



OREGON
HEALTH
AUTHORITY

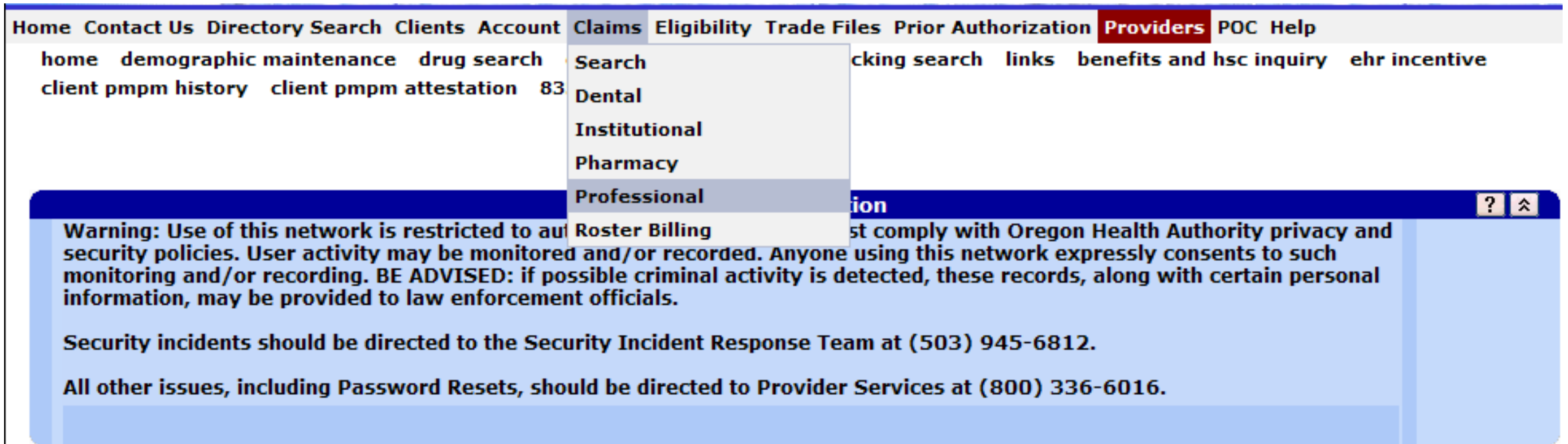
September 2024

MMIS Provider Portal Professional Claim

**Find program-specific instructions in
supplemental guides for each program**

Go to <https://www.or-medicaid.gov>

- Click **Account > Secure Site**
- After login, click **Claims > Professional**



The screenshot shows the top navigation bar of the Oregon Medicaid website. The menu items are: Home, Contact Us, Directory Search, Clients, Account, Claims, Eligibility, Trade Files, Prior Authorization, Providers, POC, and Help. The 'Providers' link is highlighted in red. A dropdown menu is open under 'Claims', showing options: Search, Dental, Institutional, Pharmacy, Professional, and Roster Billing. The 'Professional' option is highlighted in blue. Below the navigation bar, there is a warning message: 'Warning: Use of this network is restricted to authorized users. All users must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.' Below the warning, there are two lines of text: 'Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.' and 'All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.'

Professional claim sections

1. Professional Claim (header)
2. Diagnosis
3. TPL: Third-Party Liability
4. Medicare Information
5. Detail
6. Hard-Copy Attachments
7. Claim Status Information

The screenshot displays a professional claim form with the following sections and callouts:

- 1 Professional Claim (header):** Billing Information (ICN, Provider ID, Client ID, Last Name, First Name, MI, Date of Birth, Patient Account #, Referring Phys, Insurance Denied) and Service Information (From Date, To Date, Expected Delivery Date, Medical Record Number, Accident Related To, Charges, Total Charges, TPL Amount, Plan Payment Amount, CoPay Amount).
- 2 Diagnosis:** A table with columns for Sequence, Present on Admission, Diagnosis, Description, and ICD Version.
- 3 TPL:** Information for Third-Party Liability including Last Name, First Name, MI, Date of Birth, Relationship, Policy Number, Plan Name, Plan ID, Adjustment Reason Code, Adjustment Group Code, and Adjustment Amount.
- 4 Medicare Information:** Medicare Paid Date, Coinsurance Amount, Deductible Amount, Psychiatric Amount, and Paid Amount.
- 5 Detail:** A table with columns for Item, Procedure, Units, Charges, Status, and Allowed Amount. Below the table is a form for item details including From DOS, To DOS, Units, Units Qualifier, Charges, Rendering Physician, Taxonomy, Zip+4, Status, Diagnosis Code Pointer, Modifiers, POS, Procedure, NDC, NDC UOM, NDC Quantity, Tpl Amount, and Plan Payment Amount.
- 6 Hard-Copy Attachments:** Control Number, Transmission, Report Type, and Description.
- 7 Claim Status Information:** Claim Status (Not Submitted yet).

Professional Claim (header): Required fields

Fields marked with an asterisk (*) are required on all claims

1. Client ID*
2. Referring Phys (only when the service requires a referral)
3. Insurance Denied (only if client has TPL; does not include Medicare)
4. From and To Dates*
5. TPL Amount (does not include Medicare)

Professional Claim	
Billing Information	
ICN	
Provider ID	1376854091 NPI
1 Client ID*	MJ301G5A [Search]
Last Name	CWMM
First Name, MI	PATTEE
Date of Birth	01/15/1975
Patient Account #	
2 Referring Phys	[Search]
Insurance Denied	3
Mailbox and Filename	
Mailbox #	
File Name	
Service Information	
4 From Date*	10/15/2015
To Date*	10/15/2015
Expected Delivery Date	
Medical Record Number	
Accident Related To	
Charges	
Total Charges	\$0.00
5 TPL Amount	\$0.00
Plan Payment Amount	
CoPay Amount	\$0.00

Diagnosis

To add a diagnosis:

1. Click **add**
2. Enter sequence (1 for primary diagnosis, 2 for second, etc.)
3. Enter the ICD-10-CM diagnosis code without the decimal

Diagnosis				
Sequence	Diagnosis	Description	ICD Version	Present on Admission
A 1	M71811	Other specified bursopathies, right shoulder	10	

Type data below for new record.

2 Sequence*	1	3 Diagnosis*	M71811 [Search]
Present on Admission	<input type="checkbox"/>	Description	Other specified bursopathies, right shoulder
		ICD Version	10

1

TPL

Only complete this section when client has third-party insurance; does not include Medicare. To add TPL:

1. Click **add**
2. Enter Plan ID
3. Enter Adjustment Reason Code

The Date of Birth and Adjustment Group Code fields are not required; they auto-populate upon claim submission

The screenshot shows a web form titled "TPL" with a table header containing columns: Last Name, First Name, MI, Date of Birth, Relationship, Plan Name, and Policy Number. Below the header, there is a text input field for "Date of Birth" with the value "01/01/1900". A message "Select row above to update." is displayed. The form contains several input fields: "Last Name", "First Name, MI", "Date of Birth" (pre-filled with "01/01/1900"), "Relationship" (a dropdown menu), "Policy Number", "Plan Name", "Plan ID*" (with value "20125" and a "[Search]" button), "Adjustment Reason Code" (with value "1" and a "[Search]" button), "Adjustment Group Code" (a dropdown menu with value "CO"), and "Adjustment Amount" (with value "\$0.00"). A "1" is placed above the "add" button. The "add" button is highlighted in blue.

Medicare Information

If the client has Medicare coverage:

1. Click the row to activate fields
2. Fill in all fields

Medicare Information				
Medicare Paid Date	Coinsurance Amount	Deductible Amount	Medicare Paid Amount	
A	\$0.00	\$0.00	\$0.00	1
Medicare Paid Date	<input type="text"/>	Coinsurance Amount	<input type="text"/>	
Deductible Amount	<input type="text"/>	Medicare Paid Amount	<input type="text"/>	2

Detail

For each detail line:

1. Click **add**
2. Enter From and To DOS* (dates of service)
3. Enter Units*
4. Enter Charges*
5. Enter POS (Place of Service)*
6. Enter Procedure*
7. Enter NDC information (for physician-administered drugs only)
8. Adjustment Reason Code (for claims already billed to Medicare)

Detail					
Item	Procedure	Units	Charges	Status	Allowed Amount
A	1	0	\$0.00		\$0.00

Type data below for new record.

Item	1	Emergency	No
From DOS*	10/15/2015	Pregnancy	
To DOS*	10/15/2015	EPSDT Ref	None
Units*	1.00	EPSDT Family Planning	
Units Qualifier		Allowed Amount	\$0.00
Charges*	\$200.00	CoPay Amount	\$0.00
Rendering Physician	1376854091 [Search]	Adjustment Reason Code	[Search]
Taxonomy		Adjustment Amount	
Zip+4		Medicare Paid Date	
Status		Deductible Amount	\$0.00
Diagnosis Code Pointer	1	Coinurance Amount	\$0.00
Modifiers	[Search] [Search]	Medicare Paid Amount	\$0.00
	[Search] [Search]	Medicare Psych Amount	\$0.00
POS*	11 [Search]		
Procedure*	22840 [Search]		
NDC			
NDC UOM			
NDC Quantity	0		
Tpl Amount	\$0.00		
Plan Payment Amount			

delete add

Hard-Copy Attachments

MMIS does not use information entered in this section. If you need to submit hardcopy attachments, please submit a paper claim.

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

Before you submit the claim, you have two choices:

- Click **submit** to submit the claim for processing.
- Click **cancel** to clear information you have entered on the claim.

Once you click **submit**, you will see one of three claim status options: Paid, Denied, or Suspended.



The screenshot shows a web interface for 'Claim Status Information'. At the top, there is a dark blue header with the title 'Claim Status Information' in white. Below the header, the text 'Claim Status Not Submitted yet' is displayed in a light blue box. On the right side of this box, there is a button labeled 'Coversheet for supporting documentation'. Below the main content area, there are two buttons: 'submit' and 'cancel', both in blue with white text. These two buttons are enclosed in a red rectangular box, indicating they are the primary actions to be taken.

Claim Status: PAID

On paid claims, you can:

- Click **cancel** to clear changes made during this session
- Click **adjust** to adjust with changes made during this session
- Click **void** to cancel the claim. OHA will recover payments made on the claim.
- Click **copy claim**. This creates a new claim. It will have all the information entered on the paid claim, with a status of “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: DENIED

On denied claims, you can:

- Click **resubmit** to make changes to the claim and submit the changes during this session.
- Click **cancel** to clear changes made during this session.

Claim Status Information		
Claim Status	DENIED	
Claim ICN	2216043000008	
Denied Date	02/12/2016	
Allowed Amount	\$0.00	
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).
1	24	Charges are covered under a capitation agreement/managed care plan.
re-submit cancel		

Error messages on new or adjusted claims

- If there are no errors, new and adjusted claims will process and get a new ICN.
- If there are errors, the top of the claim will display why the claim did not process.
 - The “Message Description” column explains the error.
 - The “Panel,” “Field” and “Row” columns show where the error occurs.
 - You can fix the errors and try to process the claim again.

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
A valid POS is required	Professional Claim	POS	1
A valid Procedure is required	Professional Claim	Procedure	1
Units must be greater than 0.	Professional Claim		1
A valid Client ID is required	Professional Claim	Client ID	1

Claim Status: SUSPENDED

- You cannot take any action on a suspended claim.
 - OHA staff will give the claim a Paid or Denied status after internal review.
 - The review should not take longer than 30 days.

Claim Status Information		
Claim Status	SUSPENDED	
Claim ICN	2006234600322	
Allowed Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
1	4014	NO PRICING SEGMENT IS ON FILE.

Need help?

Contact OHP Provider Services

800-336-6016

team.provider-access@oha.oregon.gov

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at dmap.providerservices@oha.oregon.gov or 800-336-6016 (voice). We accept all relay calls.

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