



Medicaid Information
Technology System

Provider Medicaid Portal User Manual

Volume 6A

Claims Entry

T4D027_Provider_Medicaid_Portal_UM_06A_Claims_Entry.docx

Version R5.1

November 29, 2011

HP Enterprise Services
50 W. Town Street
Suite 100
Columbus, OH 43215

This page intentionally left blank.

TABLE OF CONTENTS

1	Claims Entry	1
	Additional Information about Common Codes	1
	Diagnosis Codes	1
	Procedure Codes	1
	Place of Service Codes – Professional Claims	2
	DRG Codes	2
	NDC Codes	2
	Entering Professional Claims	3
	Professional Claim Entry – Primary Panel	5
	Professional Claim Entry – Diagnosis Panel	9
	Professional Claim Entry – Other Payer Panel	10
	Professional Claim Entry – Other Payer Detail	15
	Professional Claim Entry – Other Payer Amounts and Adjustment Reason Codes	17
	Professional Claim Entry – Detail Panel	19
	Professional Claim Entry – NDC Detail	24
	Entering Institutional Claims	27
	Institutional Claim Entry – Primary Panel	30
	Institutional Claim Entry – Condition	35
	Institutional Claim Entry – ICD-9 Procedure	37
	Institutional Claim Entry – Occurrence/Span	39
	Institutional Claim Entry – Value	41
	Institutional Claim Entry – Diagnosis Panel	42
	Institutional Claim Entry – Other Payer Panel	44
	Institutional Claim Entry – Other Payer Detail	49
	Institutional Claim Entry – Other Payer Amounts and Adjustment Reason Codes	51
	Institutional Claim Entry – Other Payer Amounts Panel	53
	Institutional Claim Entry – Detail Panel	55
	Institutional Claim Entry – NDC Panel	59
	Entering Dental Claims	62
	Dental Claim Entry – Primary Panel	64
	Dental Claim Entry – Other Payer Panel	68
	Dental Claim Entry – Other Payer Detail	72
	Dental Claim Entry – Other Payer Amounts and Adjustment Reason Codes	75
	Dental Claim Entry – Detail Panel	77
	Dental Claim Entry – Surfaces Panel	80

This page intentionally left blank.

1 CLAIMS ENTRY

The ability to submit claims and supporting claim documents and information in an electronic format is one of the primary features of the Ohio Provider Medicaid Portal. Before claims and supporting information can be electronically submitted over the Internet for reimbursement, the correct claim form for the type of service and rendering provider must be completed. The general claims entry process is as follows:

- Determine if the claim should be entered in a Dental, Institutional, or Professional claim form.
- Access the correct claim form from the Claims drop-down menu.
- Follow the instructions provided for each claim type to enter information. Note that fields that appear with an asterisk (*) are required fields and must have data entered in them.

Note: Pharmacy providers who are enrolled with ODJFS to provide Medicaid services can view their claims in this online application. To submit Medicaid claims, pharmacy providers should contact ODJFS at:

1-800-686-1516

Monday through Friday, 8:00 a.m. to 4:30 p.m.

Additional Information about Common Codes

Some MITS subsystems use various reference codes as part of their data processing tasks. This section defines the most common reference codes and provides links, where available, to comprehensive public listings of these codes.

Diagnosis Codes

[ICD-9](#) (International Classification of Diseases, v. 9) code set includes diagnosis codes that describe the principal diagnosis or primary condition, and are maintained by the Centers for Medicare and Medicaid Services (CMS).

[ICD-9-CM](#) (Clinical Modification) diagnosis codes correspond to additional conditions that coexist at the time of diagnosis or develop subsequently, and which have an effect on the treatment received or the length of stay.

Procedure Codes

[HCPCS](#) (Healthcare Common Procedure Coding System) are numeric codes that identify medical services and procedures. HCPCS is divided into three classifications:

Level I:

Level I HCPCS codes are comprised of the [CPT-4](#) (Current Procedural Terminology, 4th Edition) codes that describe medical procedures, and are copyrighted and maintained by the American Medical Association (AMA). These are 5-character codes for physician and non-physician services.

Level II:

Level II HCPCS codes identify products, supplies, and services. This classification is maintained jointly by CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association. These are 5-character codes for items and non-physician services not included with Level I codes.

This level also includes codes copyrighted by the American Dental Association's [CDT-5](#) (Current Dental Terminology, 5th Edition). These are 5-character codes in the D series for dental procedures.

Level III:

Level III HCPCS codes are developed by Medicare carriers for use at the local (carrier) level. These are 5-character in the W, X, Y or Z series, representing physician and non-physician services that are not included in the Level I or Level II HCPCS codes.

The ICD-9 (International Classification of Diseases, v. 9) code set also includes [surgical procedure codes](#) that refer to diagnostic and surgical procedures.

Place of Service Codes – Professional Claims

[Place of Service](#) codes are required for professional claims to specify where a service was provided:

http://www.cms.gov/place-of-service-codes/20_Place_of_Service_Code_Set.asp#TopOfPage

DRG Codes

[DRG \(Diagnosis-Related Group\)](#) codes refer to patient groups that have the same diagnoses, types of treatment, age, and other relevant criteria, and receive similar types of procedures. DRG codes are used for billing and reimbursement rates based on a set fee. These are 3-digit numeric codes.

NDC Codes

NDC (National Drug Code) codes identify the manufacturer of a drug, the product, and the package size of all medications recognized by the Food and Drug Administration (FDA). These are 11-digit numeric codes.

Entering Professional Claims

The Claim Professional panel is used by the provider to enter required data and supplementary detail so that a professional claim can be submitted for reimbursement, to correct denied claims for re-submission, to adjust or void paid claims, or copy a claim to create a new claim. The Claim Professional panel is comprised of the **Professional Claim, Diagnosis, Other Payer** (Third Party Liability and Medicare), **Detail, Other Payer – Detail, Attachments, and Claim Status Information** panels.

Professional Claim: 8984782436 NPI - JACK B DEWEY DDS PA

BILLING INFORMATION		SERVICE INFORMATION	
ICN		*Release of Information	NOT ALLOWED TO RELEASE DATA
Claim Type	M - CMS 1500 CLAIMS	From Date	
Provider ID	8984782436 NPI	To Date	
*Medicaid Billing Number	<input type="text"/>	Signature Source	<input type="text"/>
*Date of Birth	<input type="text"/>	Accident Related To	<input type="text"/>
Last Name	<input type="text"/>	Accident State	<input type="text"/>
First Name, MI	<input type="text"/>	Accident Country	<input type="text"/> [Search]
*Patient Account #	0	Accident Date	<input type="text"/>
Medical Record #	<input type="text"/>	EPSDT Screening/ Family Planning	<input type="text"/>
Referring Provider #	<input type="text"/>	Prior Authorization #	<input type="text"/>
*Medicare Assignment	NOT ASSIGNED	Hospital Discharge Date	<input type="text"/>
Patient Amount Paid	\$0.00	Last Menstrual Period	<input type="text"/>
TOTAL CHARGES			
Total Charges	\$0.00		
Medicaid Allowed Amount	\$0.00		
TPL Paid Amount	\$0.00		
Total Medicaid Paid Amount	\$0.00		
Medicaid CoPay Amount	\$0.00		
Note Reference Code	<input type="text"/>		
Notes			

Diagnosis

Sequence	Diagnosis Code	Description
A		

Type data below for new record.

delete add

*Sequence *Diagnosis Code [Search]

Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
A							\$0.00		00001

Type data below for new record.

delete add

*Claim Filing Indicator	<input type="text"/>	*Insurance Carrier Name	<input type="text"/>
*Policy Holder Relationship to Insured	<input type="text"/>	*Carrier Code	00001
*Policy Holder Last Name	<input type="text"/>	Insured's Policy ID	<input type="text"/>
*Policy Holder First Name, MI	<input type="text"/>	*Payer Sequence	<input type="text"/>
Policy Holder Date of Birth	<input type="text"/>	Medicare ICN	<input type="text"/>
Gender	<input type="text"/>		
*Paid Amount	\$0.00		
*Paid Date	<input type="text"/>		
Allowed Amount	\$0.00		

Other Payer Amounts and Adjustment Reason Codes

The following panel is accessed via the sub-tabs at the bottom of the **Other Payer** header panel.

Other Payer Amounts and Adjustment Reason Codes (Carrier Code 00001)						
CAS Group Code	Amount	ARC				
A	\$0.00					
Type data below for new record.						
<input type="button" value="delete"/> <input type="button" value="add"/>						
*CAS Group Code <input type="text"/>						
Payer Line Level Amounts and Adjustment Reason Codes (ARC) *Amount/ARC <input type="text"/> \$0.00 <input type="text"/>						
Detail						
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Procedure Code
A	1	0	\$0.00	\$0.00		
Type data below for new record.						
<input type="button" value="delete"/> <input type="button" value="add"/> <input type="button" value="copy"/>						
*From DOS <input type="text"/>						
To DOS <input type="text"/>						
*Units <input type="text"/> 0						
*Charges <input type="text"/> \$0.00						
Medicaid Allowed Amount <input type="text"/> \$0.00						
Rendering Provider <input type="text"/>						
Status <input type="text"/>						
*Place Of Service <input type="text"/> [Search]						
*Procedure Code <input type="text"/> [Search]						
Emergency <input type="text"/>						
EPSDT Screening/ Family Planning <input type="text"/>						
Diagnosis Code <input type="text"/>						
Pointer* <input type="text"/>						
Modifiers <input type="text"/> [Search] <input type="text"/> [Search]						
<input type="text"/> [Search] <input type="text"/> [Search]						

NDC Other Payer - Detail ClaimCheck

The following panel is accessed via the sub-tabs at the bottom of the **Detail** header panel.

NDC (Detail Item 1)						
NDC Sequence Number	NDC	Drug Name	Unit of Measure	Prescription Number	Drug Unit Price	Unit Quantity Submitted
A	1				\$0.00	0.000
Type data below for new record.						
<input type="button" value="delete"/> <input type="button" value="add"/>						
*NDC <input type="text"/> [Search]						
Drug Name <input type="text"/>						
*Unit of Measure <input type="text"/>						
Prescription Number <input type="text"/>						
*Drug Unit Price <input type="text"/> \$0.00						
*Unit Quantity Submitted <input type="text"/> 0.000						

The following panel is accessed via the sub-tabs at the bottom of the **Detail** header panel.

Other Payer Detail (Detail Item 1)		
Carrier Code	Paid Date	Paid Amount
A		\$0.00
Type data below for new record.		
<input type="button" value="delete"/> <input type="button" value="add"/>		
LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES		
*Carrier Code <input type="text"/>		
*Paid Date <input type="text"/>		
*Paid Amount <input type="text"/> \$0.00		

Other Payer Amounts and Adjustment Reason Codes - Detail

The following panel is accessed via the sub-tabs at the bottom of the **Other Payer Detail** header panel.

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 01009)			
CAS Group Code	Amount	ARC	
A	CR-Correction and Reversals	\$12.00	12WAD
Type data below for new record.			
<input type="button" value="delete"/> <input type="button" value="add"/>			
*CAS Group Code <input type="text"/> CR-Correction and Reversals			
Payer Line Level Amounts and Adjustment Reason Codes(ARC) *Amount/ARC <input type="text"/> \$12.00 <input type="text"/> 12WAD			

The following panel is displayed at the bottom of the **Claim** page.

Attachments	
Type of Document	Transmission Type
A	
Type data below for new record.	
<input type="button" value="delete"/> <input type="button" value="add"/>	
<p>For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing addresses will appear after the claim has been submitted.</p> <p>For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.</p>	
*Type of Document	<input type="text"/>
*Transmission Type	<input type="text"/>

Professional Claim Entry – Primary Panel

The primary Professional Claim panel is the panel for initial physician claim tasks. Information in this panel is grouped by billing and service information. When initially accessed, this panel contains only the provider's identifying information.

Professional Claim: 8984782436 NPI - JACK B DEWEY DDS PA	
BILLING INFORMATION	SERVICE INFORMATION
ICN	*Release of Information <input type="text" value="NOT ALLOWED TO RELEASE DATA"/>
Claim Type M - CMS 1500 CLAIMS	From Date
Provider ID 8984782436 NPI	To Date
*Medicaid Billing Number <input type="text"/>	Signature Source <input type="text"/>
*Date of Birth <input type="text"/>	Accident Related To <input type="text"/>
Last Name	Accident State <input type="text"/>
First Name, MI	Accident Country <input type="text"/> [Search]
*Patient Account # <input type="text" value="0"/>	Accident Date <input type="text"/>
Medical Record # <input type="text"/>	EPSDT Screening/ Family Planning <input type="text"/>
Referring Provider # <input type="text"/>	Prior Authorization # <input type="text"/>
*Medicare Assignment <input type="text" value="NOT ASSIGNED"/>	Hospital Discharge Date <input type="text"/>
Patient Amount Paid <input type="text" value="\$0.00"/>	Last Menstrual Period <input type="text"/>
	TOTAL CHARGES
	Total Charges \$0.00
	Medicaid Allowed Amount \$0.00
	TPL Paid Amount \$0.00
	Total Medicaid Paid Amount \$0.00
	Medicaid CoPay Amount \$0.00
	Note Reference Code <input type="text"/>
	Notes <input type="text"/>

Tasks for this Panel

1. To enter information in this panel to begin building a professional claim:
2. Enter valid values in the **Medicaid Billing Number**, **Date of Birth**, **Patient Account #**, **Medicare Assignment**, and **Release of Information** fields.
3. Enter valid values in the remaining fields and select values from the drop-down boxes, if applicable to the claim.

Field Descriptions – Professional Claim – Primary Panel

Field	Description	Field Type	Data Type	Length
Accident Country	Country in which accident occurred. Click [Search] to search for and select a country.	Field	Character	3
Accident Date	Date on which accident occurred.	Field	Date (MM/DD/CCYY)	10
Accident Related To	Indicates whether service was performed as result of an accident.	Field	Drop Down List Box	0
Accident State	State in which accident occurred.	Field	Drop Down List Box	0
Claim Type	Code that specifies the type of claim. Read-only.	Field	N/A	0
Date of Birth	Recipient's date of birth.	Field	Date (MM/DD/CCYY)	10
EPSDT Screening/Family Planning	Indicates whether the service is related to Child Health Check-Up.	Field	Drop Down List Box	0
First Name, MI	Recipient's first name and middle initial. Read-only.	Field	N/A	0
From Date	The beginning date of service for the claim. Read-only.	Field	N/A	0
Hospital Discharge Date	Date on which recipient was discharged from an inpatient hospital.	Field	Date (MM/DD/CCYY)	10
ICN	Claim's internal control number and, when present, the transaction control number from the Ohio MITS. Read-only.	Field	N/A	0
Last Menstrual Period	Last menstrual date.	Field	Date (MM/DD/CCYY)	10
Last Name	Recipient's last name. Read-only.	Field	N/A	0
Medicaid Allowed Amount	Amount approved to pay for services provided to a recipient. Read-Only.	Field	N/A	0
Medicaid Billing Number	Recipient's Medicaid identification number.	Field	Number	12
Medicaid Copay Amount (Claim)	Amount recipient is expected to pay for services rendered. Read-only.	Field	N/A	0
Medical Record #	Medical Record Number.	Field	Character	30

Field	Description	Field Type	Data Type	Length
Medicare Assignment	Indicates whether or not Medicare assignment has been made.	Field	Drop Down List Box	0
Note Reference Code	Code identifying the type of note.	Field	Drop Down List Box	3
Notes	Additional notes for the claim.	Field	Character	80
Patient Account #	Patient's account number on the provider's system.	Field	Character	38
Patient Amount Paid	Amount the patient is responsible to pay.	Field	Number	9
Prior Authorization #	PA number that authorized the rendered services.	Field	Number	10
Provider ID	Identification number and service location of the provider. Read-only.	Field	N/A	0
Referring Provider #	Number that uniquely identifies the referring provider.	Field	Number	10
Release of Information	Release of information permission.	Field	Drop Down List Box	0
Signature Source	Indicates source of signature for release of information.	Field	Drop Down List Box	0
To Date	The ending date of service for the claim. Read-only.	Field	N/A	0
Total Charges	Total of charges from the detail line items. Read-only.	Field	N/A	0
Total Medicaid Paid Amount	Amount paid for this claim. Read-only.	Label	N/A	0
TPL Paid Amount	Total of TPL Amount from the detail line items. Read-only.	Field	N/A	0

Field Edits – Professional Claim – Primary Panel

Field	Field Type	Error Code	Error Message	To Correct
Accident Country	Field	0	Accident State or Country is required	Either Accident Country or Accident State must be completed when Auto Accident is selected in Accident Related To field.

Field	Field Type	Error Code	Error Message	To Correct
Accident Date	Field	0	Accident Date is required	This field must be completed when Accident Related To is completed.
Accident State	Field	0	Accident State or Country is required	Either Accident State or Accident Country must be completed when Auto Accident is selected in Accident Related To field.
Date of Birth	Field	0	A valid Medicaid Billing Number and Date of Birth combination is required.	Enter a valid Medicaid billing number and date of birth.
Last Menstrual Period	Field	0	Last Menstrual Period must be less than or equal to Today.	Enter a date less than or equal to current date.
Medicaid Billing Number	Field	0	A valid Medicaid Billing Number is required.	This field must be completed.
Medicaid Billing Number	Field	1	Medicaid Billing Number is no longer active. The active ID 999999999 will be used.	This message is informational. The inactive ID has been automatically replaced with the active ID.
Medicaid Billing Number	Field	2	A valid Medicaid Billing Number and Date of Birth combination is required.	Enter a valid Medicaid billing number and date of birth.
Note Reference Code	Field	1	Note Reference Code is required.	Select a value from drop down.
Notes	Field	1	Notes are required.	Enter a description for Notes.
Patient Account #	Field	0	Patient Account # is required.	This field must be completed.
Patient Amount Paid	Field	1	Patient Amount Paid must be less than or equal to 999999.99.	Enter patient amount paid less than or equal to 999999.99
Provider ID	Field	0	Required.	This field must be completed.
Referring Provider #	Field	0	Referring Provider # is invalid.	Enter a valid referring provider number.
Referring Provider #	Field	1	Referring Provider # must be either 7 or 10 digits.	Enter a valid 7 or 10 digits provider number.
Release of Information	Field	0	Release of Information Code is required.	This field must be completed.
Signature Source	Field	0	Signature Source is required.	This field must be completed.

Professional Claim Entry – Diagnosis Panel

Enter diagnostic information for the claim in the **Diagnosis** panel. The initial appearance of the Diagnosis panel does not display any information.

Tasks for this Panel

To **enter** a diagnosis:

1. Click the **add** button. The **Sequence** and **Diagnosis Code** fields display.
2. Select a **Sequence** value.
3. Enter the **Diagnosis Code**, if known.
4. If the diagnosis code is unknown, perform a search for the correct code using the **[Search]** hyperlink.
5. Select the desired diagnosis code from the search results list in the [Search] pop-up panel.
6. The selected code appears in the **Diagnosis Code** field, and the pop-up panel closes.
7. Click the **add** button. The diagnosis information displays in a row at the top of the panel.

To **add** another diagnosis code:

1. Enter the **Diagnosis Code**, if known.
2. If the diagnosis code is unknown, perform a search for the correct code using the **[Search]** hyperlink.
3. Select the desired diagnosis code from the search results list in the [Search] pop-up panel.
4. The selected code appears in the **Diagnosis Code** field, and the pop-up panel closes.
5. Click the **add** button. The additional diagnosis information displays in a row at the top of the panel.

To **delete** a row of diagnosis information:

1. Select the diagnosis information row to be deleted.
2. Click the **delete** button.

Field Descriptions – Professional Claim – Diagnosis Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper	Button	N/A	0

Field	Description	Field Type	Data Type	Length
	permissions are required to perform an add.			
delete	Deletes the selected record from the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform a delete.	Button	N/A	0
Description	Description of Diagnosis Code	Field	Character	7
Diagnosis Code	Code that indicates the type of diagnosis. Click [Search] to search for and select a diagnosis code.	Field	Character	7
Sequence	Sequence number that indicates the position that the diagnosis is to appear on the claim. Valid values are 1 to 8.	Field	Drop Down List Box	0
Description (List)	Description of Diagnosis Code	Listview	Character	7
Diagnosis Code (List)	Code that indicates the type of diagnosis.	Listview	Character	7
Sequence (List)	Sequence number that indicates the position that the diagnosis is to appear on the claim. Valid values are 1 to 8.	Listview	Character	1

Field Edits – Professional Claim – Diagnosis Panel

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis Code	Field	0	A valid Diagnosis is required	
Sequence	Field	0	Duplicate Diagnosis Sequence number is not allowed.	Ensure that the diagnosis sequence number is not used more than once.
Sequence	Field	1	Gap in Diagnosis Sequence number is not allowed.	Ensure that there are no gaps in the diagnosis sequence numbers.

Professional Claim Entry – Other Payer Panel

When the **Other Payer** panel first appears, it displays minimal information.

Other Payer

*** No rows found ***

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

Other Payer Amounts and Adjustment Reason Codes

To enter third-party liability and/or Medicare crossover information for the claim, click the **add** button to display the fields in the view shown below. If a Medicare assignment was selected in the primary **Professional Claim** header panel, information for Medicare should be entered in this panel. If no Medicare assignment was made in the claim header panel, only non-Medicare third-party liability information can be entered in this panel.

Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
A							\$0.00		00001

Type data below for new record.

delete add

*Claim Filing Indicator [dropdown] *Insurance Carrier Name [text]

*Policy Holder Relationship to Insured [dropdown] *Carrier Code 00001

*Policy Holder Last Name [text] Insured's Policy ID [text]

*Policy Holder First Name, MI [text] *Payer Sequence [dropdown]

Policy Holder Date of Birth [text] Medicare ICN [text]

Gender [dropdown]

*Paid Amount \$0.00

*Paid Date [text]

Allowed Amount \$0.00

[Other Payer Amounts and Adjustment Reason Codes](#)

Tasks for this Panel

To **add** TPL or Medicare crossover information:

1. Click the **add** button. The **Other Payer** panel displays information fields.
2. Select valid values from the **Relationship**, **Gender**, and **Claim Filing** drop-down boxes.
3. Enter valid values in the **Last Name**, **First Name MI**, **Date of Birth**, **Payer Name**, **Carrier**, **Plan Name**, **Policy Number**, and **Member ID** fields.

Note: if the 'Relationship' is 'Self', Last Name, First Name, MI, and Date of Birth will auto-populate.

To **add** another row of TPL or Medicare crossover information:

1. Click the **add** button.
2. Select valid values from the **Relationship**, **Gender**, and **Claim Filing** drop-down boxes.
3. Enter valid values in the **Last Name**, **First Name MI**, **Date of Birth**, **Payer Name**, **Carrier**, **Plan Name**, **Policy Number**, and **Member ID** fields.

To **delete** a row of TPL or Medicare crossover information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Professional Claim – Other Payer Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform an add.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
delete	Deletes the selected record from the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform a delete.	Button	N/A	0
Allowed Amount	Amount approved to pay for services provided to a recipient. Read-only.	Field	N/A	0
Carrier Code [Other Payer]	This is the other payer identification number.	Field	Number	7
Claim Filing Indicator	Indicates Other Payer's and Medicare's type of claim filing.	Field	Drop Down List Box	0
Gender	Gender of the Other Payer's insured.	Field	Drop Down List Box	0
Insurance Carrier Name	Name of the Other Payer's insurance carrier.	Field	Character	35
Insured's Policy ID	Number of the Other Payer's insurance policy.	Field	Character	30
Medicare ICN	Medicare ICN of the other payer paid claim.	Field	Character	30
Paid Amount [Other Payer]	Amount paid by an Other Payer plan.	Field	Number	11
Paid Date [Other Payer]	Date Other Payer paid for the services.	Field	Date (MM/DD/CCYY)	10
Payer Sequence [Other Payer]	Payer Sequence indicates hierarchy the other payers paid the claim. Valid values are Primary, Secondary and Tertiary.	Field	Drop Down List Box	0
Policy Holder Date of Birth	Date of birth for the Other Payer's insured.	Field	Date (MM/DD/CCYY)	10
Policy Holder First Name	First name and middle initial of the Other Payer's insured.	Field	Character	10
Policy Holder Last Name	Last name of the Other Payer's insured.	Field	Character	20
Policy Holder Relationship to Insured	Relationship of the policy holder to the recipient.	Field	Drop Down List Box	0
Carrier Code [Other Payer] (list)	Carrier code of the Other Payer's insured.	Listview	Number	7

Field	Description	Field Type	Data Type	Length
Date of Birth [Other Payer]	Other Payer's Date of Birth.	Listview	Character	10
First Name [Other Payer] (list)	Policy Holder's First Name of the insured.	Listview	Character	10
Gender (List)	Gender of the Other Payer's insured.	Listview	Drop Down List Box	0
Last Name [Other Payer] (List)	Policy Holder's Last Name.	Listview	Character	20
Paid Amount [Other Payer](list)	Paid Amount by Other Payer.	Listview	Number	11
Paid Date [Other Payer](list)	Service Adjudication Date for the other payer.	Listview	Date (MM/DD/CCYY)	10
Policy ID	Policy ID of the Other Payer's insured.	Listview	Character	30
Relationship [Other Payer] (list)	Policy Holder's Relationship to the Insured.	Listview	Character	35

Field Edits – Professional Claim – Other Payer Panel

Field	Field Type	Error Code	Error Message	To Correct
Allowed Amount [Other Payer]	Field	1	Allowed Amount must be less than or equal to 9999999.99.	Enter an Allowed Amount value less and or equal to 9999999.99.
Allowed Amount [Other Payer]	Field	2	Allowed Amount must be greater than or equal to 0.	Enter an Allowed Amount value greater than or equal to 0.
Carrier Code [Other Payer]	Field	0	Carrier Code is required.	Add a Carrier Code.
Charges	Field	0	Charges must be greater than \$0.00.	Enter a valid charge amount.
Claim Filing Indicator	Field	0	Only one Other Payer (Medicare) may be entered.	Modify the selected value of Claim Filing indicator for one Other Payer entries so that it is non-Medicare (Other Payer) related.
Claim Filing Indicator	Field	1	Claim Filing Indicator is required.	Enter Claim Filing Indicator.
Paid Amount	Field	0	Paid Amount is required.	Enter a valid currency value

Field	Field Type	Error Code	Error Message	To Correct
[Other Payer]				on all claim details.
Paid Amount [Other Payer]	Field	1	Entry of Paid Amount or Paid Date is not allowed without non-Medicare Other Payer.	Clear the value for this field on all other payer details.
Paid Amount [Other Payer]	Field	2	Paid Amount must be greater than or equal 0.	Enter a Paid Amount greater than or equal to 0.
Paid Amount [Other Payer]	Field	3	Paid Amount must be less than or equal to 9999999.99.	Enter the Paid Amount as less than or equal to 9999999.99.
Paid Date [Other Payer]	Field	1	Paid Date is required.	Enter a valid paid date.
Paid Date [Other Payer]	Field	2	Paid Date must be less than or equal to today's date.	Enter Paid Date value which is not a future date.
Payer Sequence [Other Payer]	Field	0	Payer Sequence is required.	Select a value from the dropdown list.
Payer Sequence [Other Payer]	Field	1	A primary Other Payer must be entered.	If you have 1 other payer row, then payer sequence must be a primary
Payer Sequence [Other Payer]	Field	2	A primary and a secondary Other Payer must be entered.	If you have 2 other payer rows, one of the payer sequence must be primary and other must be secondary
Payer Sequence [Other Payer]	Field	3	Only one primary and a secondary Other Payer may be entered.	When there are more than 2 rows, then Only one other payer must be primary and only one other payer must be secondary. Remaining other payer can be tertiary.
Policy Holder First Name	Field	0	Policy Holder First Name is required.	This field must be completed.
Policy Holder Last Name	Field	0	Policy Holder Last Name is required.	This field must be completed.
Policy Holder Relationship to Insured	Field	0	A valid Policy Holder Relationship to Insured is Required.	This field must be completed.

Professional Claim Entry – Other Payer Detail

The **Other Payer Detail** panel is displayed on the **Professional Claims** page. This panel is accessed by clicking on the **Other Payer - Detail** sub-tab on the **Detail** panel. When first accessed, it appears with minimal information.

Carrier Code	Paid Date	Paid Amount
A		\$0.00

Type data below for new record.

delete add

To enter paid amounts and dates to carrier code records displayed in the **Other Payer** panel, click the **add** button to display the fields in the view shown below.

Carrier Code	Paid Date	Paid Amount
A		\$0.00

Type data below for new record.

delete add

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

*Carrier Code

*Paid Date

*Paid Amount

Other Payer Amounts and Adjustment Reason Codes - Detail

Tasks for this Panel

To **add** Other Payer payment information:

1. Select the same **Carrier Code** from the drop-down box that corresponds to the Carrier Code entered in the **Other Payer** panel. This code must be the same in each of these panels.
2. Enter a **Paid Date**.
3. Enter a **Paid Amount**.

To **delete** a row of Other Payer payment information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Professional Claim – Other Payer Detail

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform a delete.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Carrier Code [Other Payer Detail]	The carrier code dropdown values are populated from other payer header panel.	Field	Drop Down List Box	0
Paid Amount [Other Payer Detail]	Service line paid amount	Field	Number	10
Paid Date [Other Payer Detail]	Service Adjudication Date for other payer detail.	Field	Date (MM/DD/CCYY)	10
Carrier Code [Other Payer Detail] (List)	The carrier code dropdown values are populated from other payer header panel.	Listview	Number	7
Paid Amount [Other Payer Detail] (List)	Service paid amount.	Listview	Number	10
Paid Date [Other Payer Detail] (List)	Service Adjudication Date for other payer detail.	Listview	Date (MM/DD/CCYY)	10

Field Edits – Professional Claim – Other Payer Detail

Field	Field Type	Error Code	Error Message	To Correct
Carrier Code [Other Payer Detail]	Field	1	Carrier Code in Other Payer Detail (Detail item number), row [row number] is required.	Choose a value from the drop down box.
Carrier Code [Other Payer Detail]	Field	2	Carrier Code is used multiple times in Other Payer Detail (detail item number).	Carrier code can be used only once per Other payer detail item.
Paid Amount [Other Payer Detail]	Field	1	Paid amount in Other Payer Detail (Detail item number), row [row number] must be greater than or equal to zero.	Enter paid amount value greater than or equal to zero.
Paid Amount [Other Payer Detail]	Field	2	Paid Amount must be less than or equal to 9999999.99.	Enter a Paid Amount value less and or equal to 9999999.99.
Paid Date [Other Payer Detail]	Field	1	Paid Date in Other Payer Detail (Detail item number), row [row number] is required.	Enter a valid paid date.
Paid Date [Other Payer Detail]	Field	2	Paid Date must be less than or equal to today's date in Other Payer Detail (Detail	Enter paid date value which is not a future date.

Field	Field Type	Error Code	Error Message	To Correct
			item number), row [row number].	

Professional Claim Entry – Other Payer Amounts and Adjustment Reason Codes

The **Other Payer Amounts and Adjustment Reason Codes** panel is displayed on the **Professional Claims** page. It is used to add paid amounts and dates to carrier code records displayed in the **Other Payer** panel. The panel is accessed by clicking the **Other Payer Amounts and Adjustment Reason Codes** sub-tab on the **Other Payer - Detail** panel.

Note: Data can only be entered in this panel data was also added to at least one field in the **Other Payer** panel.

Tasks for this Panel

To **add** Other Payer adjusted amounts and adjustment reasons information:

1. Select a **CAS Group Code** from the drop-down box.
2. Enter an **Amount**.
3. Enter an **Adjustment Reason Code (ARC)**.

To **delete** a row of Other Payer adjusted amounts and adjustment reasons information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Professional Claim – Other Payer Amounts and Adjustment Reason Codes

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform a delete.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Amount [Other Payer Amt & Adj Reason Codes]	Monetary Amount of the adjustment.	Field	Number	10
ARC [Other Payer Amt & Adj Reason Codes]	Code identifying the detailed reason the adjustment was made.	Field	Alphanumeric	5
CAS Group Code [Other Payer Amt & Adj Reason Codes]	Code identifying the general category of payment adjustment.	Field	Drop Down List Box	0
ARC [Other Payer Amt & Adj Reason Codes](List)	Code identifying the detailed reason the adjustment was made.	Listview	Alphanumeric	5
Amount [Other Payer Amt & Adj Reason Codes](List)	Monetary Amount of the adjustment.	Listview	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes](List)	Code identifying the general category of payment adjustment.	Listview	Character	28

Field Edits – Professional Claim – Other Payer Amounts and Adjustment Reason Codes

Field	Field Type	Error Code	Error Message	To Correct
ARC [Other Payer Amt & Adj Reason Codes]	Field	1	ARC in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] is required.	Enter an ARC Value
ARC [Other Payer Amt & Adj Reason Codes]	Field	2	ARC Value is used multiple times with same CAS Group Code in Other Payer Amount and Adjustment Reason Codes Panel	Correct the ARC value
Amount [Other Payer Amt & Adj Reason Codes]	Field	1	Amount in Other Payer Amounts and Adjustment Reason Codes item [Other Payer number], row [Row Number] must be greater than or equal to zero.	Enter Amount greater than or equal to 0.

Field	Field Type	Error Code	Error Message	To Correct
Amount [Other Payer Amt & Adj Reason Codes]	Field	2	Amount must be less than or equal to 9999999.99	Enter an amount less than or equal to 9999999.99
CAS Group Code [Other Payer Amt & Adj Reason Codes]	Field	1	CAS Group Code in Other Payer Amounts and Adjustment Reason Codes is required.	Please choose a value from dropdown list

Professional Claim Entry – Detail Panel

The **Professional Claim Entry – Detail** panel is used to enter detailed information about the Medicaid service(s) for which the provider is billing. Service detail lines are added to the claim by entering information in this panel. Each service detail line created will display as a row in the top section of the panel.

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	1	0	\$0.00	\$0.00			

Type data below for new record.

delete add copy

Item 1

*From DOS [] To DOS [] *Units 0 *Charges \$0.00 Medicaid Allowed Amount \$0.00 Rendering Provider [] Status []

*Place Of Service [] [Search] *Procedure Code [] [Search] Emergency []

EPSDT Screening/Family Planning []

Diagnosis Code Pointer* [] [] [] []

Modifiers [] [Search] [] [Search] [] [Search] [] [Search]

NDC Other Payer - Detail ClaimCheck

Tasks for this Panel

To **create** a service detail line for a professional claim:

1. Click the **add** button.
2. Enter a valid value in the **Rendering Provider, From DOS, POS, Procedure, Units, and Charges** fields.
3. Select values from the **Diagnosis Pointer, Emergency, and CHCUP/Fam Plan** fields, if known.
4. Enter values in the **Line Control Number, Modifiers, TPL Amount, TPL Paid Date, and NDC** fields, if known.
5. Enter Medicare information in the **Paid Date, Paid Amount, and Coinsurance Amount** fields, if applicable.
6. To add another service detail line, click the **add** button and repeat these steps..

To **delete** a service detail line from a professional claim:

1. Highlight the row for the service detail line to delete.
2. Click the **delete** button.

To **copy** a the highlighted row to a new detail line on the same claim:

1. Highlight the row for the service detail line to copy.
2. Click the **copy** button.

Field Descriptions – Professional Claim – Detail Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform an add.	Button	N/A	0
copy	Button used to copy the selected Detail data to new Detail item.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform a delete.	Button	N/A	0
Charges	Dollar amount charged for the service provided.	Field	Number	14
Diagnosis Code	Code that indicates the type of diagnosis. Click [Search] to search for and select a diagnosis code.	Field	Character	7
Diagnosis Code Pointer	Diagnosis Code Pointer indicates the diagnosis or diagnoses for which services were provided. Valid values are 1 to 8.	Field	Drop Down List Box	0
Diagnosis Code Pointer 2	Indicates the diagnosis or diagnoses for which services were provided. Valid values are 1 to 8.	Field	Drop Down List Box	0
Diagnosis Code Pointer 3	Indicates the diagnosis or diagnoses for which services were provided. Valid values are 1 to 8.	Field	Drop Down List Box	0
Diagnosis Code Pointer 4	Indicates the diagnosis or diagnoses for which services were provided. Valid values are 1 to 8.	Field	Drop Down List Box	0
EPSDT Screening/Family Planning	Indicates whether the service is related to Child Health Check-Up.	Field	Drop Down List Box	0
Emergency	Indicates whether service was provided as result of an emergency situation.	Field	Drop Down List Box	0
From DOS	Beginning date when service was provided.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Item	Detail line number. Read-only.	Field	N/A	0
Medicaid Allowed Amount	Amount approved to pay for services provided to a recipient. Read-Only.	Field	N/A	0
Modifier 1	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifier 2	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifier 3	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifier 4	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifiers	Codes used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Place Of Service	Place of service (POS). Location where service was rendered. Click [Search] to search for and select a place of service.	Field	Character	2
Procedure Code	Code that identifies the service provided. Click [Search] to search for and select a procedure code.	Field	Character	5
Rendering Provider	ID number of the provider who performed the service.	Field	Number	10
Status	Adjudication status of the detail line. Read-only.	Field	N/A	0
To DOS	Ending date on which service was provided. Read-only.	Field	N/A	0
Units	Number of units billed for the service.	Field	Number	11
Charges (List)	Dollar amount charged for the service provided.	Listview	Number	14
FDOS	From Date of Service.	Listview	Date (MM/DD/CCYY)	10
Item	Detail line number.	Listview	N/A	0

Field	Description	Field Type	Data Type	Length
Medicaid Allowed Amount [Detail]	The Medicaid Allowed Amount.	Listview	N/A	0
Place Of Service (List)	Place of service (POS). Location where service was rendered.	Listview	Character	2
Procedure (List)	Code that identifies the service provided.	Listview	Character	6
Units	Number of units billed for the services.	Listview	Number	11

Field Edits – Professional Claim – Detail Panel

Field	Field Type	Error Code	Error Message	To Correct
copy claim	Button	0	May not exceed 50 new claims per day, per Provider ID.	New claims must wait until next day - reached daily maximum per Provider ID.
Charges	Field	0	Charges must be greater than \$0.00.	Enter a valid charge amount.
Diagnosis Code	Field	0	A valid Diagnosis is required	
Diagnosis Code Pointer	Field	0	Diagnosis Code Pointer must match a Diagnosis Sequence number.	Choose a diagnosis code pointer that matches a diagnosis sequence number.
Diagnosis Code Pointer	Field	1	Diagnosis Code Pointer is required.	Choose a diagnosis code pointer that matches a diagnosis sequence number.
From DOS	Field	0	From DOS is Required.	Ensure that the date is on or before today's date.
From DOS	Field	1	From DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
Place Of Service	Field	0	A valid Place Of Service is required.	Enter a valid Place Of Service.
Procedure Code	Field	0	Required.	This field must be completed.
Procedure Code	Field	1	A J-Code Procedure is required when NDC is entered.	Enter a J-Code.
Rendering Provider	Field	0	Rendering Provider is required.	This field must be completed.
Rendering	Field	1	Rendering Provider must be	Enter a valid 7 or 10 digits

Field	Field Type	Error Code	Error Message	To Correct
Provider			either 7 or 10 digits.	provider number.
Rendering Provider	Field	2	Rendering Provider is invalid.	Enter a valid provider number.
To DOS	Field	0	To DOS is required.	This field must be completed.
To DOS	Field	1	To DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
To DOS	Field	2	To DOS must be greater than or equal to From DOS.	Ensure that the date is on or after the From DOS.
Units	Field	0	Units must be greater than 0.	Enter a Units value that is greater than zero.
Units	Field	1	Units must be less than or equal to 9999.99.	Enter a Units value that is not greater than 9999.99.
Charges (List)	Listview	0	Unit Quantity Submitted must be greater than 0.00	Quantity Unit is required field. If there is more than one NDC for a given claim detail then the user must enter Quantity Units for every single NDC

Professional Claim Entry – NDC Detail

The **NDC Detail** panel is used to add prescribed drug information to the claim. It is accessed by selecting the **NDC** sub-tab from the **Detail** panel.

NDC (Detail Item 1)

NDC Sequence Number	NDC	Drug Name	Unit of Measure	Prescription Number	Drug Unit Price	Unit Quantity Submitted
A	1				\$0.00	0.000

Type data below for new record.

delete add

*NDC [Search] *Drug Unit Price \$0.00

Drug Name *Unit Quantity Submitted 0.000

*Unit of Measure

Prescription Number

Tasks for this Panel

To **add** a prescription record to a professional claim:

1. Click the **add** button.
2. Enter a valid value in the **NDC**, **Unit of Measure**, **Drug Unit Price**, and **Unit Quantity Submitted** fields.
3. Select values from the **Prescription Number** field, if known.
4. To add other prescription records, click the **add** button and repeat these steps..

To **delete** a prescription record to a professional claim:

1. Highlight the row for the service detail line to delete.
2. Click the **delete** button.

To **copy** a prescription record to a professional claim:

1. Highlight the row for the service detail line to copy.
2. Click the **copy** button.

Field Descriptions – Professional Claim – NDC Detail

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panel. Proper permissions are required to perform a delete.	Button	N/A	0
Drug Unit Price [NDC]	Price per unit of product.	Field	Number	17
NDC [NDC]	National Drug Code (NDC) that identifies a specific drug. Click [Search] to search for and select an NDC.	Field	Character	48
Prescription Number	The prescription number.	Field	Character	30
Unit Of Measure [NDC]	Code specifying the units in which a value is being expressed.	Field	Drop Down List Box	0
Unit Quantity Submitted [NDC]	This is the unit count.	Field	Number	15
Drug Name [NDC]	Brand name of the drug. The brand name is usually the drug name appearing on the package label and frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description will usually be the generic name.	Label	N/A	0
Drug Name [NDC] (List)	Brand name of the drug. The brand name is usually the drug name appearing on the package label and	Listview	Character	35

Field	Description	Field Type	Data Type	Length
	frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description will usually be the generic name.			
Drug Unit Price [NDC] (List)	Price per unit of product.	Listview	Number	17
NDC Sequence Number [NDC] (List)	The unique value for this NDC Detail record.	Listview	Number	4
NDC [NDC] (List)	The National Drug Code	Listview	Character	48
Prescription Number [List]	The prescription number.	Listview	Character	30
Unit Quantity Submitted [NDC] (List)	This is the unit count.	Listview	Number	15
Units Of Measure [NDC] (List)	Code specifying the units in which a value is being expressed.	Listview	Drop Down List Box	0

Field Edits – Professional Claim – NDC Detail

Field	Field Type	Error Code	Error Message	To Correct
Drug Unit Price [NDC]	Field	1000	Drug Unit Price in NDC item [Detail Number], row [Row Number] must be greater than zero.	Ensure that the Drug Unit Price is greater than zero.
NDC [NDC]	Field	1	NDC in NDC item [Detail Number], row [Row Number] is required.	Enter a valid NDC. NDC must be a member of the J-Code family.
NDC [NDC]	Field	2	Invalid NDC in NDC item [Detail Number], row [Row Number].	Enter a valid NDC Code
Unit Of Measure [NDC]	Field	1000	Unit of Measure in NDC item [Detail Number], row [Row Number] is required.	Select a value from the drop down.
Unit Quantity Submitted [NDC]	Field	1000	Unit Quantity Submitted in NDC item [Detail Number], row [Row Number] must be	Ensure that the Unit Quantity Submitted is greater than zero.

Field	Field Type	Error Code	Error Message	To Correct
			greater than zero.	
Units	Field	0	Units must be greater than 0.	Enter a Units value that is greater than zero.
Units	Field	1	Units must be less than or equal to 9999.99.	Enter a Units value that is not greater than 9999.99.

Entering Institutional Claims

The Claim Institutional panel is used by the provider to enter required data and supplementary detail so that an institutional claim can be submitted for reimbursement, to correct denied claims for re-submission, to adjust or void paid claims, or to copy a claim to create a new claim.

The **Institutional Claim** page displays as follows.

Institutional Claim: 8984782436 NPI - JACK B DEWEY DDS PA

BILLING INFORMATION

ICN
 Provider ID 8984782436 NPI
 *Type Of Bill [Search]
 Claim Type
 *Medicaid Billing Number
 *Date of Birth
 Last Name
 First Name, MI
 *Patient Account #
 Medical Record #
 *Attending Physician #
 Operating Physician #
 Other Physician #
 *Patient Amount Paid \$0.00

SERVICE INFORMATION

*Release of Information NOT ALLOWED TO RELEASE DATA
 *From Date
 *To Date
 Admission Date
 Admission Hour
 Admission Type
 Admit Source [Search]
 Discharge Hour
 Patient Status [Search]
 *Covered Days 0
 Non Covered Days 0
 Coinsurance Days 0
 Lifetime Reserve Days
 Prior Authorization #/
 Precertification #
TOTAL CHARGES
 Total Charges \$0.00
 Total Non Covered Charges \$0.00
 Total Covered Charges \$0.00
 Medicaid CoPay Amount \$0.00
 Note Reference Code
 Notes

Condition ICD-9 Procedure Occurrence/Span Value

The following panel is accessed via the sub-tabs at the bottom of the **Institutional Claims** header panel.

Condition

Sequence Condition Description
 A
 Type data below for new record.
 delete add
 *Sequence [Search] *Condition [Search]

ICD-9 Procedure

Sequence ICD-9 Procedure Code Description ICD-9 Procedure Date
 A
 Type data below for new record.
 delete add
 *Sequence [Search] *ICD-9 Procedure Code [Search] ICD-9 Procedure Date [Search]

Occurrence/Span				
Sequence	Occurrence Code	Description	From Date	To Date
A				
Type data below for new record.				
<input type="button" value="delete"/> <input type="button" value="add"/>				
*Sequence	<input type="text"/>	*From Date	<input type="text"/>	
*Occurrence Code	<input type="text"/> [Search]	To Date	<input type="text"/>	

Value			
Sequence	Value	Description	Amount
A			
Type data below for new record.			
<input type="button" value="delete"/> <input type="button" value="add"/>			
*Sequence	<input type="text"/>	*Value	<input type="text"/> 0
	<input type="text"/> [Search]	*Amount	<input type="text"/>

Diagnosis			
Sequence	Diagnosis Code	Description	Present on Admission
A			
Type data below for new record.			
<input type="button" value="delete"/> <input type="button" value="add"/>			
*Sequence	<input type="text"/> [Search]	*Diagnosis Code	<input type="text"/> [Search]
Present on Admission	<input type="text"/>		

Other Payer									
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
A									
Type data below for new record.									
<input type="button" value="delete"/> <input type="button" value="add"/>									
*Claim Filing Indicator	<input type="text"/>			*Insurance Carrier Name	<input type="text"/>				
*Policy Holder Relationship to Insured	<input type="text"/>			*Carrier Code	<input type="text"/> 00001				
*Policy Holder Last Name	<input type="text"/>			Insured's Policy ID	<input type="text"/>				
*Policy Holder First Name, MI	<input type="text"/>	<input type="text"/>		*Payer Sequence	<input type="text"/>				
Policy Holder Date of Birth	<input type="text"/>			Medicare ICN	<input type="text"/>				
Gender	<input type="text"/>								
*Paid Amount	<input type="text"/> \$0.00								
*Paid Date	<input type="text"/>								
Allowed Amount	<input type="text"/> \$0.00								

Other Payer Amounts and Adjustment Reason Codes

The following panel is accessed via the sub-tabs at the bottom of the **Other Payer** and **Other Payer Detail** header panels.

Other Payer Amounts and Adjustment Reason Codes (Carrier Code 00001)		
CAS Group Code	Amount	ARC
A		
Type data below for new record.		
<input type="button" value="delete"/> <input type="button" value="add"/>		
*CAS Group Code	<input type="text"/>	
Payer Line Level Amounts and Adjustment Reason Codes (ARC)	*Amount/ARC	<input type="text"/> \$0.00 <input type="text"/>

Detail							
Item	Date of Service	Revenue Code	HCP/CS/HIPPS Rate Codes	Units	Total Charges	Non Covered Charges	Status
A							
1				0	\$0.00	\$0.00	
Type data below for new record.							
<input type="button" value="delete"/> <input type="button" value="add"/> <input type="button" value="copy"/>							
Item	1			*Units	<input type="text"/> 0		
Date of Service	<input type="text"/>			*Units Of Measurement	<input type="text"/>		
To DOS				Per Diem Rate	<input type="text"/> \$0.00		
*Revenue Code	<input type="text"/> [Search]			*Total Charges	<input type="text"/> \$0.00		
HCP/CS/HIPPS Rate Codes	<input type="text"/> [Search]			Non Covered Charges	<input type="text"/> \$0.00		
Modifiers	<input type="text"/> [Search]	<input type="text"/> [Search]		Medicaid Allowed Amount	<input type="text"/> \$0.00		
	<input type="text"/> [Search]	<input type="text"/> [Search]		Status			

NDC Other Payer - Detail

The following panel is accessed via the sub-tabs at the bottom of the **Detail** header panel.

NDC (Detail Item 1)						
NDC Sequence Number	NDC	Drug Name	Unit of Measure	Prescription Number	Drug Unit Price	Unit Quantity Submitted
A	1				\$0.00	0.000

Type data below for new record.

delete add

*NDC [Search] *Drug Unit Price \$0.00

Drug Name *Unit Quantity Submitted 0.000

*Unit of Measure

Prescription Number

Other Payer Detail (Detail Item 1)		
Carrier Code	Paid Date	Paid Amount
A		\$0.00

Type data below for new record.

delete add

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

*Carrier Code

*Paid Date

*Paid Amount \$0.00

Other Payer Amounts and Adjustment Reason Codes - Detail

Other Payer Amounts and Adjustment Reason Codes - Detail (Select Detail Above)			
CAS Group Code	Amount	ARC	
A	\$0.00		

Type data below for new record.

delete add

*CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes(ARC) *Amount/ARC \$0.00

The following panel is displayed at the bottom of the **Claim** page.

Attachments		
Type of Document	Transmission Type	Description
A		

Type data below for new record.

delete add

For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing addresses will appear after the claim has been submitted.

For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.

*Type of Document

*Transmission Type

Description



Institutional Claim Entry – Primary Panel

The Institutional Claim entry panel is used for entering required institutional claim data and supplementary detail. When first accessed, the **Institutional Claim** panel displays as shown below.

Condition ICD-9 Procedure Occurrence/Span Value

Tasks for this Panel

To begin an institutional claim:

1. Enter valid values in the **Type of Bill**, **Medicaid Billing Number**, **Date of Birth**, **Patient Account #**, **Attending Physician #**, **Patient Amount Paid**, **Release of Information**, **From Date**, **To Date**, and **Covered Days** fields.
2. Enter valid values in the remaining fields and select values from the drop-down boxes, if applicable to the claim.

Note: When a valid **Medicaid Billing Number** and **Date of Birth** are entered and another field is clicked on, the **Last Name**, **First Name**, **MI** auto populates. The **Total Charges** field auto populates based on the **Detail** panel entries.

Field Descriptions – Institutional Claim – Primary Panel

Field	Description	Field Type	Data Type	Length
Admission Date	Date that the recipient was admitted by the provider for inpatient care, outpatient care, or start of care.	Field	Date (MM/DD/CCYY)	10
Admission Hour	Time the patient was admitted for inpatient or outpatient care.	Field	Number	4

Field	Description	Field Type	Data Type	Length
Admission Type	Code that indicates the priority of the admission for inpatient or outpatient care.	Field	Drop Down List Box	0
Admit Source	Code that indicates why the patient was admitted for care. Click [Search] to search for and select an admit source code.	Field	Character	1
Attending Physician #	Attending Physician # is the identification number of the physician who would be expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.	Field	Number	10
Coinsurance Days	Number of coinsurance days for the statement period of the claim	Field	Number	4
Covered Days	Number of days covered for the statement period of the claim.	Field	Number	4
Date of Birth	Recipient's date of birth. Read-only.	Field	Date (MM/DD/CCYY)	10
Discharge Hour	Hour the patient was discharged from the facility.	Field	Number	4
First Name, MI	Recipient's first name and middle initial. Read-only.	Field	N/A	0
From Date	Date on which the statement period on the claim began.	Field	Date (MM/DD/CCYY)	10
ICN	Claim's internal control number and, when present, the transaction control number from the Ohio MITS. Read-only.	Field	N/A	0
Last Name	Recipient's last name. Read-only.	Field	N/A	0
Lifetime Reserve Days	Number of life time reserve days for the statement period of the claim	Field	Number	4
Medicaid Billing Number	Recipient's Medicaid identification number.	Field	Number	12
Medical Record #	Medical Record # is the Medical record number for this record.	Field	Number	30
Non Covered Days	Number of days not covered for the	Field	Number	4

Field	Description	Field Type	Data Type	Length
	statement period of the claim.			
Note Reference Code	Code identifying the type of note.	Field	Drop Down List Box	3
Notes	Holds extra information about the claims.	Field	Character	80
Operating Physician #	Operating Physician # is the identification number of physician who performed services.	Field	Number	10
Other Physician #	Other Physician # is the identification number of another physician who performed services.	Field	Number	10
Patient Account #	Patient Account # is the Patient's account number on the provider's system.	Field	Number	38
Patient Amount Paid	Amount the patient is responsible to pay.	Field	Number	10
Patient Status	Code that indicates the status of the patient as of the ending service date for the period covered by the institutional claim. Click [Search] to search for and select a patient status.	Field	Number	2
Prior Authorization #/ Precertification #	Prior Authorization and precertification number for the recipient.	Field	Number	30
Provider ID	Identification number and service location of the provider. Read-only.	Field	N/A	0
Release of Information	Release of information permission.	Field	Drop Down List Box	0
To Date	Date on which the statement period on the claim ended.	Field	Date (MM/DD/CCYY)	10
Total Charges	Total of charges from the detail line items. Read-only.	Field	N/A	0
Type Of Bill	Code that indicates the specific type of facility and billing sequence. Click [Search] to search for and select a type of bill code.	Field	Number	4
Claim Type	Type of claim	Label	N/A	0

Field	Description	Field Type	Data Type	Length
Medicaid Copay Amount	Total of copay amount from the detail line items. Read-only.	Label	N/A	0
Total Charges	Dollar amount charged for the service provided.	Label	N/A	0
Total Covered Charges	Total of covered charges from the detail line items. Read-only.	Label	N/A	0
Total Non Covered Charges	Total of non-covered charges from the detail line items. Read-only.	Label	N/A	0

Field Edits – Institutional Claim – Primary Panel

Field	Field Type	Error Code	Error Message	To Correct
Admission Date	Field	2	Admission Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Admission Hour	Field	0	Admission Hour must be at least 2 characters in length.	Enter at least two digits.
Admission Hour	Field	1	Admission Hour is required.	Add a valid Admission Hour.
Admission Hour	Field	2	Admission Hour is not valid.	Enter a valid value for Admission Hour.
Admission Type	Field	1	Admission Type is required.	This field must be completed.
Admit Source	Field	1	Admit Source is required.	This field must be completed.
Attending Physician #	Field	0	Attending Physician # is required.	This field must be completed for Inpatient and Outpatient claim type.
Covered Days	Field	1	Covered Days is required.	This field must be completed.
Covered Days	Field	2	Total Charges must be greater than \$0.00 for at least one detail line.'	For Long Term Care Claims, at least one detail line must have Total Charges.
Date of Birth	Field	0	A valid Medicaid Billing Number and Date of Birth combination is required.	Enter a valid Medicaid Billing Number and date of birth.
Discharge Hour	Field	0	Discharge Hour must be at	Enter at least two digits.

Field	Field Type	Error Code	Error Message	To Correct
			least 2 characters in length.	
Discharge Hour	Field	1	Discharge Hour is required.	This field must be completed.
Discharge Hour	Field	2	Discharge Hour is not valid.	Enter a valid value for Discharge Hour.
From Date	Field	0	From Date is required.	This field must be completed.
From Date	Field	2	From Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Medicaid Billing Number	Field	0	A valid Medicaid Billing Number is required.	This field must be completed.
Medicaid Billing Number	Field	1	Medicaid Billing Number is no longer active. The active ID 999999999 will be used.	This message is informational. The inactive ID has been automatically replaced with the active ID.
Medicaid Billing Number	Field	2	A valid Medicaid Billing Number and Date of Birth combination is required.	Enter a valid Medicaid Billing Number and date of birth.
Non Covered Days	Field	1	Non Covered Days is required.	Add Non Covered Days.
Non Covered Days	Field	2	Non Covered Charges must be greater than \$0.00 for at least one detail line when Non-Covered Days greater than 0.	For Long Term Care Claims when the Non Covered Days has a value, then at least one detail must have Non Covered Charges.
Note Reference Code	Field	1	Note Reference Code is required.	Select a value from drop down.
Notes	Field	1	Notes are required.	Enter a description for Notes.
Operating Physician #	Field	0	Operating Physician # must be either 7 or 10 digits.	Enter a valid 7 or 10 digits provider number.
Operating Physician #	Field	1	Operating Physician # is invalid.	Enter a valid provider number.
Other Physician #	Field	0	Other Physician # must be either 7 or 10 digits.	Enter a valid 7 or 10 digits provider number.
Other Physician #	Field	1	Other Physician # is invalid.	Enter a valid provider number.

Field	Field Type	Error Code	Error Message	To Correct
Patient Account #	Field	0	Patient Account # is required.	Add a valid Patient Account #.
Patient Amount Paid	Field	0	Patient Liability must be greater than or equal to \$0.00.	Ensure that the amount is not less than zero.
Patient Amount Paid	Field	1	Patient Amount Paid is required.	Enter the Patient Amount Paid.
Patient Status	Field	0	A valid Patient Status is required.	This field must be completed.
Patient Status	Field	1	Patient Status is required.	This field must be completed.
Patient Status	Field	2	Patient Status is invalid.	Enter a valid Patient Status.
To Date	Field	0	To Date is required.	This field must be completed for the header. The Occurrence/Span To Date is optional.
To Date	Field	2	To Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
To Date	Field	3	To Date must be greater than or equal to From Date.	Ensure that the date is on or after From Date.
Total Charges	Field	2	Total Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
Type Of Bill	Field	0	A valid Type Of Bill is required.	This field must be completed.
Total Charges	Label	0	Charges must be greater than \$0.00.	Enter a valid charge amount.

Institutional Claim Entry – Condition

This Condition panel is used to add a condition code or sequence the condition codes for the claim. It is accessed from the **Condition** sub-tab on the **Primary** panel.

The screenshot shows a web-based interface for entering condition codes. The main area is a table with columns for Sequence, Condition, and Description. A single row with the value 'A' is visible. Below the table, there are 'delete' and 'add' buttons. At the bottom, there are search fields for '*Sequence' and '*Condition', and a '[Search]' button.

Tasks for this Panel

To **add** a condition code or sequence code:

1. Click the **add** button.
2. Select a **Carrier Code** from the drop-down box.
3. Enter a **Sequence** number for the condition.
4. Enter a **Condition Code**. If the code is not known, use the [Search] link to open a pop-up window to search a list of codes.

To **delete** a condition code or sequence code:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Condition

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from either the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Condition	Code used to identify a condition relating to the institutional claim that may affect payer processing.	Field	Character	2
Description	Explanation of the code.	Field	Character	15
Sequence [Condition]	Sequence number that indicates the position that the information is to appear on the claim.	Field	Number	2
Condition (List)	Code used to identify a condition relating to the institutional claim that may affect payer processing.	Listview	Character	2
Description (List)	Explanation of the code.	Listview	Character	15
Sequence [Condition] (List)	Sequence number that indicates the position that the information is to appear on the claim.	Listview	Character	2

Field Edits – Institutional Claim – Condition

Field	Field Type	Error Code	Error Message	To Correct
Condition	Field	0	A valid Condition is required.	Condition is required if adding conditions.

Institutional Claim Entry – ICD-9 Procedure

The Procedure is panel is used to add an ICD-9 procedure code, date for the procedure, and a sequence for the procedure. It is accessed from the **ICD-9 Procedure** sub-tab on the **Primary** panel.

Tasks for this Panel

To **add** ICD-9 procedure information to the claim:

1. Click the **add** button.
2. Enter a **Sequence** number for the condition from the drop-down box.
3. Select an **ICD-9 Procedure Code**. If the code is not known, use the [Search] link to open a pop-up window to search a list of codes.
4. Enter an **ICD-9 Procedure Date**.

To **delete** ICD-9 procedure code from the claim:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – ICD-9 Procedure

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Description	Explanation of the code.	Field	Character	15

Field	Description	Field Type	Data Type	Length
ICD-9 Procedure Code [ICD-9 Procedure]	Code that indicates a specific, surgical, or diagnostic procedure, which is performed for the express purpose of identification or treatment of the patient's condition.	Field	Character	4
ICD-9 Procedure Date [ICD-9 Procedure]	Date on which the surgical procedure code was performed.	Field	Date (MM/DD/CCYY)	10
Sequence [ICD-9 Procedure]	Sequence is a dropdown pick list with the following values: (Blank-Default); Principal; Other. It indicates the ICD-9 Qualifier code that the information is to appear on the claim.	Field	Drop Down List Box	2
Description (List)	Explanation of the code.	Listview	Character	15
ICD-9 Procedure Code [ICD-9 Procedure] (List)	Code that indicates a specific, surgical, or diagnostic procedure, which is performed for the express purpose of identification or treatment of the patient's condition.	Listview	Character	4
ICD-9 Procedure Date [ICD-9 Procedure] (List)	Date on which the surgical procedure code was performed.	Listview	Date (MM/DD/CCYY)	10
Sequence [ICD-9 Procedure] (List)	Sequence number that indicates the position that the information is to appear on the claim.	Listview	Character	2

Field Edits – Institutional Claim – ICD-9 Procedure

Field	Field Type	Error Code	Error Message	To Correct
ICD-9 Procedure Code [ICD-9 Procedure]	Field	0	A valid ICD-9 Procedure is required.	Enter valid ICD-9 Procedure if ICD-9 procedure is being added.
ICD-9 Procedure Code [ICD-9 Procedure]	Field	1	HCPCS/Rate is required and must be a J-Code.	Enter a valid J-Code.
ICD-9 Procedure Code [ICD-9 Procedure]	Field	2	HCPCS/Rates must be a J-Code.	Enter a valid J-Code.
ICD-9 Procedure Date	Field	0	ICD-9 Procedure Date	Ensure that the date is

Field	Field Type	Error Code	Error Message	To Correct
[ICD-9 Procedure]			must be within Header From and To dates.	between From Date and To Date in claims header panel.
Sequence [ICD-9 Procedure]	Field	1	Sequence is Required	Choose one of the values from the drop down box
Sequence [ICD-9 Procedure]	Field	2	Only one Principal ICD-9 Procedure per claim is allowed.	Do not choose more than one Principal ICD-9 procedure for the claim
Sequence [ICD-9 Procedure]	Field	3	Maximum number of ICD-9 codes allowed per claim is 24	Do not enter more than maximum number of icd-9 codes

Institutional Claim Entry – Occurrence/Span

The Occurrence/Span panel is used to add occurrence information to the claim, including the time span covered. It is accessed from the **Occurrence** sub-tab on the **Primary** panel.

Tasks for this Panel

To **add** occurrence information to the claim:

1. Click the **add** button.
2. Enter a **Sequence** number for the occurrence.
3. Select an **Occurrence Code**. If the code is not known, use the [Search] link to open a pop-up window to search a list of codes.
4. Enter a **From Date** and a **To Date**.

To **delete** occurrence information from the claim:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Occurrence/Span

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Description	Explanation of the code.	Field	Character	15
From Date [Occurrence/Span]	Date when the occurrence code began.	Field	Date (MM/DD/CCYY)	10
Occurrence Code	Code identifying a significant event relating to this bill that may affect payer processing.	Field	Character	2
Sequence [Occurrence/Span]	Sequence number that indicates the position that the information is to appear on the claim.	Field	Number	2
To Date [Occurrence/Span]	Date when the occurrence code ended.	Field	Date (MM/DD/CCYY)	10
Description (List)	Explanation of the code.	Listview	Character	15
From Date [Occurrence/Span] (List)	Date when the occurrence code began.	Listview	Date (MM/DD/CCYY)	10
Occurrence Code (List)	Code identifying a significant event relating to this bill that may affect payer processing.	Listview	Character	2
Sequence [Occurrence/Span] (List)	Sequence number that indicates the position that the information is to appear on the claim.	Listview	Number	2
To Date [Occurrence/Span] (List)	Date when the occurrence code ended.	Listview	Date (MM/DD/CCYY)	10

Field Edits – Institutional Claim – Occurrence/Span

Field	Field Type	Error Code	Error Message	To Correct
From Date [Occurrence/Span]	Field	0	From Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Occurrence Code	Field	0	Occurrence Code is required.	Enter a valid Occurrence Code if Occurrence/Span's are being added.
To Date [Occurrence/Span]	Field	0	To Date must be less than or equal to Today.	Ensure that the date is on or before today's date.

Institutional Claim Entry – Value

The Value panel is used to relate values to identified data elements necessary to process an institutional claim. It is accessed from the **Value** sub-tab on the **Primary** panel.

Tasks for this Panel

To **add** a value to the claim:

1. Click the **add** button.
2. Enter a **Sequence** number for the valued element.
3. Enter a **Value**. If the code is not known, use the [Search] link to open a pop-up window to search a list of codes.
4. Enter an **amount** of the valued element.

To **delete** a value from the claim:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Value

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the	Button	N/A	0

Field	Description	Field Type	Data Type	Length
	Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.			
Description	Explanation of the code.	Field	Character	15
Amount [Value]	Monetary Amount of the adjustment.	Field	Number	10
Sequence [Value]	Sequence number that indicates the position that the information is to appear on the claim.	Field	Number	2
Value	Code used to relate values to identified data elements necessary to process an institutional claim.	Field	Character	2
Description (List)	Explanation of the code.	Listview	Character	15
Amount [Value] (List)	Monetary Amount of the adjustment.	Listview	Number	10
Sequence [Value] (List)	Sequence number that indicates the position that the information is to appear on the claim.	Listview	Number	2
Value (List)	Code used to relate values to identified data elements necessary to process an institutional claim.	Listview	Character	2

Field Edits – Institutional Claim – Value

Field	Field Type	Error Code	Error Message	To Correct
Value	Field	0	A valid Value is required.	This field must be completed if adding values.

Institutional Claim Entry – Diagnosis Panel

The Diagnosis panel is used to enter information about the diagnosis of the patient's condition. The initial appearance of the **Diagnosis** panel does not display any information.

Tasks for this Panel

To **enter** a diagnosis:

1. Select a **Sequence** value from the drop-down.
2. Enter the **Diagnosis Code**, if known.
3. If the diagnosis code is unknown, perform a search for the correct code using the **[Search]** hyperlink.
4. Select the desired diagnosis code from the search results list in the [Search] pop-up panel.
5. Select a **Present on Admission** value from the drop-down.

To **add** another diagnosis code:

1. Click the **add** button.
2. Select a **Sequence** value from the drop-down.
3. Enter the **Diagnosis Code**, if known.
4. If the diagnosis code is unknown, perform a search for the correct code using the **[Search]** hyperlink.
5. Select the desired diagnosis code from the search results list in the [Search] pop-up panel.
6. The selected code appears in the **Diagnosis Code** field, and the pop-up panel closes.

To **delete** a row of diagnosis information:

1. Select the diagnosis information row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Diagnosis Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Description	Explanation of the code.	Field	Character	15
Diagnosis Code	Code that indicates the type of diagnosis. Click [Search] to search for and select a diagnosis code.	Field	Character	7
Present on Admission	Indicates whether symptoms for diagnosis were present when patient was admitted.	Field	Drop Down List Box	0
Sequence	Sequence number that indicates the	Field	Drop Down List	0

Field	Description	Field Type	Data Type	Length
[Diagnosis]	position that the information is to appear on the claim. Valid values are: 1 to 26.		Box	
Description (List)	Explanation of the code.	Listview	Character	15
Diagnosis Code (List)	Code that indicates the type of diagnosis.	Listview	Character	7
Present on Admission (List)	Indicates whether symptoms for diagnosis were present when patient was admitted.	Listview	Drop Down List Box	0
Sequence [Diagnosis] (List)	Sequence number that indicates the position that the information is to appear on the claim. Valid values are: 1 to 26.	Listview	Character	0

Field Edits – Institutional Claim – Diagnosis Panel

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis Code	Field	0	A valid Diagnosis Code is required.	Enter a valid diagnosis code if adding diagnosis.
Present on Admission	Field	0	Present on Admission is required.	Select a valid value for Present on Admission field.
Present on Admission	Field	1	Present on Admission must be blank.	Remove the selected values of Present on Admission.
Sequence [Diagnosis]	Field	0	A Principal Diagnosis is required.	Enter a principal diagnosis code.
Sequence [Diagnosis]	Field	1	Only one Principal Diagnosis per claim.	Only enter one principal diagnosis per claim.
Sequence [Diagnosis]	Field	2	Only one Admitting Diagnosis per claim.	Only enter one admitting diagnosis per claim.

Institutional Claim Entry – Other Payer Panel

When the **Other Payer** panel first appears, it displays minimal information.

Other Payer

*** No rows found ***

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

Other Payer Amounts and Adjustment Reason Codes

To enter third-party liability and/or Medicare crossover information for the claim, click the **add** button to display the fields in the view shown below.

Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
A							\$0.00		00001

Type data below for new record.

delete add

*Claim Filing Indicator [dropdown] *Insurance Carrier Name [text]

*Policy Holder Relationship to Insured [dropdown] *Carrier Code [text, 00001]

*Policy Holder Last Name [text] Insured's Policy ID [text]

*Policy Holder First Name, MI [text] *Payer Sequence [dropdown]

Policy Holder Date of Birth [text] Medicare ICN [text]

Gender [dropdown]

*Paid Amount [text, \$0.00]

*Paid Date [text]

Allowed Amount [text, \$0.00]

Other Payer Amounts and Adjustment Reason Codes

Tasks for this Panel

To **add** another payer to an institutional claim:

1. Enter a valid value in the **Policy Holder** name, **Paid Amount**, **Paid Date**, **Insurance Carrier Name**, and **Insured's Policy ID** fields.
2. Select values from the **Claim Filing Indicator**, **Policy Holder Relationship to Insured**, and **Payer Sequence** fields, if known.
3. Enter values in the **Policy Holder Date of Birth**, **Gender**, **Allowed Amount**, and **Medicare ICN** fields, if known.

To **delete** a payer to an institutional claim:

1. Select an active row from the Other Payer list.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Other Payer Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Allowed Amount [Other Payer]	Allowed Amount for the Other Payer.	Field	Number	11
Carrier Code [Other Payer]	This is the other payer identification number.	Field	Number	7
Claim Filing	Indicates Other Payer's type of claim	Field	Drop Down List	0

Field	Description	Field Type	Data Type	Length
Indicator	filing.		Box	
Gender	Gender of the Other Payer's insured.	Field	Drop Down List Box	0
Insurance Carrier Name	Insurance Carrier Name of the Other Payer's insured.	Field	Character	35
Insured's Policy ID	Number of the Other Payer's insurance policy.	Field	Character	30
Medicare ICN	Medicare ICN is the Medicare internal control number.	Field	Number	30
Paid Amount [Other Payer]	Service Paid Amount.	Field	Number	11
Paid Date [Other Payer]	Service Paid Date	Field	Date (MM/DD/CCYY)	10
Payer Sequence [Other Payer]	Indicates the sequence of Other Payer's responsibility.	Field	Drop Down List Box	0
Policy Holder Date of Birth [Other Payer]	Policy Holder Date of birth for the Other Payer's insured.	Field	Date (MM/DD/CCYY)	10
Policy Holder First Name, MI [Other Payer]	First name of the Other Payer's insured.	Field	Character	10
Policy Holder Last Name [Other Payer]	Policy holder last name of the Other Payer's insured.	Field	Character	20
Policy Holder Relationship to Insured	Policy Holder Relationship to Insured of the Other Payer's insured to the recipient.	Field	Drop Down List Box	0
Allowed Amount [Other Payer](list)	Allowed Amount for the Other Payer.	Listview	Number	11
Carrier Code [Other Payer] (list)	Carrier code of the Other Payer's insured.	Listview	Number	7
Date of Birth [Other Payer] (List)	Date of birth for the Other Payer's insured.	Listview	Date (MM/DD/CCYY)	10
First Name [Other Payer] (List)	First name and middle initial of the Other Payer's insured.	Listview	Character	10
Gender (List)	Gender of the Other Payer's insured.	Listview	Character	1
Insured's Policy ID	Number of the Other Payer's	Listview	Character	30

Field	Description	Field Type	Data Type	Length
(List)	insurance policy.			
Last Name [Other Payer] (List)	Last name of the Other Payer's insured.	Listview	Character	20
Paid Amount [Other Payer](list)	- Service Paid Amount.	Listview	Number	11
Relationship (List)	Relationship of the Other Payer's insured to the recipient.	Listview	Character	0

Field Edits – Institutional Claim – Other Payer Panel

Field	Field Type	Error Code	Error Message	To Correct
Allowed Amount [Other Payer]	Field	1	Allowed Amount must be less than or equal to 9999999.99.	Enter an Allowed Amount value less and or equal to 9999999.99.
Allowed Amount [Other Payer]	Field	2	Allowed Amount must be greater than or equal to 0.	Enter an Allowed Amount value greater than or equal to 0.
Carrier Code [Other Payer Detail]	Field	1	Carrier Code in Other Payer Detail (Detail item number), row [row number] is required.	Choose a value from the drop down box.
Carrier Code [Other Payer]	Field	1	Carrier Code is required.	This field must be completed.
Claim Filing Indicator	Field	0	Only one Other Payer (Medicare) may be entered.	Modify the selected value of Claim Filing indicator for one Other Payer entries so that it is non-Medicare (Other Payer) related.
Claim Filing Indicator	Field	1	Claim Filing Indicator is required.	Please choose a value from dropdown list.
Paid Amount [Other Payer]	Field	1	Paid Amount is required.	This field must be completed.
Paid Amount [Other Payer]	Field	2	Paid Amount must be greater than or equal 0.	Enter a Paid Amount greater than or equal to 0.
Paid Amount [Other Payer]	Field	3	Paid Amount must be less than or equal to 9999999.99.	Enter the Paid Amount as less than or equal to 9999999.99.

Field	Field Type	Error Code	Error Message	To Correct
Paid Amount [Other Payer]	Field	4	Entry of Paid Amount or Paid Date is not allowed without non-Medicare Other Payer.	Clear the value for this field on all other payer details.
Paid Date [Other Payer]	Field	1	Paid Date is required.	This field must be completed
Paid Date [Other Payer]	Field	2	Paid Date must be less than or equal to today's date.	Enter a date less than or equal to today's date.
Payer Sequence [Other Payer]	Field	1	Payer Sequence is required.	Please choose a value from the dropdown list.
Payer Sequence [Other Payer]	Field	2	A primary Other Payer must be entered.	If you have 1 other payer row, then payer sequence must be a primary
Payer Sequence [Other Payer]	Field	3	A primary and a secondary Other Payer must be entered.	If you have 2 other payer rows, one of the payer sequence must be primary and other must be secondary
Payer Sequence [Other Payer]	Field	4	Only one primary and a secondary Other Payer may be entered.	When there are more than 2 rows, then Only one other payer must be primary and only one other payer must be secondary. Remaining other payer can be tertiary.
Policy Holder Date of Birth	Field	0	Policy Holder Date of Birth must be less than or equal to Today.	Ensure that the Policy Holder Date of Birth is on or before today's date.
Policy Holder First Name	Field	0	Policy Holder First Name is required.	This field must be completed.
Policy Holder Last Name	Field	0	Policy Holder Last Name is required.	This field must be completed.
Policy Holder Relationship to Insured	Field	0	Policy Holder Relationship to Insured is required.	Select the Policy Holder Relationship to Insured of the Other Payer insured to the recipient. Required for Other Payer.

Institutional Claim Entry – Other Payer Detail

The **Other Payer Detail** panel is displayed on the **Institutional Claims** page. This panel is accessed by clicking on the **Other Payer - Detail** sub-tab on the **Detail** panel. When first accessed, it appears with minimal information.

Carrier Code	Paid Date	Paid Amount
A		\$0.00

Type data below for new record.

delete add

To enter paid amounts and dates to carrier code records displayed in the **Other Payer** panel, click the **add** button to display the fields in the view shown below.

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A		\$0.00

Type data below for new record.

delete add

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

*Carrier Code

*Paid Date

*Paid Amount

Other Payer Amounts and Adjustment Reason Codes - Detail

Tasks for this Panel

To **add** Other Payer payment information:

1. Select the same **Carrier Code** from the drop-down box that corresponds to the Carrier Code entered in the **Other Payer** panel. This code must be the same in each of these panels.
2. Enter a **Paid Date**.
3. Enter a **Paid Amount**.

To **delete** a row of Other Payer payment information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Other Payer Detail

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Carrier Code [Other Payer Detail]	The carrier code dropdown values are populated from other payer	Field	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
	header panel.			
Paid Amount [Other Payer Detail]	Service line paid amount	Field	Number	10
Paid Date [Other Payer Detail]	Service Adjudication Date for other payer detail.	Field	Date (MM/DD/CCYY)	10
Carrier Code [Other Payer Detail] (List)	The carrier code dropdown values are populated from other payer header panel.	Listview	Number	7
Paid Amount [Other Payer Detail] (List)	Service paid amount.	Listview	Number	10
Paid Date [Other Payer Detail] (List)	Service Paid Date	Listview	Date (MM/DD/CCYY)	10

Field Edits – Institutional Claim – Other Payer Detail

Field	Field Type	Error Code	Error Message	To Correct
Carrier Code [Other Payer Detail]	Field	1	Carrier Code in Other Payer Detail (Detail item number), row [row number] is required.	Choose a value from the drop down box.
Carrier Code [Other Payer Detail]	Field	2	Carrier Code [carrier code value] is used multiple times in Other Payer Detail (Detail item number).	Carrier code can be used only once per Other payer detail item.
Paid Amount [Other Payer Detail]	Field	1	Paid Amount in Other Payer Detail (Detail item number), row [row number] must be greater than or equal to zero.	Enter paid amount value greater than or equal to zero.
Paid Amount [Other Payer Detail]	Field	2	Paid Amount must be less than or equal to 9999999.99.	Enter a Paid Amount value less or equal to 9999999.99.
Paid Date [Other Payer Detail]	Field	1	Paid Date in Other Payer Detail (Detail item number), row [row number] is required.	Enter a valid paid date.
Paid Date [Other Payer Detail]	Field	2	Paid Date must be less than or equal to today's	Enter paid date value which is not a future date.

Field	Field Type	Error Code	Error Message	To Correct
			date in Other Payer Detail (Detail item 1), row 2.	

Institutional Claim Entry – Other Payer Amounts and Adjustment Reason Codes

The **Other Payer Amounts and Adjustment Reason Codes** panel is displayed on the **Institutional Claims** page. It is used to add paid amounts and dates to carrier code records displayed in the **Other Payer** panel. The panel is accessed by clicking the **Other Payer Amounts and Adjustment Reason Codes** sub-tab on the **Other Payer - Detail** panel.

Note: Data can only be entered in this panel data was also added to at least one field in the **Other Payer** panel.

Tasks for this Panel

To **add** Other Payer adjusted amounts and adjustment reasons information:

1. Click the **add** button.
2. Select a **CAS Group Code** from the drop-down box.
3. Enter an **Amount**.
4. Enter an **Adjustment Reason Code (ARC)**.

To **delete** a row of Other Payer adjusted amounts and adjustment reasons information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Other Payer Amounts and Adjustment Reason Codes

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or	Button	N/A	0

Field	Description	Field Type	Data Type	Length
	Hard-Copy Attachments panels.			
ARC [Other Payer Amt & Adj Reason Codes]	Code identifying the detailed reason the adjustment was made.	Field	Alphanumeric	5
Amount [Other Payer Amt & Adj Reason Codes]	Monetary Amount of the adjustment.	Field	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes]	Code identifying the general category of payment adjustment.	Field	Drop Down List Box	0
ARC [Other Payer Amt & Adj Reason Codes] (List)	Code identifying the detailed reason the adjustment was made.	Listview	Alphanumeric	5
Amount [Other Payer Amt & Adj Reason Codes] (List)	Monetary Amount of the adjustment.	Listview	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes] (List)	Code identifying the general category of payment adjustment.	Listview	Character	28

Field Edits – Institutional Claim – Other Payer Amounts and Adjustment Reason Codes

Field	Field Type	Error Code	Error Message	To Correct
ARC [Other Payer Amt & Adj Reason Codes]	Field	1	ARC in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] is required.	Enter an ARC Value
ARC [Other Payer Amt & Adj Reason Codes]	Field	2	ARC Value is used multiple times with same CAS Group Code in Other Payer Amount and Adjustment Reason Codes Panel	Correct the ARC value

Field	Field Type	Error Code	Error Message	To Correct
Amount [Other Payer Amt & Adj Reason Codes]	Field	1	Amount in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] must be greater than or equal to zero.	Enter Amount greater than or equal to 0.
Amount [Other Payer Amt & Adj Reason Codes]	Field	2	Amount must be less than or equal to 9999999.99	Enter an amount less than or equal to 9999999.99
CAS Group Code [Other Payer Amt & Adj Reason Codes]	Field	1	CAS Group Code in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] is required.	Please choose a value from dropdown list

Institutional Claim Entry – Other Payer Amounts Panel

The **Other Payer Amounts and Adjustment Reason Codes** panel is accessed by clicking on the sub-tab on the **Other Payer Detail** panel. It is used to set CAS group codes, and to change payment amount and assign an adjustment reason code.

Note: Data can only be entered in this panel data was also added to at least one field in the **Other Payer** panel.

Tasks for this Panel

To **add** Other Payer adjusted amounts and adjustment reasons information:

1. Click the **add** button.
2. Select a **CAS Group Code** from the drop-down box.
3. Enter an **Amount**.
4. Enter an **Adjustment Reason Code (ARC)**.

To **delete** a row of Other Payer adjusted amounts and adjustment reasons information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Institutional Claim – Other Payer Amounts

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
ARC [Other Payer Amt & Adj Reason Codes Detail]	Code identifying the detailed reason the adjustment was made.	Field	Alphanumeric	5
Amount [Other Payer Amt & Adj Reason Codes Detail]	Monetary Amount of the adjustment.	Field	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes Detail]	Code identifying the general category of payment adjustment.	Field	Drop Down List Box	0
ARC [Other Payer Amt & Adj Reason Codes Detail] (List)	Code identifying the detailed reason the adjustment was made.	Listview	Alphanumeric	5
Amount [Other Payer Amt & Adj Reason Codes Detail] (List)	Monetary Amount of the adjustment.	Listview	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes Detail](List)	Code identifying the general category of payment adjustment.	Listview	Character	28

Field Edits – Institutional Claim – Other Payer Amounts

Field	Field Type	Error Code	Error Message	To Correct
ARC [Other Payer Amt & Adj Reason Codes Detail]	Field	1	ARC in Other Payer Detail Amounts and Adjustment Reason Codes item [Other Payer Detail number], row [Row Number] is required.	Enter an ARC Value

Field	Field Type	Error Code	Error Message	To Correct
ARC [Other Payer Amt & Adj Reason Codes Detail]	Field	2	ARC Value is used multiple times with same CAS Group Code in Other Payer Detail Amount and Adjustment Reason Codes Panel	Correct the ARC value
Amount [Other Payer Amt & Adj Reason Codes Detail]	Field	1	Amount in Other Payer Detail Amounts and Adjustment Reason Codes item [Other Payer Detail number], row [Row Number] must be greater than or equal to zero.	Enter Amount greater than or equal to 0.
Amount [Other Payer Amt & Adj Reason Codes Detail]	Field	2	Amount must be less than or equal to 9999999.99	Enter an amount less than or equal to 9999999.99
CAS Group Code [Other Payer Amt & Adj Reason Codes Detail]	Field	1	CAS Group Code in Other Payer Detail Amounts and Adjustment Reason Codes item [Other Payer Detail number], row [Row Number] is required.	Please choose a value from dropdown list

Institutional Claim Entry – Detail Panel

Detailed information about the Medicaid service(s) for which the institution is billing is entered in the **Detail** panel. Service detail lines are added to the claim by entering information in this panel. Each service detail line created will display as a row in the top section of the panel.

Detail							
Item	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	Non Covered Charges	Status
A	1			0	\$0.00	\$0.00	

Type data below for new record.

delete	add	copy					
Item	1			*Units	0		
Date of Service				*Units Of Measurement			
To DOS				Per Diem Rate	\$0.00		
*Revenue Code		[Search]		*Total Charges	\$0.00		
HCPCS/HIPPS Rate Codes		[Search]		Non Covered Charges	\$0.00		
Modifiers		[Search]		Medicaid Allowed Amount	\$0.00		
		[Search]		Status			

NDC Other Payer - Detail

Tasks for this Panel

To **create** a service detail line for an Institutional claim:

1. Click the **add** button.
2. Enter a valid value in the **Revenue Code** and **Units** fields.

3. Select values from the **Units of Measurement** field, if known.
4. Enter values in the other fields, if known.
5. To add another service detail line, click the **add** button and repeat these steps.

To **delete** a service detail line from an Institutional claim:

1. Highlight the row for the service detail line to delete.
2. Click the **delete** button.

To **copy** a detail line for transfer to another Institutional claim:

1. Highlight the row for the service detail line to copy.
2. Click the **copy** button.

Field Descriptions – Institutional Claim – Detail Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
copy	Button used to copy the selected Detail data to new Detail item.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Date of Service	Date the service was performed.	Field	Date (MM/DD/CCYY)	10
HCPCS/HIPPS Rate Code	Rate code selections identifying whether it is HCPCS or HIPPS rate codes.	Field	Drop Down List Box	0
HCPCS/HIPPS Rate Code	Health Common Procedure Coding System code that identifies the service that was provided. Click [Search] to search for and select an HCPCS code.	Field	Character	5
ICD-9 Procedure Code [ICD-9 Procedure]	Code that indicates a specific, surgical, or diagnostic procedure, which is performed for the express purpose of identification or treatment of the patient's condition.	Field	Character	4
Item	Detail line number. Read-only.	Field	N/A	0

Field	Description	Field Type	Data Type	Length
Medicaid Allowed Amount	Amount approved to pay for services provided to a recipient. Read-only.	Field	N/A	0
Modifier 1	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifier 2	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifier 3	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Modifier 4	Code used to further define a procedure provided. Click [Search] to search for and select a modifier code.	Field	Character	2
Non Covered Charges	Amount not covered by insurance.	Field	Number	14
Per Diem Rate	Per diem rate.	Field	Number	15
Revenue Code	Code that identifies a specific accommodation, ancillary service, or billing calculation.	Field	Number	4
To DOS	Ending date on which service was provided. Read only.	Field	N/A	0
Total Charges [Detail]	Total charges for a detail line item.	Field	Number	14
Units	Number of units billed for the service.	Field	Number	4
Units of Measurement	Code that indicates the measurement type. Valid values: blank, days, drug dosage, amount, or unit.	Field	Drop Down List Box	0
HCPCS/HIPPS Rate Codes	Indicates whether it is HCPCS or HIPPS rate codes. Health Common Procedure Coding System code that identifies the service that was provided. Click [Search] to search for and select an HCPCS code.	Label	N/A	0

Field	Description	Field Type	Data Type	Length
HCPCS/HIPPS Rate Code (List)	Health Common Procedure Coding System code that identifies the service that was provided.	Listview	Character	5
Item (List)	Detail line number. Read-only.	Listview	Number	3
Non Covered Charges (List)	Amount not covered by insurance.	Listview	Number	14
Revenue Code (List)	Code that identifies a specific accommodation, ancillary service, or billing calculation.	Listview	Character	4
Unit Of Measurement [List]	Code that indicates the measurement type. Valid values: blank, days, drug dosage, amount, or unit.	Listview	Drop Down List Box	0
Units (List)	Number of units billed for the service.	Listview	Number	4

Field Edits – Institutional Claim – Detail Panel

Field	Field Type	Error Code	Error Message	To Correct
Date of Service	Field	0	Date of Service must be less than or equal to Today.	Enter a Date of Service that is less than or equal to today.
Date of Service	Field	1	Date of Service is required.	Enter a valid Date of Service.
HCPCS/HIPPS Rate Code	Field	0	HCPCS/HIPPS Rate Code (Detail item 1) is required.	Enter a J-Code.
ICD-9 Procedure Code [ICD-9 Procedure]	Field	0	A valid ICD-9 Procedure is required.	Enter valid ICD-9 Procedure if ICD-9 procedure is being added.
ICD-9 Procedure Code [ICD-9 Procedure]	Field	1	HCPCS/Rate is required and must be a J-Code.	Enter a valid J-Code.
ICD-9 Procedure Code [ICD-9 Procedure]	Field	2	HCPCS/Rates must be a J-Code.	Enter a valid J-Code.
ICD-9 Procedure Date [ICD-9 Procedure]	Field	0	ICD-9 Procedure Date must be within Header From and To dates.	Ensure that the date is between From Date and To Date in claims header panel.

Field	Field Type	Error Code	Error Message	To Correct
Non Covered Charges	Field	0	Non Covered Charges must be less than or equal to 999999.99.	Ensure field is less than or equal to 999,999.99.
Non Covered Charges	Field	1	Non Covered Charges is required when Non Covered days > 0 on the header panel	Enter a value for the Non Covered Charges as dollars and cents.
Per Diem Rate	Field	0	Per Diem Rate (Detail Item Number) is required.	Enter the Per Diem Rate.
Per Diem Rate	Field	1	Per Diem Rate (Detail Item Number) must be greater than \$0.00.	Enter the Per Diem Rate greater than \$0.00.
Plan Name	Field	0	Plan Name is required.	Enter Plan Name when TPL is being added.
Revenue Code	Field	0	A valid Revenue Code is required.	Enter a valid Revenue Code.
Revenue Code	Field	1	Invalid Revenue Code.	Enter a valid Revenue Code.
Total Charges [Detail]	Field	0	Total Charges must be greater than \$0.00.	Enter a value greater than \$0.00.
Total Charges [Detail]	Field	1	Total Charges is required.	Enter the Total Charges.
Total Charges [Detail]	Field	2	Total Charges must be less than or equal to 999999.99.	Ensure that the Total Charges is less than or equal to 999999.99.
Total Charges [Detail]	Field	3	Either the Total Charges Amount or Non Covered Charges Amount must be greater than \$0.00 (Detail item XX).	For Long Term Care Claims, each detail must contain either a Total Charge or Non Covered Charge.
Units	Field	1	Units must be greater than 0.	Enter a Units value that is greater than zero.
Units of Measurement	Field	0	Unit of Measurement is required.	Select the appropriate units of measure from the drop-down list.

Institutional Claim Entry – NDC Panel

The **NDC Detail** panel is used to add prescribed drug information to the claim. It is accessed by selecting the **NDC** sub-tab from the **Detail** panel.

NDC (Detail Item 1)						
NDC Sequence Number	NDC	Drug Name	Unit of Measure	Prescription Number	Drug Unit Price	Unit Quantity Submitted
A	1				\$0.00	0.000

Type data below for new record.

*NDC [Search]

 *Drug Unit Price

Drug Name

 *Unit Quantity Submitted

*Unit of Measure

Prescription Number

Tasks for this Panel

To **add** a prescription record to an institutional claim:

1. Click the **add** button.
2. Enter a valid value in the **NDC**, **Unit of Measure**, **Drug Unit Price**, and **Unit Quantity Submitted** fields.
3. Select values from the **Prescription Number** field, if known.
4. To add another prescription record, click the **add** button and repeat these steps.

To **delete** a prescription record to an institutional claim:

1. Highlight the row for the service detail line to delete.
2. Click the **delete** button.

To **copy** a prescription record to an institutional claim:

1. Highlight the row for the service detail line to copy.
2. Click the **copy** button.

Field Descriptions – Institutional Claim – NDC Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Diagnosis, Other Payer/Crossover, Detail, or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Diagnosis, Other Payer, Detail, or Hard-Copy Attachments panels.	Button	N/A	0
Drug Unit Price [NDC]	Price per unit of product.	Field	Number	17
NDC [NDC]	The National Drug Code	Field	Number	48
Prescription Number	The prescription number.	Field	Character	30
Unit Quantity Submitted [NDC]	This is the unit count.	Field	Number	15
Unit of Measure	Code specifying the units in which a	Field	Drop Down List	0

Field	Description	Field Type	Data Type	Length
[NDC]	value is being expressed.		Box	
Drug Name [NDC]	Brand name of the drug. The brand name is usually the drug name appearing on the package label and frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description will usually be the generic name.	Label	Character	35
Drug Name [NDC] (List)	Brand name of the drug. The brand name is usually the drug name appearing on the package label and frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description will usually be the generic name.	Listview	Character	35
Drug Unit Price [NDC] (List)	Price per unit of product.	Listview	Number	17
NDC Sequence Number [NDC] (List)	The unique value for this NDC Detail record.	Listview	Number	4
NDC [NDC] (List)	The National Drug Code	Listview	Number	48
Prescription Number (List)	The prescription number.	Listview	Character	30
Present on Admission (List)	Indicates whether symptoms for diagnosis were present when patient was admitted.	Listview	Drop Down List Box	0
Unit Quantity Submitted [NDC] (List)	This is the unit count	Listview	Number	15
Unit of Measure [NDC] (List)	Code specifying the units in which a value is being expressed.	Listview	Drop Down List Box	0

Field Edits – Institutional Claim – NDC Panel

Field	Field Type	Error Code	Error Message	To Correct
Drug Unit Price [NDC]	Field	1000	Drug Unit Price in NDC item [Detail Number], row [Row Number] must be	Ensure that the Drug Unit Price is not less than zero.

Field	Field Type	Error Code	Error Message	To Correct
			greater than zero.	
NDC [NDC]	Field	1000	Invalid NDC in NDC item [Detail Number], row [Row Number].	Enter a valid NDC Code
NDC [NDC]	Field	1001	NDC in NDC item [Detail Number], row [row number] is required.	The field must be completed
Unit Quantity Submitted [NDC]	Field	1000	Unit Quantity Submitted in NDC item [Detail Number], row [Row Number] must be greater than zero.	Ensure that the Unit Quantity Submitted is not less than zero.
Unit of Measure [NDC]	Field	1000	Unit of Measure in NDC item [Detail Number], row [Row Number] is required.	Select a value from the drop down.

Entering Dental Claims

The Dental Claims panel is used to enter required dental claim data and supplementary detail. The Dental Claim entry panel is comprised of the **Dental Claim**, **Other Payer**, **Detail**, **Surfaces (Detail Item 1)**, **Attachments**, **Supporting Data for Delayed Submission / Resubmission**, and **Claim Status Information** panels.

The **Dental Claim** page displays as follows.

Dental Claim: 8984782436 NPI - JACK B DEWEY DDS PA

BILLING INFORMATION

ICN
 Provider ID 8984782436 NPI
 *Medicaid Billing Number
 *Date of Birth
 Last Name
 First Name, MI
 *Patient Account # 0
 Referring Provider #
 Patient Amount Paid \$0.00

SERVICE INFORMATION

*Release of Information NO
 From Date
 To Date
 Emergency
 Accident Related To
 Accident State
 Accident Country [Search]
 Accident Date
 EPSDT
 *Place of Service [Search]
 Prior Authorization #

TOTAL CHARGES

Total Charges \$0.00
 Medicaid Allowed Amount \$0.00
 TPL Paid Amount \$0.00
 Total Medicaid Paid Amount \$0.00
 Medicaid CoPay Amount \$0.00

Note Reference Code

Notes

Other Payer										
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code	
A							\$0.00		00001	

Type data below for new record.

delete add

* Claim Filing Indicator * Insurance Carrier Name

* Policy Holder Relationship to Insured * Carrier Code

* Policy Holder Last Name Insured's Policy ID

* Policy Holder First Name, MI * Payer Sequence

Policy Holder Date of Birth Medicare ICN

Gender

* Paid Amount

* Paid Date

Allowed Amount

Other Payer Amounts and Adjustment Reason Codes

The following panel is accessed via the sub-tabs at the bottom of the **Other Payer** header panel.

Other Payer Amounts and Adjustment Reason Codes (Carrier Code 00001)			
CAS Group Code	Amount	ARC	
A	\$0.00		

Type data below for new record.

delete add

* CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes (ARC) * Amount/ARC

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

Type data below for new record.

delete add copy

Item 1 * DOS

* Procedure Code [Search] * Units

Tooth Number [Search] * Charges

Quadrant [Search] Medicaid Allowed Amount

Rendering Provider

Status

Other Payer - Detail

The following panel is accessed via the sub-tabs at the bottom of the **Detail** header panel.

Other Payer Detail (Detail Item 1)			
Carrier Code	Paid Date	Paid Amount	
A		\$0.00	

Type data below for new record.

delete add

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

* Carrier Code

* Paid Date

* Paid Amount

Other Payer Amounts and Adjustment Reason Codes - Detail

The following panel is accessed via the sub-tabs at the bottom of the **Other Payer Detail** header panel.

Other Payer Amounts and Adjustment Reason Codes (Carrier Code 00001)			
CAS Group Code	Amount	ARC	
A	\$0.00		

Type data below for new record.

delete add

* CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes (ARC) * Amount/ARC

The following panels are available from the **Claims** page:

Surfaces (Detail Item 1)

Surface

A

Type data below for new record.

delete add

*Surface

Attachments

Type of Document Transmission Type

A

Type data below for new record.

delete add

For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing addresses will appear after the claim has been submitted.

For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.

*Type of Document

*Transmission Type

Dental Claim Entry – Primary Panel

The Dental Claim panel is used by the provider to submit dental claims for reimbursement, to correct denied claims for re-submission, to adjust or void paid claims, and to copy a claim to create a new claim. The Dental Claim panel is comprised of the Dental Claim, Third Party Liability (TPL), Detail, Surfaces (Detail Item 1), Hard-Copy Attachments, and Claim Status Information panels.

Dental Claim: 8984782436 NPI - JACK B DEWEY DDS PA

<p>BILLING INFORMATION</p> <p>ICN</p> <p>Provider ID 8984782436 NPI</p> <p>*Medicaid Billing Number <input type="text"/></p> <p>*Date of Birth <input type="text"/></p> <p>Last Name</p> <p>First Name, MI</p> <p>*Patient Account # <input type="text"/></p> <p>Referring Provider # <input type="text"/></p> <p>Patient Amount Paid <input type="text"/> \$0.00</p>	<p>SERVICE INFORMATION</p> <p>*Release of Information <input type="text" value="NO"/></p> <p>From Date</p> <p>To Date</p> <p>Emergency <input type="text"/></p> <p>Accident Related To <input type="text"/></p> <p>Accident State <input type="text"/></p> <p>Accident Country <input type="text"/> [Search]</p> <p>Accident Date <input type="text"/></p> <p>EPSDT <input type="text"/></p> <p>*Place of Service <input type="text"/> [Search]</p> <p>Prior Authorization # <input type="text"/></p> <p>TOTAL CHARGES</p> <p>Total Charges \$0.00</p> <p>Medicaid Allowed Amount \$0.00</p> <p>TPL Paid Amount \$0.00</p> <p>Total Medicaid Paid Amount \$0.00</p> <p>Medicaid CoPay Amount \$0.00</p> <p>Note Reference Code <input type="text"/></p> <p>Notes <input type="text"/></p>
--	---

Tasks for this panel

To enter primary information required to build a dental claim:

1. Enter the required information in the following fields: **Medicaid Billing Number, Date of Birth, Patient Account #, Release of Information, and Place of Service.**
2. The system default value for the **Release of Information** is set to "NO." Accept this value, or change it, if appropriate.

3. Enter optional information, if desired, in the remaining fields in the panel.
4. Proceed to the **Other Payer** panel.

Field Descriptions – Dental Claim – Primary Panel

Field	Description	Field Type	Data Type	Length
Accident Country	The country code where the accident occurred if outside the US. Only required for 'auto accident' and outside the country.	Field	Alphanumeric	2
Accident Date	The date the accident occurred.	Field	Date (MM/DD/CCYY)	10
Accident Related To	Indicates whether service was provided as result of an accident.	Field	Drop Down List Box	0
Accident State	The State where the accident occurred.	Field	Drop Down List Box	0
Date of Birth	Recipient's date of birth.	Field	Date (MM/DD/CCYY)	10
Emergency	Indicates whether service was provided as result of an emergency situation.	Field	Drop Down List Box	0
EPSDT	Indicates whether service is related to Child Health Check Up.	Field	Drop Down List Box	0
First Name, MI	Recipient's first name and middle initial. Read-only.	Field	Character	0
ICN	Claim's internal control number and, when present, the transaction control number from the Ohio MITS. Read-only.	Field	Number	0
Last Name	Recipient's last name. Read-only.	Field	Character	0
Medicaid Allowed Amount [Header]	Amount approved to pay for services provided to a recipient. Read-Only.	Field	Number	0
Medicaid Billing Number	Recipient Medicaid Billing Number.	Field	Number	12
Medicaid Copay Amount	Amount paid as co-pay. Read-Only	Field	Number	0
Note Reference Code	Code identifying the type of note.	Field	Drop Down List Box	3
Notes	Additional notes for the claim.	Field	Character	80
Patient Account #	Patient's account number on the provider's system.	Field	Character	38

Field	Description	Field Type	Data Type	Length
Patient Amount Paid	The amount the patient paid.	Field	Number	9
Place of Service	Place of service (POS). Location where the service was rendered. Click [Search] to search for and select a place of service.	Field	Character	2
Prior Authorization #	Prior Authorization number that authorized the rendered services.	Field	Number	10
Provider ID	Identification number and service location of the provider. Read-only.	Field	Alphanumeric	0
Referring Provider #	Identification number of the provider who referred the recipient to the billing provider.	Field	Number	10
Release of Information	Release of information permission.	Field	Drop Down List Box	0
TPL Paid Amount	Total of TPL Amount from the detail line items. Read-only.	Field	Number	0
To Date	The ending date of service for the claim. Read-only.	Field	Date (MM/DD/CCYY)	0
Total Charges	Total of charges from the detail line items. Read-only.	Field	Number	0
Total Medicaid Paid Amount	Total amount paid. Read-only.	Field	Number	0

Field Edits – Dental Claim – Primary Panel

Field	Field Type	Error Code	Error Message	To Correct
Date of Birth	Field	0	Date of Birth: Invalid. Format is mm/dd/ccyy.	Ensure the field contains only valid dates.
Date of Birth	Field	2	A valid Medicaid Billing Number and Date of Birth combination is required.	Enter a valid Medicaid Billing Number and date of birth.
Medicaid Billing Number	Field	0	A valid Medicaid Billing Number is required.	Enter a valid Medicaid Billing Number.
Medicaid Billing Number	Field	1	Medicaid Billing Number is no longer active. The active ID 999999999 will be used.	This message is informational. The inactive ID has been automatically replaced with the active ID.

Field	Field Type	Error Code	Error Message	To Correct
Medicaid Billing Number	Field	2	A valid Medicaid Billing Number and Date of Birth combination is required.	Enter a valid Medicaid Billing Number and date of birth.
Note Reference Code	Field	1	Note Reference Code is required.	Select a value from drop down.
Notes	Field	1	Notes are required.	Enter a description for Notes.
Patient Account #	Field	0	Patient Account # is required.	This field must be completed.
Patient Amount Paid	Field	0	Patient Amount Paid must be less than or equal to 999999.99.	Enter an amount less than or equal to 999999.99
Place of Service	Field	0	A valid Place of Service is required.	This field must be completed.
Referring Provider #	Field	0	Referring Provider # is invalid.	Enter a valid provider number.
Referring Provider #	Field	1	Referring Provider # must be either 7 or 10 digits.	Enter a valid 7 or 10 digits provider number.
Release of Information	Field	0	Release of information is required.	This field must be completed.

Dental Claim Entry – Other Payer Panel

When the **Other Payer** panel first appears, it displays minimal information.

The screenshot shows the 'Other Payer' panel with a table containing one record. The table has columns for Last Name, First Name, MI, Date of Birth, Relationship, Gender, Policy ID, Paid Amount, Paid Date, and Carrier Code. The record shows a paid amount of \$0.00 and a carrier code of 00001. Below the table are 'delete' and 'add' buttons.

To enter third-party liability information for the dental claim, click the **add** button to display the fields in the view shown below.

The screenshot shows the 'Other Payer' panel with detailed input fields. The fields include: *Claim Filing Indicator (dropdown), *Policy Holder Relationship to Insured (dropdown), *Policy Holder Last Name (text), *Policy Holder First Name, MI (text), Policy Holder Date of Birth (text), Gender (dropdown), *Paid Amount (text, \$0.00), *Paid Date (text), Allowed Amount (text, \$0.00), *Insurance Carrier Name (text), *Carrier Code (text, 00001), Insured's Policy ID (text), *Payer Sequence (dropdown), and Medicare ICN (text).

Other Payer Amounts and Adjustment Reason Codes

As information is added in the **Other Payer** panel, the detail line at the top of the panel populates with the entered data.

Tasks for this panel

To **add** Other Payer information:

1. Enter the required information in the following fields: **Claim Filing Indicator, Policy Holder Relationship to Insured, Policy Holder Last Name, Policy Holder First Name MI, Paid Amount, Paid Date, Insurance Carrier Name, Carrier Code, Insured's Policy ID** and **Payer Sequence**.
2. Enter optional information, if desired, in the remaining fields in the panel.
3. Proceed to the **Other Payer Detail** panel.

To **add** another row of Other Payer information:

1. Click the **add** button.
2. Enter the required information in the following fields: **Claim Filing Indicator, Policy Holder Relationship to Insured, Policy Holder Last Name, Policy Holder First Name MI, Paid Amount, Paid Date, Insurance Carrier Name, Carrier Code, Insured's Policy ID** and **Payer Sequence**.
3. Enter optional information, if desired, in the remaining fields in the panel.
4. Proceed to the **Other Payer Detail** panel.

To **delete** the current Other Payer information:

1. Select the detail row for deletion from the Other Party detail list and click the **delete** button.
2. The message displays: "Are you sure this is the row you want marked for deletion?" Click **OK** to delete the row of Other Party information entered in the panel.
3. Proceed to the **Other Payer Detail** panel.

Field Descriptions – Dental Claim – Other Payer Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform a delete.	Button	N/A	0
Allowed Amount [Other Payer]	Other Payer's Allowed Amount.	Field	Number	11

Field	Description	Field Type	Data Type	Length
Carrier Code [Other Payer]	This is the other payer identification number.	Field	Number	7
Claim Filing Indicator	Indicates Other Payer's type of claim filing. Required field.	Field	Drop Down List Box	0
Gender [Other Payer]	Gender of the Other Payer's insured.	Field	Drop Down List Box	0
Insurance Carrier Name	Name of the Other Payer's insurance carrier	Field	Character	35
Insured's Policy ID	Policy ID of the Other Payer's insured. Required field.	Field	Character	30
Medicare ICN	ICN number from Medicare.	Field	Character	30
Paid Amount [Other Payer]	Service Line Paid Amount.	Field	Number	11
Paid Date [Other Payer]	Service Adjudication Date for other payer detail.	Field	Date (MM/DD/CCYY)	10
Payer Sequence [Other Payer]	Indicates the sequence of Other Payer's responsibility.	Field	Drop Down List Box	0
Policy Holder Date of Birth [Other Payer]	Policy Holder Date of Birth of the Other Payer's insured.	Field	Date (MM/DD/CCYY)	10
Policy Holder First Name, MI [Other Payer]	First name of the Other Payer's insured. Required field.	Field	Character	10
Policy Holder Last Name [Other Payer]	Last name of the Other Payer's insured. Required field.	Field	Character	20
Policy Holder Relationship to Insured [Other Payer]	Relationship of the Other Payer's insured to the recipient. Required field.	Field	Drop Down List Box	0
Allowed Amount (List)	Amount approved to pay for services provided to a recipient. Read-Only.	Listview	Number	0
Carrier Code [Other Payer] (List)	Other Payer's Carrier Code.	Listview	Number	7
Date of Birth (List)	Recipient's date of birth.	Listview	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Gender (List)	Gender of the Other Payer.	Listview	Character	7
First Name (List)	Recipient's first name.	Listview	Character	10
Last Name (List)	Gender of the Other Payer.	Listview	Character	20
MI [Other Payer] (List)	Middle Initial of the Other Payer's insured.	Listview	Character	7
Paid Amount [Other Payer] (List)	Amount paid by an Other Payer plan.	Listview	Number	11
Paid Date [Other Payer] (List)	Service Adjudication Date for other payer detail.	Listview	Date (MM/DD/CCYY)	10
Policy ID	Other Payer's Policy ID.	Listview	Character	30

Field Edits – Dental Claim – Other Payer Panel

Field	Field Type	Error Code	Error Message	To Correct
Allowed Amount [Other Payer]	Field	1	Allowed Amount must be less than or equal to 9999999.99.	Enter an Allowed Amount value less and or equal to 9999999.99.
Allowed Amount [Other Payer]	Field	2	Allowed Amount must be greater than or equal to 0.	Enter an Allowed Amount value greater than or equal to 0.
Carrier Code [Other Payer]	Field	0	Carrier Code is required.	Add a Carrier Code.
Claim Filing Indicator	Field	0	Claim Filing Indicator is required.	Select a Claim Filing Indicator from the dropdown list.
Claim Filing Indicator	Field	1	Only one Other Payer (Medicare) may be entered.	Modify the selected value of Claim Filing indicator for one Other Payer entries so that it is non-Medicare (Other Payer) related.
Paid Amount [Other Payer]	Field	0	Paid Amount is required.	Enter a valid currency value for the paid amount.
Paid Amount [Other Payer]	Field	1	Paid Amount must be less than or equal to 9999999.99.	Enter the Paid Amount as less than or equal to 9999999.99.

Field	Field Type	Error Code	Error Message	To Correct
Paid Amount [Other Payer]	Field	2	Paid Amount must be greater than or equal to 0.	Enter a Paid Amount greater than or equal to 0.
Paid Date [Other Payer]	Field	0	Paid Date is required.	This field must be completed.
Paid Date [Other Payer]	Field	1	Paid Date must be less than or equal to today's date.	Enter a date less than or equal to today's date.
Payer Sequence [Other Payer]	Field	0	Payer Sequence is required.	Select a value from the dropdown list.
Payer Sequence [Other Payer]	Field	1	A primary Other Payer must be entered.	If you have 1 other payer row, then payer sequence must be a primary
Payer Sequence [Other Payer]	Field	2	A primary and a secondary Other Payer must be entered.	If you have 2 other payer rows, one of the payer sequence must be primary and other must be secondary
Payer Sequence [Other Payer]	Field	3	Only one primary and a secondary Other Payer may be entered.	When there are more than 2 rows, then Only one other payer must be primary and only one other payer must be secondary. Remaining other payer can be tertiary.
Policy Holder First Name, MI [Other Payer]	Field	0	Policy Holder First Name, MI is required.	This field must be completed.
Policy Holder Last Name [Other Payer]	Field	0	Policy Holder Last Name is required.	Enter the policy holder's last name.
Policy Holder Relationship to Insured [Other Payer]	Field	0	Policy Holder Relationship to Insured is required.	Select a relationship when Other Payer is being entered.

Dental Claim Entry – Other Payer Detail

The **Other Payer Detail** panel is displayed on the **Dental Claims** page. This panel is accessed by clicking on the **Other Payer - Detail** sub-tab on the **Detail** panel. When first accessed, it appears with minimal information.

Other Payer Detail (Detail Item 1)		
Carrier Code	Paid Date	Paid Amount
A		\$0.00
Type data below for new record.		
<input type="button" value="delete"/>	<input type="button" value="add"/>	

To enter paid amounts and dates to carrier code records displayed in the **Other Payer** panel, click the **add** button to display the fields in the view shown below.

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A		\$0.00

delete add

Type data below for new record.

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

*Carrier Code

*Paid Date

*Paid Amount

Other Payer Amounts and Adjustment Reason Codes - Detail

Tasks for this Panel

To **add** Other Payer payment information:

1. Click the **add** button.
2. Select the same **Carrier Code** from the drop-down box that corresponds to the Carrier Code entered in the **Other Payer** panel. This code must be the same in each of these panels.
3. Enter a **Paid Date**.
4. Enter a **Paid Amount**.

To **delete** a row of Other Payer payment information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Dental Claim – Other Payer Detail

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform a delete.	Button	N/A	0
Carrier Code [Other Payer Detail]	The carrier code dropdown values are populated from other payer header panel.	Field	Drop Down List Box	0
Paid Amount [Other Payer Detail]	Service line paid amount	Field	Number	10

Field	Description	Field Type	Data Type	Length
Paid Date [Other Payer Detail]	Service Adjudication Date for other payer detail.	Field	Date (MM/DD/CCYY)	10
Carrier Code [Other Payer Detail] (List)	The carrier code dropdown values are populated from other payer header panel.	Listview	Number	7
Paid Amount [Other Payer Detail] (List)	Service paid amount.	Listview	Number	10
Paid Date [Other Payer] (List)	Service Adjudication Date for other payer detail.	Listview	Date (MM/DD/CCYY)	10

Field Edits – Dental Claim – Other Payer Detail

Field	Field Type	Error Code	Error Message	To Correct
Carrier Code [Other Payer Detail]	Field	1	Carrier Code in Other Payer Detail (Detail item Number), row [Row Number] is required.	Choose a value from the drop down box.
Carrier Code [Other Payer Detail]	Field	2	Carrier Code [Carrier Code value] is used multiple times in Other Payer Detail (Detail item number).	Carrier code can be used only once per Other payer detail item.
Paid Amount [Other Payer Detail]	Field	1	Paid Amount in Other Payer Detail (Detail item number), row [row number] must be greater than or equal to zero.	Enter paid amount value greater than or equal to zero.
Paid Amount [Other Payer Detail]	Field	2	Paid Amount must be less than or equal to 9999999.99.	Enter a Paid Amount value less and or equal to 9999999.99.
Paid Date [Other Payer Detail]	Field	1	Paid Date in Other Payer Detail (Detail item number), row [row number] is required.	Enter a valid paid date.
Paid Date [Other Payer Detail]	Field	2	Paid Date must be less than or equal to today's date in Other Payer Detail (Detail item number), row [row number].	Enter paid date value which is not a future date.

Dental Claim Entry – Other Payer Amounts and Adjustment Reason Codes

The **Other Payer Amounts and Adjustment Reason Codes** panel is displayed on the **Dental Claims** page. It is used to add paid amounts and dates to carrier code records displayed in the **Other Payer** panel. The panel is accessed by clicking the **Other Payer Amounts and Adjustment Reason Codes** sub-tab on the **Other Payer - Detail** panel.

Tasks for this Panel

To **add** Other Payer adjusted amounts and adjustment reasons information:

1. Click the **add** button.
2. Select a **CAS Group Code** from the drop-down box.
3. Enter an **Amount**.
4. Enter an **Adjustment Reason Code (ARC)**.

To **delete** a row of Other Payer adjusted amounts and adjustment reasons information:

1. Select the row to be deleted.
2. Click the **delete** button.

Field Descriptions – Dental Claim – Other Payer Amounts and Adjustment Reason Codes

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform a delete.	Button	N/A	0
ARC [Other Payer Amt & Adj Reason Codes]	Code identifying the detailed reason the adjustment was made.	Field	Alphanumeric	5

Field	Description	Field Type	Data Type	Length
Amount/ARC [Other Payer Amt & Adj Reason Codes]	Monetary Amount of the adjustment.	Field	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes]	Code identifying the general category of payment adjustment.	Field	Drop Down List Box	0
ARC [Other Payer Amt & Adj Reason Codes] (List)	Code identifying the detailed reason the adjustment was made.	Listview	Alphanumeric	5
Amount [Other Payer Amt & Adj Reason Codes] (List)	Monetary Amount of the adjustment.	Listview	Number	10
CAS Group Code [Other Payer Amt & Adj Reason Codes] (List)	Code identifying the general category of payment adjustment.	Listview	Character	28

Field Edits – Dental Claim – Other Payer Amounts and Adjustment Reason Codes

Field	Field Type	Error Code	Error Message	To Correct
ARC [Other Payer Amt & Adj Reason Codes]	Field	1	ARC in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] is required.	Enter an ARC Value
ARC [Other Payer Amt & Adj Reason Codes]	Field	2	ARC Value [ARC Value] is used multiple times with same CAS Group Code in Other Payer Amount and Adjustment Reason Codes Panel	Correct the ARC value

Field	Field Type	Error Code	Error Message	To Correct
Amount/ARC [Other Payer Amt & Adj Reason Codes]	Field	1	Amount in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] must be greater than or equal to zero.	Enter Amount greater than or equal to 0.
Amount/ARC [Other Payer Amt & Adj Reason Codes]	Field	2	Amount must be less than or equal to 9999999.99	Enter an amount less than or equal to 9999999.99
CAS Group Code [Other Payer Amt & Adj Reason Codes]	Field	1	CAS Group Code in Other Payer Amounts and Adjustment Reason Codes item [Other payer row number], row [Row Number] is required.	Please choose a value from dropdown list

Dental Claim Entry – Detail Panel

Claim line detail information is entered in the Detail panel of the Dental Claim. As information is added to the fields in this panel, the Detail list populates at the top of the panel.

The screenshot shows the 'Detail' panel with the following data:

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

Below the table, there are input fields for:

- Item: 1
- *DOS: []
- *Units: 0
- *Charges: \$0.00
- *Procedure Code: [] [Search]
- Tooth Number: [] [Search]
- Quadrant: [] [Search]
- Medicaid Allowed Amount: \$0.00
- Rendering Provider: []
- Status: []

Buttons: delete, add, copy

Tasks for this Panel

To **enter** Detail information:

1. Enter the required information in the following fields: **Procedure Code, Rendering Provider, DOS, Units, and Charges.**
2. Enter optional information, if desired, in the remaining fields in the panel.
3. Proceed to the **Surfaces** panel.

To **add** another row of Detail information:

1. Click the **add** button.
2. Enter the required information in the following fields: **Procedure Code, Rendering Provider, DOS, Units, and Charges.**

3. Enter optional information, if desired, in the remaining fields in the panel.
4. Proceed to the **Surfaces** panel.

To **delete** the current Detail information:

1. On a new claim or an adjudicated claim, select the detail row for deletion from the Detail list and click the **delete** button.
2. The message displays: Are you sure this is the row you want marked for deletion? Click **OK** to delete the row and the Detail information entered in the panel.

Proceed to the **Surfaces** panel.

Field Descriptions – Dental Claim – Detail Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
copy	Button used to copy the selected Detail data to new Detail item.	Button	N/A	0
delete	Deletes the selected record from the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform a delete.	Button	N/A	0
Charges	Dollar amount charged for the service provided.	Field	Number	14
DOS	Date of first service on the claim.	Field	Date (MM/DD/CCYY)	10
Item	The detail line number. Read-Only.	Field	Number	0
Medicaid Allowed Amount [Header]	Amount approved to pay for services provided to a recipient. Read-Only.	Field	Number	0
Procedure Code	Code used to identify a dental procedure. Click [Search] to search for and select a procedure code.	Field	Character	5
Quadrant	Quadrant of the mouth where the dental procedure was performed. Click [Search] to search for and select a quadrant.	Field	Number	2
Rendering Provider	Identification number of the provider who rendered services to the recipient.	Field	Number	10
Status	Adjudication status of the detail line. Read-	Field	Alphanumeric	0

Field	Description	Field Type	Data Type	Length
	only.			
Tooth Number	Number that identifies the tooth on which a dental service was performed. An alpha value indicates temporary teeth and a numeric value indicates permanent teeth. Click [Search] to search for and select a tooth number.	Field	Character	2
Units	Number of units billed for the service.	Field	Number	11
Medicaid Allowed Amount [Detail]	The Medicaid Allowed Amount.	Label	N/A	0
Charges (List)	Dollar amount charged for the service provided.	Listview	Number	14
DOS (List)	Date of first service on the claim.	Listview	Date (MM/DD/CCYY)	10
Item (List)	The detail line number. Read-Only.	Listview	Number	0
Procedure Code (List)	Code used to identify a dental procedure.	Listview	Character	5
Quadrant (List)	Quadrant of the mouth where the dental procedure was performed.	Listview	Number	2
Status (List)	Adjudication status of the detail line. Read-only.	Listview	Alphanumeric	0
Tooth Number (List)	Number that identifies the tooth on which a dental service was performed. An alpha value indicates temporary teeth and a numeric value indicates permanent teeth.	Listview	Character	2
Units (List)	Number of units billed for the service.	Listview	Number	11

Field Edits – Dental Claim – Detail Panel

Field	Field Type	Error Code	Error Message	To Correct
Charges	Field	0	Charges must be less than or equal to 999999.99	Ensure that the amount is less than or equal \$999,999.99.
Charges	Field	1	Charges must be greater than 0.	Ensure that the amount is greater than zero.

Field	Field Type	Error Code	Error Message	To Correct
Charges	Field	3	Charges are required.	This field must be completed.
DOS	Field	0	DOS is required.	This field must be completed.
DOS	Field	1	DOS must be less than or equal to Today.	This field must be less than or equal to today's date.
Procedure Code	Field	0	A valid Procedure Code is required.	Enter a valid Procedure Code.
Quadrant	Field	0	Quadrant is required.	Ensure that quadrant is entered if a tooth value is present.
Quadrant	Field	1	Quadrant must contain a valid HIPAA value.	Enter a valid HIPAA value for Quadrant.
Rendering Provider	Field	1	Rendering Provider is invalid.	Enter a valid Rendering Provider.
Rendering Provider	Field	2	Rendering Provider is required.	Enter value for Rendering Provider.
Rendering Provider	Field	3	Rendering Provider must be either 7 or 10 digits.	Enter Rendering Provider with 7 or 10 digits.
Units	Field	0	Units must be less than or equal to 9999.99.	Enter a unit value that is not greater than 9999.99.
Units	Field	1	Units must be greater than 0.	Ensure that the amount is greater than zero.

Dental Claim Entry – Surfaces Panel

The Surfaces panel is used to enter information associated with the dental surface referenced on the claim. The default view of this panel is collapsed and does not display fields:

Surfaces (Detail Item 1)

Surface
A

Type data below for new record.

delete add

*Surface

Tasks for this Panel

To **enter** tooth surface information:

1. Select a surface from the **Surface** drop down field.
2. Proceed to the **Hard-Copy Attachments** panel.
3. To add another row of Surface information:
4. Click the **add** button.

5. Select another surface from the **Surface** drop down field.
6. Proceed to the Hard-Copy Attachments panel.

To **delete** the current Surface information:

1. Select the detail row for deletion from the Surface list and click the **delete** button.
2. The message displays: "Are you sure this is the row you want marked for deletion?" Click **OK** to delete the row of Surface information entered in the panel.
3. Proceed to the **Hard-Copy Attachments** panel.

Field Descriptions – Dental Claim – Surfaces Panel

Field	Description	Field Type	Data Type	Length
add	Inserts a new record in the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform an add.	Button	N/A	0
delete	Deletes the selected record from the Other Payer, Detail, Surfaces or Hard-Copy Attachments panels. Proper permissions are required to perform a delete.	Button	N/A	0
Surface	The code that identifies the surface of a tooth on which a dental service was performed.	Field	Drop Down List Box	0
Surface (List)	The code that identifies the surface of a tooth on which a dental service was performed.	Listview	Character	1

This page intentionally left blank.