



Web Claim Adjustment Billing Instructions



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About this handbook

The *Web Claim Adjustment Instructions* handbook is a guide to help providers who bill for Medicaid services to review and adjust paid claims through the secure Provider Web Portal at <https://www.or-medicaid.gov>.

It provides step-by-step instructions on how to:

- Search for a claim
- Adjust or void a claim

Use this handbook with the Oregon Administrative Rules (OARs) and any related supplemental information for billing.

Before you adjust a Web claim

The following list will help you to better understand what needs to be done prior to adjusting a claim on the Web portal.

1. Denied claims cannot be adjusted. To resubmit a denied claim, refer to the Web billing instructions for your claim type.
2. If you void a claim after DHS makes payment on the claim, DHS will recoup the payment.
3. Verify that you are signed on and are acting on behalf of the correct provider. It is crucial to make sure you are logged on under the correct provider number because this is the provider DHS will pay.
4. You must complete and submit the claim in its entirety to save the data entered. Partially completed adjustments cannot be saved..
5. The session will end after 20 minutes of inactivity. Any work or changes that have not been submitted will be lost.

How to search for a claim

The claim search screen allows you to search all of the claims associated with your provider number including claims submitted through the Web portal, EDI, and paper claims. You can view up to six years of historical claims data as well as all once-in-a-lifetime procedure claims.

The screenshot shows a web application window titled "Claim Search: 100203869A MCD". The interface includes several input fields and dropdown menus for search criteria: ICN (with the value 2006054300057), Client ID, TCN, FDOS, TDOS, Rendering Provider ID (with a "[Search]" button), Claim Type, Status, and Date Paid. There are "search" and "clear" buttons at the bottom right of the form area.

Claim search criteria

There are several different ways to search for a claim:

- Internal Control Number (ICN)
- Client ID (recipient's Medicaid ID)
- Tracking Control Number
- FDOS (From Dates of Service)
- TDOS (To Dates of Service)
- Rendering Provider NPI or Medicaid Provider ID
- Claim Type
- Claim Status
- Date Paid

You can also click the Search button with no other information in the fields to get all claims associated with the provider for which you are logged on.

To conduct a claim search

Step	Action	Response
1	Click the Claims menu.	The claims drop-down list displays.
2	Click Claims Search.	Claims Search screen displays.
3	Enter valid search criteria in the fields, or select the drop-down arrows to narrow your search.	

Step	Action	Response
4	Click the Search button.	If a match is found, the search results list displays. If no match is found, the search results list displays **No rows found**

Claim results screen

Search results screen displays claim information matching the search criteria, starting with 10 most recent claims matching the criteria. There may be more than one page of search results. Use the “next “or “previous” link to move forward or backwards.

Search Results							
ICN	Client ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed
2207243612019	00040694	01/01/2006	01/01/2006	PROFESSIONAL CLAIMS	PAID	09/27/2007	\$100.00
2207256612008	00040694	10/01/2006	10/01/2006	PROFESSIONAL CLAIMS	PAID	09/27/2007	\$242.00
2207288612007	00050007	10/01/2006	10/01/2006	PROFESSIONAL CLAIMS	PAID	10/19/2007	\$42.96
2207283612002	00040694	10/11/2006	10/11/2006	PROFESSIONAL CLAIMS	PAID	10/19/2007	\$242.00
2207247612014	00001386	11/01/2006	11/03/2006	PROFESSIONAL CLAIMS	PAID	09/27/2007	\$510.00
2207256612006	00040694	11/01/2006	11/01/2006	PROFESSIONAL CLAIMS	PAID	09/27/2007	\$242.00
2207293612001	00001386	11/01/2006	11/01/2006	PROFESSIONAL CLAIMS	PAID	10/24/2007	\$345.34
5207293601004	00001386	11/01/2006	11/01/2006	PROFESSIONAL CLAIMS	PAID	10/24/2007	\$345.34
2207293612002	00001386	11/02/2006	11/02/2006	PROFESSIONAL CLAIMS	PAID	10/24/2007	\$345.34
5207293601005	00001386	11/02/2006	11/02/2006	PROFESSIONAL CLAIMS	PAID	10/24/2007	\$345.34

1 2 3 4 5 6 7 8 9 10 ... Next >

Field descriptions

Field	Description
ICN	Internal control number that uniquely identifies a claim meeting the selection criteria.
Client ID	An assigned number that uniquely identifies a member.
FDOS	From Date of Service for the claim.
TDOS	To Date of Service for the claim.
Claim Type	Indicates the type of claim.
Status	Identifies the status of the claim within the system.
Date Paid	Date the claim was paid.
Amount Billed	Amount billed for the claim.

To view a claim from the search results list

To view a claim from the list of search results, simply click on the line item associated with the claim you want to view. The completed claim will display.

If the claim was paid, you can adjust or void the claim (See [Claims Adjustment](#)).

To view a previously adjusted claim

If you select an adjusted claim from the search results, the claim display will include the Adjustment History screen.

If the adjusted claim you are viewing is the mother claim (the original claim before adjustment), this screen lists information for the daughter claim (the original claim after adjustment).

If you are viewing the daughter claim, this screen lists information for the mother claim.

Adjustment History				
ICN	Date Adjusted	Claim Status History Date	Claim Status	Adjustment Reason
5907305601007	11/01/2007	11/01/2007	DENIED	

Note: On previously-adjusted claims, you can only adjust the most recent daughter claim in the adjustment history. All other claims listed on the Adjustment History are read-only, like suspended claims, and cannot be adjusted.

When you adjust a daughter claim, this creates a new daughter claim that is added to the adjustment history.

How to adjust a claim

You can use the Web portal to request adjustments for paid (adjudicated) claims only. You cannot adjust denied claims. Once the paid claim is selected from claims search, four (4) buttons will be displayed at the bottom of the screen: 1) cancel, 2) adjust, 3) void, and 4) copy claim.



To adjust a paid claim

The adjust button allows you to submit a modified claim as an adjustment. Refer to the Web claim handbook for your claim type for specific information.

Step	Action	Response
1	Modify or update the claim data as necessary.	Claims Status Information screen will appear.
2	Select the most appropriate HIPAA Adjustment Reason Code.	ARC codes are used in place of DMAP's unique 2-digit TPR code on paper claims. <ul style="list-style-type: none"> Click the "Search" link next to this field to view and select the most appropriate ARC code based on the circumstances. A complete list of ARC codes can also be found on the Washington Publishing Web site at www.wpc-edi.com
3	Select the adjust button.	

To void a paid claim

The void button allows you to void a previously adjudicated claim. DHS will recoup any payments issued on the claim before it was voided.

Step	Action	Response
1	Select the void button.	Message displays confirming void.

When a void is successful, the following message displays.

The following messages were generated:			
Message Description	Panel	Field	Row
Void Adjustment Successful	Dental Claim		

Appendix

Internal Control Number (ICN) format

A claim's ICN is broken down into 4 sections. Each section identifies specific information about that claim.

- The region code tells how the claim originated.
- The Julian date is the claim date; the year ("07" for 2007) and the day ("255" for the 255th day in the calendar year).
- The batch number tells the claim type.
- The claim sequence indicates the claim's position in the batch.

Using this breakdown, the following ICN, 2307255301003 tells us that the claim originated as a Dental Web portal claim with attachments on September 12, 2007.

Region Code	Julian date (YYDDD)	Batch Number	Claim Sequence
23 <i>(Web claim with attachments)</i>	07255 <i>(9/12/07)</i>	301 <i>(Dental)</i>	003

ICN Region Codes and Descriptions

The region code is the first two digits of the ICN. It usually indicates something about the source of a claim or a unique claim characteristic.

Region Code	Region Code Description
0	All Claim Regions
10	Paper Claims With No Attachments
11	Paper Claims With Attachments
15	Paper Claims With No Provider Id
20	Electronic Claims With No Attachments
21	Electronic Claims With Attachments
22	Internet Claims With No Attachments
23	Internet Claims With Attachments
25	Point Of Service Claims
26	Point Of Service Claims With Attachments
30	Crossover
31	Crossover SNF

Region Code	Region Code Description
40	Claims Converted From Old MMIS
45	Adjustments Converted From Old MMIS
48	Converted Voids
49	Recipient Linking Claims
50	Adjustments - Non-Check Related
51	Adjustments History Only - Check Related
52	Mass Adjustments - Non-Check Related
54	Mass Adjustments - Void Transaction
55	Mass Adjustments - Provider Rates
56	Adjustments - Void Non-Check Related
59	Pos Reversal/ Internet/ 837
60	Encounter Adjustment
70	Encounters
80	Claims Reprocessed By EDS Systems Engineers
90	Bypass Late Filing Edits
91	Batches Requiring Manual Review
92	HMO Co-pays
93	EDMS Use Only – Non-Claims Documents
94	EDMS Use Only – Non-Claims Check Documents
95	EDMS Use Only – Non-Claims Document
96	EDMS Use Only – Prior Authorization Documents
97	EDMS Use Only – Provider Enrollment Documents
98	EDMS Use Only – Correspondence Documents
99	Converted Claim With Duplicate ICN

Claim type by ICN batch number

The batch number is the first three digits in the last six digits of the ICN.

Batch Number (Range)	Claim Type	Description	Code
000-049	Inpatient Crossover	Medicare Part A Inpatient Crossover claims	A
050-099	Outpatient Crossover	Medicare Part A Outpatient Crossover claims	C
100-300	Professional Crossover	Medicare Part B Professional Crossover claims	B

Batch Number (Range)	Claim Type	Description	Code
301-310	Dental	Dental Service Claims and Encounters	D
311-351	Inpatient	Institutional Inpatient Service Claims and Encounters	I
352-401	Outpatient	Institutional Outpatient Service Claims and Encounters	O
402-511	Long Term Care	Long Term Care Service Claims and Encounters	L
522-611	Pharmacy	Pharmacy Service Claims and Encounters	P
522-611	Compound Pharmacy	Pharmacy Compound Service Claims and Encounters	Q
612-899	Professional	Professional Medical Service Claims and Encounters	M