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# Oregon Health Plan Provider Web Portal

## Dental Claim

General instructions



# Providers Page

Claims menu,  
click Dental

The screenshot shows the top navigation bar of the Oregon Health Authority website. The main navigation menu includes: Home, Contact Us, Directory Search, Clients, Account, Claims, Eligibility, Trade Files, Prior Auth, and Help. A secondary menu below it contains: home, demographic maintenance, drug search, client pmpm history, client pmpm attestation, 83, Search, tracking search, links, benefits and hsc inquiry, and ehr incentive. A dropdown menu is open under 'Claims', listing: Dental, Institutional, Pharmacy, Professional, and Roster Billing. A yellow callout box with a black border and an arrow points to the 'Dental' option. Below the navigation is a blue banner with a warning message and contact information.

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.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

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

**1**

**Dental Claim**

**Billing Information**

ICN  
 Provider ID 1013257369 NPI  
 Client ID\* [ Search ]

**Mailbox and Filename**

Mailbox #  
 File Name

**Service Information**

Emergency No [ v ]  
 Accident [ v ]  
 POS\* [ Search ]

**Total Charges**

Total Charges \$0.00  
 TPL Amount \$0.00  
 Plan Payment Amount  
 Total Paid Amount \$0.00

Last Name  
 First Name, MI  
 Date of Birth  
 Patient Account #  
 Insurance Denied [ v ]  
 Rendering Physician [ Search ]  
 Taxonomy  
 Zip+4

**2**

**Diagnosis**

\*\*\* No rows found \*\*\*  
 Select row above to update -or- click Add button below.

Sequence	Diagnosis
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 [ v ]  
 Policy Number

Plan Name  
 Plan ID [ Search ]  
 Adjustment Reason Code [ Search ]  
 Adjustment Group Code [ v ]  
 Adjustment Amount

[ delete ] [ add ]

**4**

**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  
 Procedure\* [ Search ]  
 Tooth Number  
 Quadrant [ Search ]  
 Status  
 Tpl Amount \$0.00  
 Plan Payment Amount  
 Diagnosis Code Pointer

DOS\*  
 Units\* 0  
 Charges\* \$0.00  
 Allowed Amount \$0.00  
 Adjustment Reason Code [ Search ]  
 Adjustment Amount

[ delete ] [ add ]

**5**

**Surfaces (Detail Item 1)**

\*\*\* No rows found \*\*\*  
 Select row above to update -or- click Add button below.

Surface [ v ]

[ delete ] [ add ]

**6**

**Hard-Copy Attachments**

\*\*\* No rows found \*\*\*  
 Select row above to update -or- click Add button below.

Control Number  
 Transmission [ v ]  
 Report Type [ v ]  
 Description

[ delete ] [ add ]

**7**

**Claim Status Information**

Claim Status Not Submitted yet

Coversheet for supporting documentation

# Dental Claim (Header)

Required fields:

1. Client ID
2. POS (place of service)

Dental Claim	
<b>Billing Information</b>	
ICN	
Provider ID	1013257369 NPI
<b>1</b> Client ID*	LJ301G6S [ Search ]
Last Name	TREA
First Name, MI	BEARY
Date of Birth	09/01/1993
Patient Account #	[ Search ]
Insurance Denied	<input checked="" type="checkbox"/>
Rendering Physician	[ Search ]
Taxonomy	[ Search ]
Zip+4	[ Search ]
<b>Mailbox and Filename</b>	
Mailbox #	
File Name	
<b>Service Information</b>	
Emergency	No [ v ]
Accident	[ v ]
<b>2</b> POS*	11 [ Search ]
<b>Total Charges</b>	
Total Charges	\$0.00
TPL Amount	\$0.00
Plan Payment Amount	
Total Paid Amount	\$0.00

Required *only* if TPL is listed on client eligibility

# Diagnosis

Diagnosis

\*\*\* No rows found \*\*\*

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

2 Sequence  3 Diagnosis  [ Search ]

Present on Admission  Description

ICD Version

add 1

1. Click add
2. Enter sequence
3. Enter diagnosis

Diagnosis section is *optional* for most dental services

Indicates the ICD version (9 or 10); ICD-10 is required as of 10/01/2015

# TPL

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		2	Adjustment Reason Code	96	[ Search ]
Relationship				Adjustment Group Code	CO	
Policy Number				Adjustment Amount		\$0.00
						delete
						add

For each third-party:

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

Date of Birth and Adjustment Group Code are not required, but both auto-populate upon claim submission

TPL section required *only* when client has third-party insurance; does not include Medicare

Use Search links to search for appropriate ID or code

# 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.

1	Item	1
2	DOS*	01/26/2016
3	Units*	1.00
4	Charges*	\$150.00
	Allowed Amount	\$0.00
	Adjustment Reason Code	[ Search ]
	Adjustment Amount	
	Tpl Amount	\$0.00
	Plan Payment Amount	
	Diagnosis Code Pointer	

1 Procedure\* D0120 [ Search ]

Tooth Number [ ]

Quadrant [ ] [ Search ]

Status

delete add

- Required fields:
1. Procedure
  2. DOS (date of service)
  3. Units
  4. Charges

Enter Tooth Number and Quadrant when applicable

Click add for each additional procedure

# Surfaces (Situational)

The screenshot shows a software interface titled "Surfaces (Detail Item 1)". At the top, it says "\*\*\* No rows found \*\*\*". Below this, there is a text prompt: "Select row above to update -or- click Add button below". On the left, there is a "Surface" dropdown menu with a list of options: BUCCAL, DISTAL, FACIAL, INCISAL, LINGUAL, MESIAL, and OCCLUSAL. A yellow callout box with the number "2" points to the dropdown menu. On the right, there is a blue "add" button with a yellow callout box containing the number "1" pointing to it. A pink callout box in the center contains the text: "Surfaces section is *only* required when applicable".

For each surface:

1. Click *add*
2. Enter *Surface*

Surfaces section is *only* required when applicable



# Hard-Copy Attachments

This section is  
*never* required

**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

Claim Status Information	
Claim Status	Not Submitted yet
Coversheet for supporting documentation	

Not Submitted yet claim; provider may

- Submit
- Cancel

submit      cancel

Submits the claim for processing

Clears changes made during this session

# Claim Status PAID

**PAID** claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Claim Status Information	
Claim Status	PAID
Claim ICN	2216043000008
Paid Date	02/12/2016
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 contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

Clears changes made during this session

cancel   adjust   void   copy claim

Adjusts the existing claim with changes made during this session

Cancel the existing claim; previous payments will be recouped

Duplicates the existing claim; status will change back to Not Submitted Yet

# Claim Status DENIED

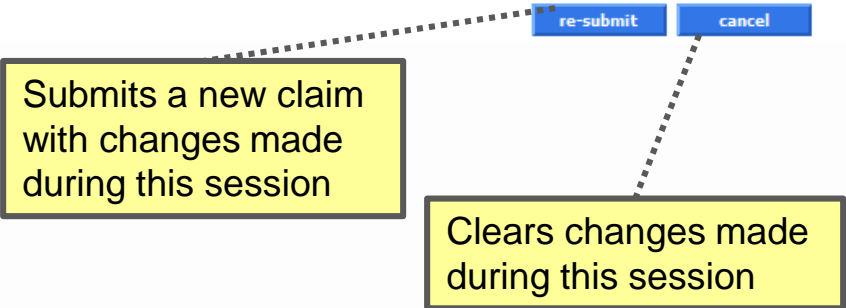
**DENIED** claim; provider may

- Re-submit
- Cancel

Claim Status Information	
Claim Status	DENIED
Claim ICN	2216043000008
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.



\*Claim status **SUSPENDED**: In some cases, a claim may suspend for internal review when our system is unable to determine if a claim should pay or deny. Providers may take *no* action on suspended claims. Claims are given a PAID or DENIED status after internal review. This process should never take longer than two weeks.

# Claims That Do Not Reprocess

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

Description explains why the claim did not process

Panel, field and row indicate the exact location of the error

A new ICN is assigned upon processing;  
If not, scroll to the top of the claim to see why the claim did not process.

You can repair errors and try to process again.

# Do You Need Further Assistance?

## Provider Services Unit (PSU)

800-336-6016

[dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)

## Medicaid Provider Training

[Medicaid.Provider-Training@state.or.us](mailto:Medicaid.Provider-Training@state.or.us)