
Oregon Health Plan Provider Web Portal

Dental Claim

General instructions



Division of Medical Assistance Programs

August 2011

Web portal home page

Begin at: <https://www.or-medicaid.gov>

Home Contact Us Directory Search Clients Account Providers

Welcome to the Medicaid Portal web site!

Providers - Login to set up your Web portal accounts and verify eligibility for OHP clients

Providers - What you need to know about the Web portal

OHP provider announcements

AMH Providers - View the Addictions and Mental Health home page

SPD Providers - View the Seniors and people with physical disabilities home page

Click here to log in

Links to OHA Web sites

Getting started

1. Enter your User Name and Password
2. Click login

Home Contact Us Directory Search Clients **Account** Providers
home account setup logoff reset password **secure site**

Login

The State Health Care Authority's secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)

If you're already a member and have set up your account or a provider has set one up for you, login here to enter our secure website.

User Name*

Password*

[login](#)

If you have forgotten your password please click the reset password button.

[reset password](#)

Provider front page

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization **Providers** POC Help
 home demographic maintenance drug search e Search g search links benefits and hsc inquiry

- Dental**
- Institutional
- Pharmacy
- Professional
- Roster Billing

Claims menu, click Dental

What's New

Provider ID:500603867 MCD
 Taxonomy:
 Zip Code: 97301 - 1063

Message center from Oregon Health Authority

Messages		
Category	Subject	
General Message	DMAP Phone System Issues	The Provider Services Unit (PSU) phone system at 800-336-6016 is experiencing issues at this time. Techni
General Message	What do you think of the OHP Web site?	Help improve your online experience with DMAP by completing our quick survey at: < https://survey.emp.s
General Message	DMAP Electronic Communications	Help us improve them by taking the survey at: < https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?
General Message	Reminder - EDI Registration Not Required for Web Portal	EDI registration is only required for providers who currently submit Medicaid claims using the ASC X12 trar
General Message	NDC Reporting Requirements	Starting July 1, you must report the National Drug Code and NDC quantity for most physician-administered
General Message	PSU phones are currently not operating correctly	PSU phones are currently not operating correctly.
General Message	DMAP is unable to make outgoing calls	DMAP is unable to make outgoing calls to providers, clients and other customers due to a phone issue. The
General Message - DMAP	New EDMS Coversheet	Make sure to use the most recent version at http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf . DH
General Message	Change to 8/28 weekend claim cycle	Submit claims by 10 p.m. Thursday for processing this weekend. Read more at < www.oregon.gov/DHS/he
General Message	Web Claims Error Resolved 6/1/10	You can submit Web claims again. If you received the "communications error" message while submitting a

Dental claim

- Sections:
1. Dental Claim (header)
 2. TPL: Third-Party Liability
 3. Detail
 4. Surfaces
 5. Hard-Copy Attachments
 6. Claim Status Information

1 Dental Claim

Billing Information

ICN
 Provider ID 500603867 MCD
 Client ID* [Search]

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

Service Information

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

Total Charges

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

2 TPL

*** No rows found ***

Select row above to update.

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

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

3 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]
 NDC
 NDC UOM [v]
 NDC Quantity 0
 Tooth Number
 Quadrant [Search]
 Status
 Tpl Amount \$0.00

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

4 Surfaces (Detail Item 1)

*** No rows found ***

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

Surface [Search]

5 Hard-Copy Attachments

*** No rows found ***

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

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

6 Claim Status Information

Claim Status Not Submitted yet

Coversheet for supporting documentation

5

Dental claim (header)

Billing Information		Service Information	
ICN		Emergency	No
Provider ID	3742298683 NPI	Accident	
Client ID*	KX277V5U ¹ [Search]	POS*	11 ² [Search]
Last Name	JAMES	Total Charges	
First Name, MI	ELI J	Total Charges	\$0.00
Date of Birth	06/12/1930	TPL Amount	\$0.00
Patient Account #		Total Paid Amount	\$0.00
Insurance Denied			
Rendering Physician	3742298683 NPI [Search]		

Required fields:

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

Never required

Only required if TPL (third-party liability) was billed

TPL

TPL					
Last Name	First Name	MI	Date of Birth	Relationship	Plan Name
A					
Select row above to up					
Last Name	<input type="text"/>				
First Name, MI	<input type="text"/>	<input type="text"/>			
Date of Birth	<input type="text"/>				
Relationship	<input type="text"/>				
Policy Number	<input type="text"/>				
				Adjustment Reason Code	96 ² Search]
				Adjustment Group Code	CO
				Adjustment Amount	<input type="text" value="\$0.00"/>
				<input type="button" value="delete"/>	<input <sup="" type="button" value="add"/> 1

For each third-party:

1. Click add
2. Enter Adjustment Reason Code from third-party EOB

TPL section is only required when client has third-party (private) insurance

Detail

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* D0150 ¹ [Search]	DOS* 06/01/2011 ²	Units* 1.00 ³	Charges* \$45.00 ⁴	Allowed Amount \$0.00	Adjustment Reason Code [Search]	Adjustment Amount \$0.00	
NDC									
NDC UOM									
NDC Quantity		0							
Tooth Number									
Quadrant		[Search]							
Status									
Tpl Amount		\$0.00							

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

- NDC fields are for physician-administered drugs only
- NDC (11-digit format)
 - NDC UOM (Unit of measurement)
 - NDC Quantity

Enter Tooth Number and Quadrant when applicable

Click add for each additional procedure

Surfaces (situational)

For each surface:

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

Surfaces (Detail Item 1)

*** No rows found ***

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

Surface **2**

delete add **1**

Surfaces section is only required when applicable

- BUCCAL
- DISTAL
- FACIAL
- INCISAL
- LINGUAL
- MESIAL
- OCCLUSAL

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

Claim Status Information	
Claim Status	PAID
Claim ICN	4006305850963
Paid Date	11/24/2006
Allowed Amount	\$70.07

Coversheet for supporting documentation

PAID claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Clears changes made during this session

cancel adjust void copy claim

Adjusts the existing claim with changes made during this session

Cancels 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	4007100850871	
Denied Date	04/13/2007	
Allowed Amount	\$0.00	

[Coversheet for supporting documentation](#)

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

re-submit cancel

Submits a new claim with changes made during this session

Clears changes made during this session

* 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.

Do you need further assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

M-Th 8:30 a.m. to 4:30 p.m., F 10:00 a.m. to 4:30 p.m.

Webinar and classroom training:

DMAP Provider Training

503-945-6549

provider-trng.dmap@state.or.us

M-F 9:00 a.m. to 5:30 p.m.