
Provider Web Portal: Adjusting and Resubmitting Claims

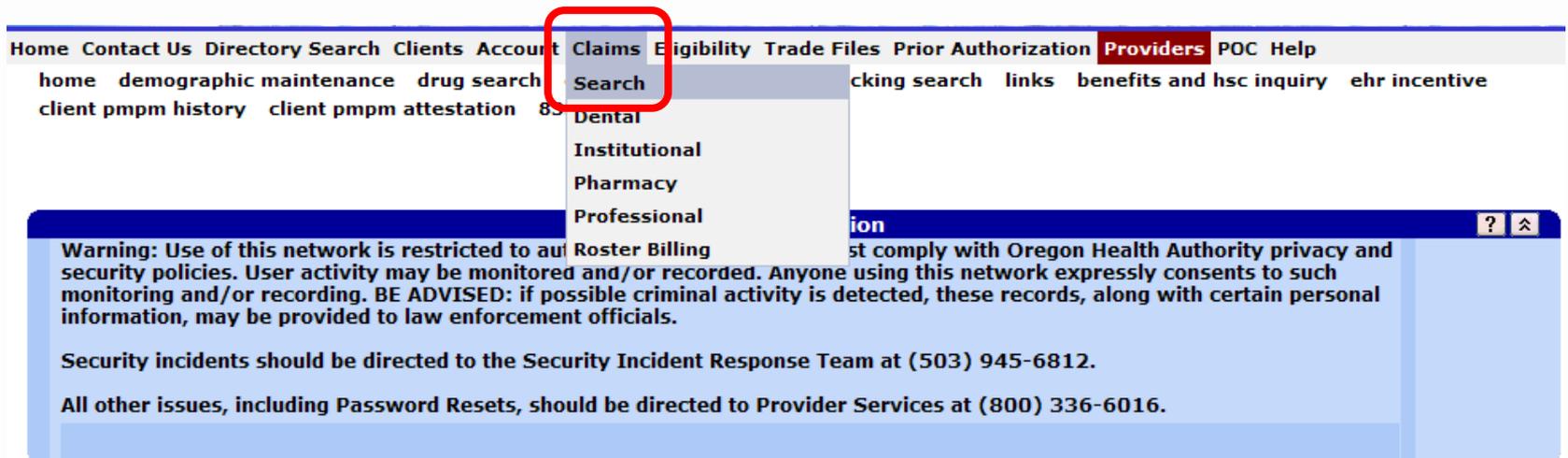
Program-specific instructions are in the supplemental information for each program at bit.ly/ohp-rules.

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Start a claim search

- Anyone with the **Claim Adjust** role can adjust a claim.
- You cannot adjust claims more than a year old using the Provider Web Portal.
- After logging into <https://www.or-Medicaid.gov>, click **Claims>Search**.



Enter search criteria

- Enter at least one of the following criteria*, then click **search**:
 - Internal Control Number (ICN)
 - Client ID (recipient's Medicaid ID)
 - Tracking Control Number (TCN)
 - FDOS (From Date of Service) **and** TDOS (To Date of Service)
 - Date Paid

The screenshot shows a web interface for claim searching. The title bar reads "Claim Search: 506643095 MCD". The search criteria are organized into two columns. The left column contains input fields for ICN, Client ID, TCN, FDOS, and TDOS. The right column contains input fields for Rendering Provider ID (with a "[Search]" button next to it), Claim Type (a dropdown menu), Status (a dropdown menu), and Date Paid. A red rectangle highlights the "search" button in the bottom right corner. A green dashed box contains the text: "*You must enter one of the required criteria in order to search by Rendering Provider, Claim Type or Status." A "clear" button is also visible below the "search" button.

Field	Value
ICN	<input type="text"/>
Client ID	<input type="text"/>
TCN	<input type="text"/>
FDOS	<input type="text"/>
TDOS	<input type="text"/>
Rendering Provider ID	<input type="text"/> [Search]
Claim Type	<input type="text"/>
Status	<input type="text"/>
Date Paid	<input type="text"/>

*You must enter one of the required criteria in order to search by Rendering Provider, Claim Type or Status.

Review search results

- To view a claim, click the row of the claim you want to view.

Claim Search: 506643095 MCD ? ^

ICN	<input type="text"/>	Rendering Provider ID	<input type="text"/> [Search]
Client ID	<input type="text"/>	Claim Type	<input type="text"/>
TCN	<input type="text"/>	Status	<input type="text"/>
FDOS	<input type="text"/>	Date Paid	<input type="text"/>
TDOS	<input type="text"/>		

Search Results

ICN	Client ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed
2212159000006	JT500A3R	03/01/2012	03/01/2012	OUTPATIENT CLAIMS	DENIED	06/07/2012	\$550.00
2212131000009	CA500L1L	02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/10/2012	\$2,772.00
2212121000006	CA500L1L	02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/03/2012	\$2,772.00
2212121000005	CA500L1L	03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	05/03/2012	\$2,904.00
2212156000003	GI500R1L	04/01/2012	04/30/2012	PROFESSIONAL CLAIMS	DENIED	06/05/2012	\$3,000.00
5912159000001	CA500L1L	03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	06/07/2012	\$2,904.00
2212187000002	JT500A3R	06/01/2012	06/15/2012	PROFESSIONAL CROSSOVER	DENIED	07/13/2012	\$1,000.00
2212187000003	JT500A3R	06/01/2012	06/15/2012	PROFESSIONAL CLAIMS	DENIED	07/13/2012	\$1,000.00

Professional Claim

Billing Information
 ICN: 5913352000001
 Provider ID: 1891792313 NP1
 Client ID*: HN400833 [Search]

Service Information
 From Date*: 09/15/2013
 To Date*: 09/15/2013
 Expected Delivery Date: [Search]
 Medical Record Number: [Search]

Charges
 Total Charges: \$285.00
 TPL Amount: \$0.00
 Plan Payment Amount: [Search]
 CoPay Amount: \$0.00

Adjustment History
 ICN: 2213352000009
 Date Adjusted: 12/18/2013
 Claim Status: PAID
 Claim History Date: 12/18/2013
 Adjustment Reason: PAID

Resubmission Claim History

Diagnosis
 Sequence: 1
 Diagnosis: V2509
 Description: Contraceptive mangmt NEC 9
 ICD Version: 9
 Present on Admission: [Search]

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

Medicare Information
 Medicare Paid Date: [Search]
 Coinsurance Amount: [Search]
 Deductible Amount: [Search]
 Psychiatric Amount: [Search]
 Paid Amount: [Search]

Detail
 Item: 1
 Procedure: 11981
 Units: 1.00
 Charges: \$285.00
 Status: PAID
 Allowed Amount: \$99.55

Hard-Copy Attachments
 Control Number: [Search]
 Transmission: [Search]
 Report Type: [Search]
 Description: [Search]

Claim Status Information

View and update claim

Fields contain information as submitted on the original claim*.

1. **Edit claim if needed:** Update fields (click the row to update)
2. **Update Claim Status Information** (bottom of claim):

- To adjust paid claims: click **adjust**.
- To adjust denied claims: click **submit**.
- To withdraw a paid claim: Click **void**. DHS/OHA will recover any payments issued for the claim.
- To copy a paid claim: Click **copy**.

*This example is a professional claim, but the process is the same for all claim types.

Claim status information: Paid claim

- **Cancel** clears changes made to the claim.
- **Adjust** submits the changes you made to the claim.
- **Void** withdraws the claim; DHS/OHA will recover any payments made.
- **Copy claim** copies the claim; its claim status will change from **paid** to **not submitted yet**.

Claim Status Information		
Claim Status	PAID	
Claim ICN	5012011705001	
Paid Date	01/12/2012	
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 fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

cancel adjust void copy claim

Claim status information: Denied claim

- **Re-submit** submits a new claim that includes the changes you made.
 - The claim status may change from **denied** to **suspended**. This means OHA staff must review the new claim to decide whether to pay or deny. This may take up to two weeks. During this time, you cannot take any actions on the claim.
- **Cancel** clears the changes you made.

Claim Status Information		
Claim Status	DENIED	
Claim ICN	2213364000010	
Denied Date	12/30/2013	
Allowed Amount	\$0.00	
Coversheet for supporting documentation		
HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	146	Diagnosis was invalid for the date(s) of service reported.
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).



What happens next?

- **If there are no data entry errors**, the Provider Web Portal will accept your claim and assign it a new Internal Control Number.
- **If there are errors**, a message box at the top of the claim will list the reasons the changes were not accepted. When this happens, correct the fields and try again.
 - **Message description** is the specific reason.
 - **Field** lists where the error occurs. **Row** lists where to find the field. “1” means the first (or top) section of the claim.

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

Need help?

Ask Provider Services:

- 800-336-6016 (Option 5)
- dmap.providerservices@dhsoha.state.or.us