

# Provider Web Portal

Web billing “Claim Search”  
Department of Human Services

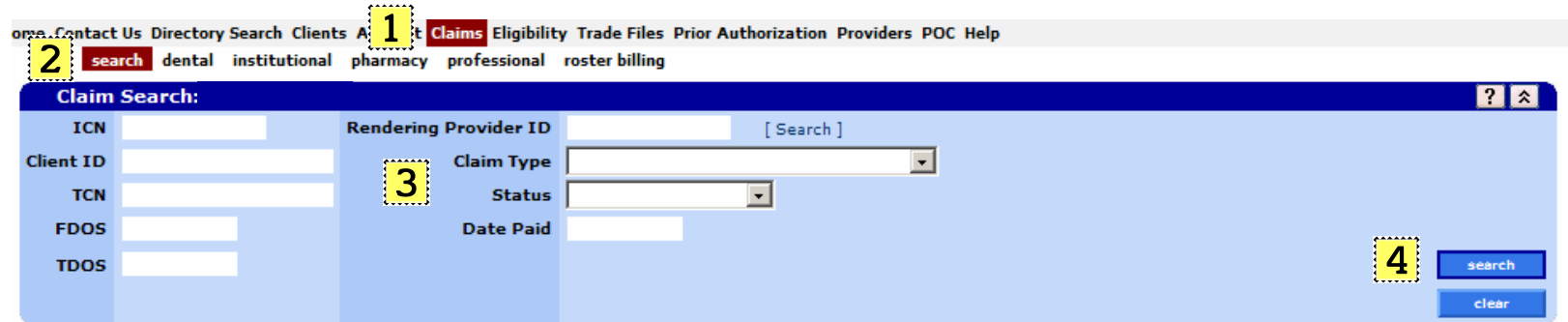


# Web portal basics

- This tutorial is specifically for those providers that submit on the Professional (CMS-1500), Institutional (UB-04) and Dental (ADA) claim forms.
- The Provider Web Portal processes claims real-time so you will know the status of the claim as soon as you submit it.
- Providers will have the capability of searching for claims on the Web portal no matter how the claim was submitted (paper, electronic data interchange, or Web).

# Web portal claim search

# Claims search section



ome... Contact Us Directory Search Clients A **1** Claims Eligibility Trade Files Prior Authorization Providers POC Help

**2** search dental institutional pharmacy professional roster billing

**Claim Search:** ? ^

ICN  Rendering Provider ID  [ Search ]

Client ID  **3** Claim Type

TCN  Status

FDOS  Date Paid

TDOS

**4** search

clear

1. Select “Claims” from the main menu.
2. Select “search”.
3. Enter any of the fields necessary (ICN, client ID, date of services, claim type, status, or date paid) to conduct your search.
4. Click on “search.”

# Claims search results

Search Results							
ICN	Client ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed
5909049601003		03/21/2006	03/21/2006	PROFESSIONAL CLAIMS	SUSPENDED	0	\$55.16
5909049601002		08/27/2008	09/10/2008	PROFESSIONAL CLAIMS	PAID	0	\$182.84
5909049601001		01/01/2009	01/01/2009	PROFESSIONAL CLAIMS	SUSPENDED	0	\$55.16
2209049612006		01/01/2009	01/01/2009	PROFESSIONAL CLAIMS	PAID	0	\$50.00
2008297612006		08/08/2008	08/08/2008	PROFESSIONAL CLAIMS	DENIED	10/23/2008	\$91.42
2008297612005		08/27/2008	08/29/2008	PROFESSIONAL CLAIMS	DENIED	10/23/2008	\$182.84

- Up to ten claims will be listed based on your request.
- If more than ten claims are associated with the search criteria, the results will indicate if multiple pages are available.
- To view the entire claim, click on the line item.

**Professional Claim** ? ☰

Billing Information		Service Information	
ICN		From Date*	03/13/2001
Provider ID		To Date*	03/13/2001
Client ID*	[ Search ]	Expected Delivery Date	
Last Name		Accident Related To	<input type="text"/>
First Name, MI		<b>Charges</b>	
Date of Birth	06/30/1988	Total Charges	\$298.89
Patient Account #*		TPL Amount	\$0.00
Referring Physician	[ Search ]	Insurance Denied	<input type="text"/>
		CoPay Amount	\$0.00

**Diagnosis**

Sequence	Diagnosis	Description
1	350	TRIGEMINAL NERV DISORDER

Type changes below.

Sequence  Diagnosis\*  [ Search ]

**TPL**

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

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

Last Name	<input type="text"/>	Policy Number	<input type="text"/>
First Name, MI	<input type="text"/>	Plan Name	<input type="text"/>
Date of Birth	<input type="text"/>		
Relationship	<input type="text"/>		

**Medicare Information**

Medicare Paid Date	Coinsurance Amount	Deductible Amount	Allowed Amount	Paid Amount
A	\$0.00	\$0.00	\$0.00	\$0.00

Type data below for new record.

Medicare Paid Date	<input type="text"/>	Coinsurance Amount	\$0.00
Allowed Amount	\$0.00	Deductible Amount	\$0.00
Paid Amount	\$0.00		

**Detail**

Item	Procedure	Units	Charges	Status	Allowed Amount
1	32851	1.00	\$298.89	PAID	\$298.89

Type changes below.

Item	1	POS*	22 [ Search ]
From DOS*	03/13/2001	Procedure*	32851 [ Search ]
To DOS*	03/13/2001	Emergency	<input type="text"/>
Units*	1.00	Pregnancy	Not pregnancy Related
Charges*	\$298.89	EPSDT Ref	None
Rendering Physician*	[ Search ]	EPSDT	<input type="text"/>
Status	PAID	Family Planning	<input type="text"/>
Diagnosis Code Pointer	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Allowed Amount	\$298.89
Modifiers	<input type="text"/> [ Search ] <input type="text"/> [ Search ] <input type="text"/> [ Search ]	CoPay Amount	\$0.00
	<input type="text"/> [ Search ] <input type="text"/> [ Search ]		

**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	PAID
Claim ICN	2003142600839
Paid Date	03/21/2002
Allowed Amount	\$298.89

**EOB Information**

Detail Number	Code	Description
1	0555	CLAIM PAST 24 MONTH FILING - DTL

Professional claim search.

**Dental Claim**

**Billing Information**

ICN 2207242301002

Provider ID

Client ID\*  [ Search ]

Last Name

First Name, MI

Date of Birth 05/17/1957

Patient Account # TC33813

Insurance Denied

Rendering Physician  NPI [ Search ]

Adjustment Reason Code  [ Search ]

**Service Information**

Emergency

Accident

POS\* 11 [ Search ]

**Total Charges**

Total Charges	\$150.00
TPL Amount	
Total Paid Amount	\$52.74

Adjustment History

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

Resubmission Claim History

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

TPL

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

Select row above to update.

Last Name	<input type="text"/>	Policy Number	<input type="text"/>
First Name, MI	<input type="text"/>	Plan Name	<input type="text"/>
Date of Birth	<input type="text"/>		
Relationship	<input type="text"/>		

Detail

Item	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Status	Allowed Amount
1	08/08/2006	D0150	1.00			\$150.00	PAID	\$52.74

Type changes below.

Item	1	DOS*	08/08/2006
Procedure*	D0150 [ Search ]	Units*	1.00
Tooth Number	<input type="text"/>	Charges*	\$150.00
Quadrant	<input type="text"/> [ Search ]	Allowed Amount	\$52.74
Status	PAID	Adjustment Reason Code	<input type="text"/> [ Search ]

Surfaces (Detail Item 1)

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

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

Surface

Hard-Copy Attachments

Control Number	Transmission	Report Type	Description
*** No rows found ***			

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

Control Number

Transmission

Report Type

Description

Claim Status Information

Claim Status PAID

Claim ICN 2207242301002

Paid Date 08/30/2007

Allowed Amount \$52.74

Dental claim search.

### Institutional Claim

Billing Information		Service Information	
ICN	2006107100014	Claim Type*	I - INPATIENT CLAIMS
Provider ID		Type Of Bill*	111 [ Search ]
Client ID*	[ Search ]	From Date*	12/06/2005
Last Name		To Date*	12/06/2005
First Name, MI		Patient Status*	01 [ Search ]
Date of Birth		Admit Source*	1 [ Search ]
Patient Account #	36178_01	Admission Type*	2 [ Search ]
Medical Record #		Admission Date*	10/28/2005
Attending Phys*	1000001112 [ Search ]	Admission Hour*	1000
Referring Phys	[ Search ]	Discharge Time	0
Facility Number	100685089A MCD [ Search ]	Covered Days*	1
Other Physician	[ Search ]	Non Covered Days	0
Insurance Denied	<input type="checkbox"/>	Charges	
		Total Charges	\$1,000.00

Diagnosis Condition Payer Procedure Occurrence/Span Value

### TPL

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

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

Last Name	Policy Number
First Name, MI	Plan Name
Date of Birth	
Relationship	

[ delete ] [ add ]

### Medicare Information

Medicare Paid Date  Coinsurance Amount  \$0.00

Deductible Amount  \$0.00

### Detail

Item	Revenue Code	HCPCS/Rates	Units	Charges	Non Covered Charges	Status	Allowed Amount
1	101	99217	1.00	\$1,000.00	\$0.00	PAID	\$617.84

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

Item	Revenue Code	HCPCS/Rates	Modifiers	Units	Units Of Measurement	Status
	[ Search ]	[ Search ]	[ Search ] [ Search ] [ Search ] [ Search ]			
From DOS						
To DOS						
Charges						
Non Covered Charges						
TPL Amount						

[ delete ] [ add ]

### 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

Claim Status PAID

Claim ICN 2006107100014

Paid Date 12/25/2005

Allowed Amount \$617.84

### EOB Information

Detail Number	Code	Description
1	9919	PRICING ADJUSTMENT - PROVIDER LOC PRICING APPLIED

Institutional claim search.

# Claim results

Claim Status Information	
Claim Status	PAID
Claim ICN	2003142600839
Paid Date	03/21/2002
Allowed Amount	\$298.89

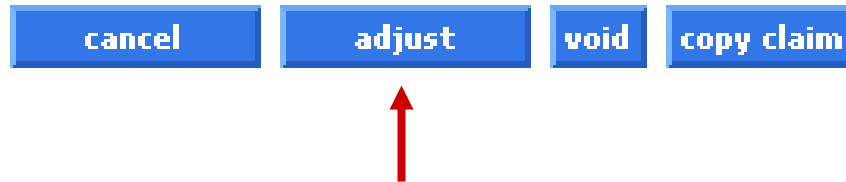
EOB Information		
Detail Number	Code	Description
0	468	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
0	9111	INTERNAL PROCESSING ERROR - CONTACT SE MANAGER
0	8001	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN OTHER.

- Claims Status information section indicates whether a claim is paid, suspended or denied.
- The EOB (explanation of benefits) information section gives explanations specific to the claim.

# Claim actions

# Paid claim – Adjust

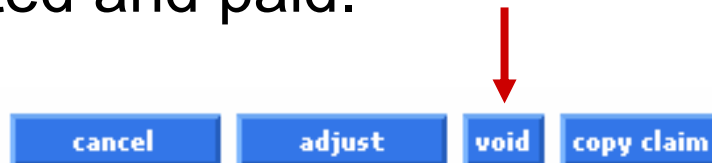
- The adjust button allows modification of information within the claim, and then resubmits the claim to DHS.
- Modify and update data as necessary.
- Click on “adjust.”



# Paid claim – Void

- The void button cancels an entire claim that was previously submitted and paid.

- Click on “void.”



- Any amount previously paid by DHS will be recouped.

The following messages were generated:

Message Description	Panel	Field	Row
Void Adjustment Successful	Dental Claim		

- You will not receive a warning!

# Paid claim – Copy claim

- The copy claim button makes an exact duplicate of an existing claim.
- Once copied, claims data can be updated, and the claim can be submitted as a new claim.

- Click “copy claim.”



- Update information as needed.

- Click “submit.”



# Denied claim – Re-submit

- The re-submit button allows modification of information within the claim, and then resubmits the claim to DHS.
- Enter new data in appropriate fields.
- Click “re-submit.”



Thank you!