

# Provider Web Portal

Dental (ADA) Web billing  
Department of Human Services



# Web portal basics

- This tutorial is specifically for those providers that submit on the Dental (ADA) claim form.
- 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 be able to view claims on the Web portal no matter how the claim is submitted (paper, electronic data interchange, or Web).
- Providers can:
  - View submitted claims for status and accuracy.
  - Submit new claims.
  - Correct and resubmit denied claims.
  - Adjust, void or copy paid claims.

# Web portal billing

# Submitting Dental claims



- From the main menu select “Claims.”
- Select “Dental” from the drop-down menu.

**Dental Claim** [?] [x]

**Billing Information**

1 ICN  
Provider ID  
Client ID\* [ Search ]  
Last Name  
First Name, MI  
Date of Birth  
Patient Account #  
Insurance Denied [ v ]  
Rendering Physician [ Search ]  
Adjustment Reason Code [ Search ]

**Service Information**

Emergency [ v ]  
Accident [ v ]  
POS\* [ Search ]

**Total Charges**

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

**TPL**

\*\*\* 0 rows found \*\*\*  
2 Select row above to update.  
Last Name [ Search ] Policy Number [ Search ]  
First Name, MI [ Search ] Plan Name [ Search ]  
Date of Birth [ Search ]  
Relationship [ v ]  
[ delete ] [ add ]

**Detail**

Item	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Status	Allowed Amount
1			0			\$0.00		\$0.00

Type data below for new record.

Item 1  
Procedure\* [ Search ] DOS\* [ Search ]  
Units\* [ Search ]  
Tooth Number [ Search ] Charges\* \$0.00  
Quadrant [ Search ] Allowed Amount \$0.00  
Status [ Search ] Adjustment Reason Code [ Search ]  
[ delete ] [ add ]

**Surfaces (Detail Item 1)**

\*\*\* 0 rows found \*\*\*  
4 Select row above to update -or- click Add button below.  
Surface [ v ]  
[ delete ] [ add ]

**Hard-Copy Attachments**

\*\*\* 0 rows found \*\*\*  
5 Select row above to update -or- click Add button below.  
Control Number [ Search ]  
Transmission [ v ]  
Report Type [ v ]  
Description [ Search ]  
[ delete ] [ add ]

**Claim Status Information**

6 Claim Status Not Submitted yet  
[ Coversheet for supporting documentation ]

[ submit ] [ cancel ]

■ There are six sections that will display.

1. Dental Claim
2. TPL
3. Detail
4. Surfaces
5. Hard Copy Attachments
6. Claim Status Information

# Dental claim – section 1

The screenshot shows a web-based form titled "Dental Claim" with two main sections: "Billing Information" and "Service Information".

**Billing Information:**

- ICN
- Provider ID
- 1** Client ID\* [ Search ]
- Last Name
- First Name, MI
- Date of Birth
- Patient Account #
- Insurance Denied [ dropdown ]
- Rendering Physician [ Search ]

**Service Information:**

- Emergency [ dropdown ]
- Accident [ dropdown ]
- 2** POS\* [ Search ]

**Total Charges:**

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

- Enter the required information and as much information as possible.
- Required fields are:
  - Billing information: Client ID
  - Service information: Place of Service

# TPL – section 2

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

Select row above to update.

Last Name

First Name, MI

Date of Birth

Relationship

Policy Number

Plan Name

Adjustment Reason Code  [ Search ]

Plan ID  [ Search ]

delete add

- If a third party payer was billed, enter that information in this section.
- Click “add” to activate.
- Enter as much information as necessary.
- If a third-party did not make a payment or made a partial payment, the appropriate HIPAA Adjustment Reason Codes (ARC) must be entered.

# Detail – section 3

Detail

Item	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Status	Allowed Amount
A	1		0			\$0.00		\$0.00

Type data below for

1 Procedure\* [ Search ] 2 DOS\* [ Search ] 3 Units\* [ Search ] 4 Charges\* [ Search ]

Item 1  
Tooth Number  
Quadrant [ Search ]  
Status  
DOS\* [ Search ]  
Units\* [ Search ]  
Charges\* [ Search ]  
Allowed Amount [ Search ]  
Adjustment Reason Code [ Search ]

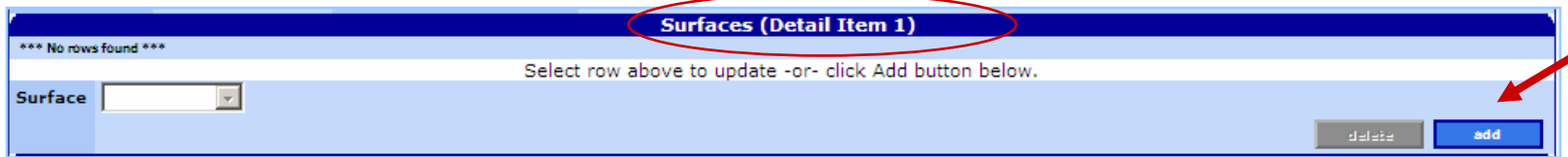
Required fields are:

1. Procedure
2. Date of service
3. Units
4. Charges

delete add

- Allows entry of up to 50 detail lines.
- Click “add” to activate the section for each service you are billing.
- Enter all required information.

# Surfaces – section 4



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

Surfaces (Detail Item 1)

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

Surface

delete add

- This section is used when a service (detail) requires a surface code.
- Enter the most appropriate surface from the drop-down menu.
- Click “add” to activate for each line.

# Hard-copy attachments – section 5

Hard-Copy Attachments

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

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

Control Number

Transmission

Report Type

Description

delete add

- If you need to submit attachments with your claim, click “add” and complete as much information as possible.

# Claim status information – section 6



The screenshot displays a web interface for claim status information. At the top, a dark blue header contains the text "Claim Status Information". Below this, a light blue bar shows "Claim Status" followed by "Not Submitted yet". To the right of this bar is a button labeled "Coversheet for supporting documentation". At the bottom right of the interface, there are two buttons: "submit" and "cancel". Red circles highlight the "Claim Status" text and the "submit" button.

- Claim status information displays at the bottom of all claims.
- No data displays before the claim has been submitted.
- Click “submit.”

**Dental Claim**

<b>Billing Information</b> ICN 2207242301002 Provider ID Client ID* [ Search ] Last Name First Name, MI Date of Birth 05/17/1957 Patient Account # TC33813 Insurance Denied [ v ] Rendering Physician [ Search ] Adjustment Reason Code [ Search ]	<b>Service Information</b> Emergency [ v ] Accident [ v ] POS* 11 [ Search ]  <b>Total Charges</b> Total Charges \$150.00 TPL Amount Total Paid Amount \$52.74
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**Adjustment History**

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

**Resubmission Claim History**

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

**TPL**

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

Select row above to update.

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

[ delete ] [ add ]

**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 [ ]	Charges* \$150.00
Quadrant [ Search ]	Allowed Amount \$52.74
Status PAID	Adjustment Reason Code [ Search ]

[ delete ] [ add ]

**Surfaces (Detail Item 1)**

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

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

Surface [ v ]
---------------

[ delete ] [ add ]

**Hard-Copy Attachments**

Control Number	Transmission	Report Type	Description
Select row above to update -or- click Add button below.			
Control Number [ ]	Transmission [ v ]	Report Type [ v ]	Description [ ]

[ delete ] [ add ]

**Claim Status Information**

Claim Status PAID
Claim ICN 2207242301002
Paid Date 08/30/2007
Allowed Amount \$52.74

[Coversheet for supporting documentation](#)

[ cancel ] [ adjust ] [ void ] [ copy claim ]

Completed dental claim example.

# Claim status information – section 6

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

[Coversheet for supporting documentation](#)

- Once the claim is submitted, this section indicates whether a claim is paid, suspended or denied.
- This section only indicates the allowed amount. To find out the actual amount DHS paid for the claim, you will need to perform a [claim search](#).
- If applicable, click on “coversheet for supporting documentation.”

Complete the following:


- Requestor Information
- Document type = Supporting documentation
- Provider ID
- Recipient ID

Write the ICN on all supporting documentation.

Coversheet is required to mail supporting documentation and radiographs. Mail to:

DMAP  
500 Summer St NE-44  
Salem, OR 97301-1079

Attn: Dental Coordinator

	<b>+ EDMS COVERSHEET +</b>	
	<b>Requestor Information:</b>	
	<b>Name:</b> _____	<b>Date:</b> _____
	<b>Phone:</b> _____	<b>No. of Pages:</b> _____ <i>(Including this coversheet)</i>
<b>DocumentType:</b>		
<input type="checkbox"/> Provider Enrollment		
<input type="checkbox"/> Correspondence		
<input checked="" type="checkbox"/> Supporting Documentation for Claim		
<input type="checkbox"/> Prior Authorization		
<input type="checkbox"/> Routine Processing		
<input type="checkbox"/> Urgent Processing		
<input type="checkbox"/> Immediate Processing		
		} <i>Additional supporting documentation &amp; justification is required for this level of processing.</i>
<b>Justification:</b> _____		
<b>DMAP Services</b> Criteria for PA's is found on the DHS Web site. Go to the following address and select the appropriate program rules: <a href="http://www.dhs.state.or.us/policy/healthplan/guides/main.html">http://www.dhs.state.or.us/policy/healthplan/guides/main.html</a> If your PA request does not support expedited processing, it will receive routine processing. DHS will inform the provider for requests (meeting expedited criteria) with missing information, within the expedited time frame.		
<b>Index Field &amp; Values (if applicable):</b>		
Application Tracking Number:	_____	
Provider ID:	_____	
Recipient ID:	_____	
Prior Authorization Number:	_____	
ICN:	2 2 0 8 3 1 9 6 1 2 0 0 3	
<b>DHS Use Only:</b>		
Contact tracking Number:	_____	
Include question number and notes number, as applicable, in separate boxes.		
<b>Confidentiality Notice:</b> The information contained in this packet is confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax - except its direct delivery to the intended recipient - is strictly prohibited. If you have received this packet in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.		

# EOB information

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.

- If applicable, the EOB (explanation of benefits) information section appears underneath the claim status information.
- This section populates with explanations specific to the claim.

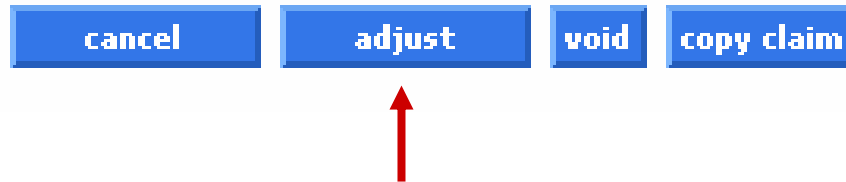
# Claim actions

Once you submit a claim, the following buttons are available at the bottom of the claim:

- Paid claims: Adjust, copy, and void
- Denied claims: Re-submit

# Paid claim – Adjust

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



# Paid claim – Void

- The void button cancels the entire claim.
- 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!