 1 (0 \$0.00 \$0.00		
		Туре	data below for new record	d.
	Item	1	Emergency	No 🔽
	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
	👍 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	
	P	[Search] [Search]	Deductible Amount	\$0.00
S	Dest pos*	11 [Search]	Coinsurance Amount	\$0.00
	6 Procedure*	22840 [Search]	Medicare Paid Amount	\$0.00
	NDC		Medicare Psych Amount	\$0.00
	NDC Quantity	0		
	Tpl Amount	\$0.00		
	Plan Payment Amount			1

add

delete

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	
	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: 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.



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 S	tatus	s Information
Claim Sta	itus 🤮	SUSPENDED
Claim I	ICN	
Allowed Amo	unt	\$0.00
		EOB Information
Detail Number	Code	Description
1	4014	NO PRICING SEGMENT IS ON FILE.



Contact OHP Provider Services 800-336-6016

DMAP.ProviderServices@odhsoha.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@odhsoha.oregon.gov</u> or 800-336-6016 (voice). We accept all relay calls.

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