Colorado Medical Assistance Program Web Portal

Dental Claims User Guide

The Dental Claim Lookup screen (Figure 1) is the main screen from which to manage Dental claims. It consists of different sections that allow the user to select various functions to manage Dental claims. The sections of the Dental Claim Lookup screen are:

- Claims List Grid
- Claims Management Buttons
    - Edit
    - Copy
    - Delete
    - View/Print
    - Adjustment
    - Claim Status
    - View Claim Response
- Search Area
- Add New Claim
    - Client's Information
    - Claim Information
    - Other Insurance Information
    - Detail Line Items
    - Errors
- Claim Status Request

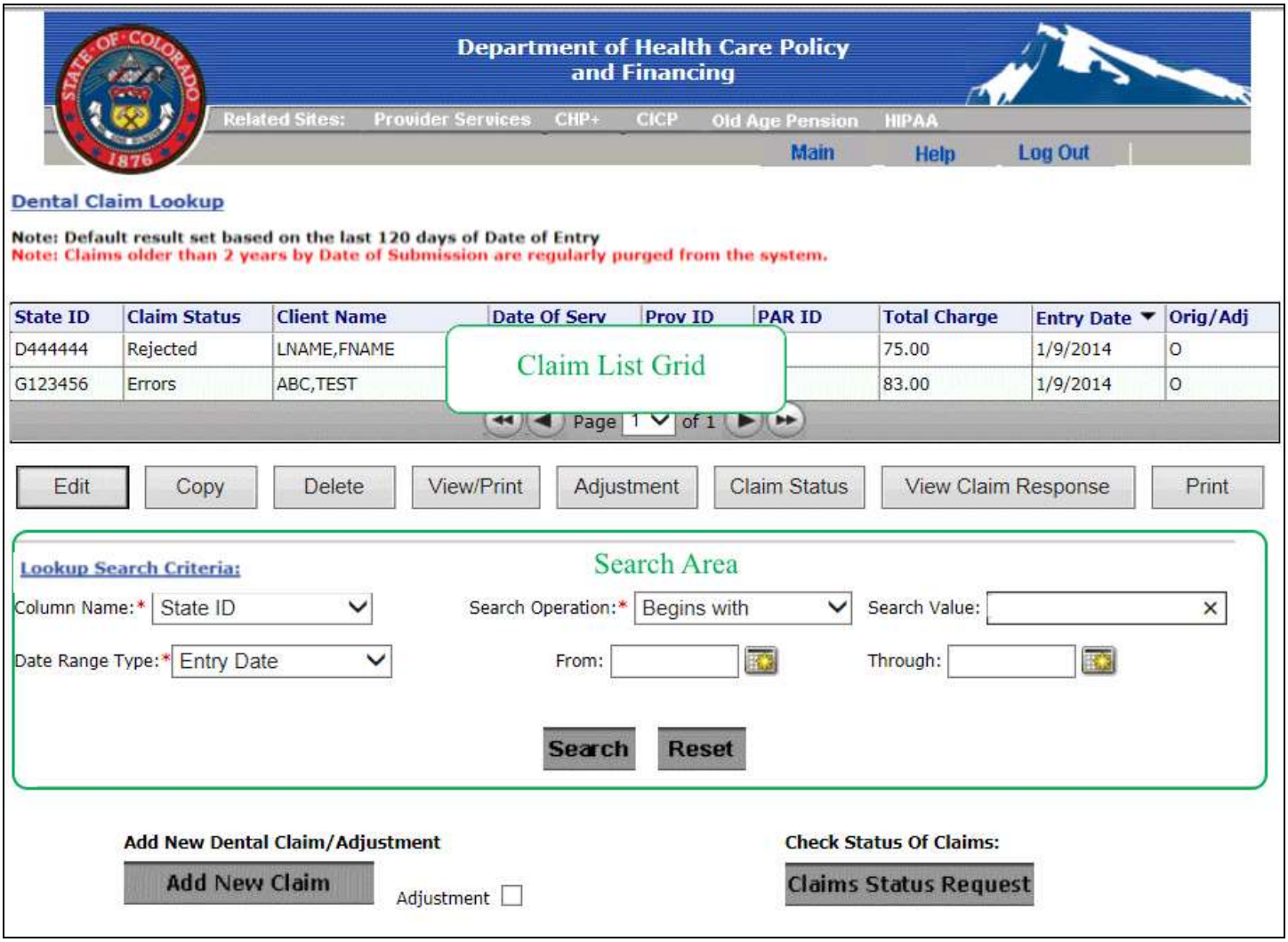

Figure 1 – The Dental Claim Lookup screen displays multiple buttons to allow the user to complete different functions related to claims. The search area is outlined in green.

Claims List Grid

The Claims List Grid displays claims with a date of entry within the past 120 days. If a claim does not display, the following may be the reason:

- No claims have been saved to the Web Portal
- The date of entry is more than 120 days from the current date
- The **Date of Service** is blank
- A prior search is still active and the **Reset** button needs to be clicked to clear the search request

Each field column is sortable. The default sort of the Claims List Grid is ascending based on the entry date of the claim. Clicking on the column heading once will sort it ascending and an up arrow symbol will appear next to the heading of the chosen column. Clicking on the heading again will sort that column descending and a down arrow symbol will appear. Click on the heading again to re-sort the column back to ascending.

If a claim has not been deleted, it can be accessed using the applicable search criteria. However, the claim will not automatically appear in the Claims List Grid if the date of entry is more than 120 days from the current date.

Back

Add New Claim

A new claim is created and added by selecting the **Add New Claim** button at the bottom of the Dental Claim Lookup screen and then entering the necessary information on a series of four related tabs (Figure 2). The four tabs are:

Tab Name	Tab Description
Client's Information:	Collects general information related to the client and the provider(s).
Claim Information:	Collects accident information and additional claim data.
Other Insurance Information:	Collects information related to other insurance coverage the client may have.
Detail Line Items:	Collects the service line level information related to the services rendered to the client.

A fifth tab: Errors displays errors resulting from the Web Portal data entry validation process that occurs prior to sending the claim to the Medicaid Management Information System (MMIS). All errors must be corrected before the claim will be accepted for further processing. The Errors tab will also display system errors that will require you to contact the Help Desk for assistance. Finally, if the MMIS rejects the claim, the Errors tab will display the rejection reason(s).

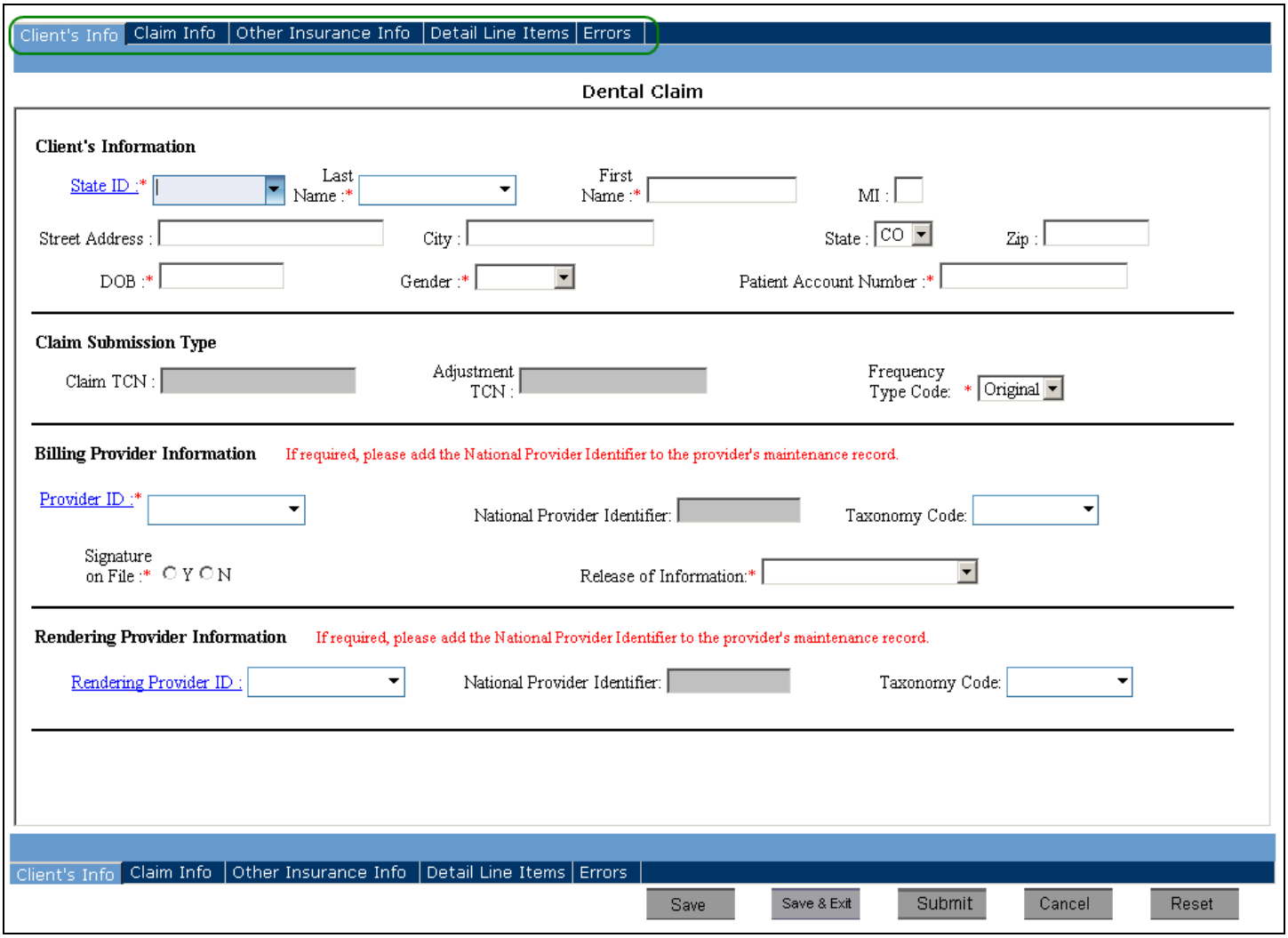

Figure 2 – The tabs involved in adding a new claim can be found at the top and bottom of each data entry screen.

Displayed at the bottom of each data entry screen are the following buttons:

Button	Button Action
Save	Use the **Save** button to save the entered claim information and remain on the page. The system does not perform any data validation edits with a **Save**. Only an entry in the **State ID** field is required to save a new claim.
Save & Exit	Use the **Save & Exit** button to save the entered information and exit the data entry screen. Only an entry in the **State ID** field is required to save a new claim.
Submit	Use the **Submit** button when you want to submit the claim for processing. The claim entry values are automatically saved and the claim entry information is checked for errors. If errors are found, the system will display the Errors tab where each error will be listed with an associated error message. All errors must be corrected before the claim will be accepted for further processing.
Cancel	The **Cancel** button will exit the page without submitting the claim. You will then be returned to the Dental Claim Lookup screen.
Reset	The **Reset** button will clear all of the fields on the current entry screen and will not submit the claim for processing. You will remain on the same screen.

The steps for adding a claim are as follows:

1. Gather the client information related to the services rendered.
2. Begin entering data in the Client's Information tab and complete all required information on each tab, entering data on each tab through to the Detail Line Info tab. Note that each field marked with a red asterisk is a required field.
3. Click on the **Save** button after entering information on each tab by scrolling down to the bottom of the data entry screen. Clicking on the **Save** button before going to another tab is not required but recommended.
4. Click on the **Submit** button after the required information has been entered on all of the tabs. The system will automatically save the current tab entries when the **Submit** button is selected.
5. When applicable, the Errors tab will appear and list all errors. Review the Errors tab, make the required changes, save the changes, and resubmit.

When a claim is submitted and is error free, a screen that says "***Processing Your Request, Please Wait...***" will appear, as shown below (Figure 3):

Figure 3 – Processing page shown when waiting for a system response.

When a claim is accepted, the user will receive one of several responses. A **To Be Paid** response will change to **Paid** once the claim is paid out. A **Claim Status** can also be **Rejected**, **Suspended**, **Denied** or **Error**. The following is an example of a **Rejected** claim response (Figure 4):

Rejected Dental Claim Submission Response

Date: Dec 28 2011 12:00PM

State ID	A000000
Patient Account Number	USERGUIDE123
Client Name	PRIMARY CLIENT
Billing Provider ID	12345678
From DOS - To DOS	10/08/2010-10/10/2011
Diagnosis Code	
POA Indicator	N
Total Charges	12,618.08

LI	Code	Description
1	0271	CLIENT INELIGIBLE ON DATE OF SERVICE
1	0275	MISSING OR INVALID MAJOR PROGRAM CODE

Print Back

Figure 4 – Rejected Claim Response.

After the **Submit** button has been clicked, all of the claim response screens displayed have the following buttons:

- **Add New Claim**: click this button to continue entering a new claim
- **Add New Adjustment**: click this button to enter a new adjustment claim
- **Print**: click this button to print a copy of the response
- **Back**: click this button to return to the current claim data entry tabs and when necessary, correct and resubmit the claim.

Back

Client's Information

The Client's Information tab contains four different sections (Figure 5):

1. Client's Information
2. Claim Submission Type
3. Billing Provider Information
4. Rendering Provider Information

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Errors

Dental Claim

Client's Information

State ID :* | Last Name :* | First Name :* | MI :

Street Address : | City : | State : CO | Zip :

DOB :* | Gender :* | Patient Account Number :*

Claim Submission Type

Claim TCN : | Adjustment TCN : | Frequency Type Code: * Original

Billing Provider Information If required, please add the National Provider Identifier to the provider's maintenance record.

Provider ID :* | National Provider Identifier: | Taxonomy Code:

Signature on File :* ○ Y ○ N | Release of Information:*

Rendering Provider Information If required, please add the National Provider Identifier to the provider's maintenance record.

Rendering Provider ID : | National Provider Identifier: | Taxonomy Code:

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Reset

Figure 5 – Client's Info tab.

The **State ID**, **Last Name**, **Billing Provider ID**, **Service Facility Provider ID**, and **Supervising Provider ID** have a search feature that will attempt to locate the associated record in the database as you begin to enter data characters. This means that as individual characters are entered, the field will provide a drop-down box with entries that closely match the characters entered. Also, when a client is selected, all necessary information related to the client is automatically populated from your Client Maintenance database.

If a client or provider does not exist in your Web Portal database, you will need to enter the required fields on the Client's Information tab. If you want to enter the client or provider information into your Web Portal database, while in the Client's Information tab, enter the **State ID** or **Provider ID** in the field and then click on the underlined field title. Each field title that is underlined is a link to the support file for that field. The Web Portal will open the corresponding database maintenance screens for the field clicked. Enter the appropriate information.

When a provider or client already exists in your Web Portal database the following message will be displayed: "***Record already exists in the database for this State ID (Provider ID).***" You will not be able to save changes to this existing record. Return to the **Main Menu** of the Web Portal and select the **Data Maintenance** option to make changes. When finished adding the client or provider data to your Web Portal database, click **Save** and you will return to the claim data entry field. In order to select this provider or client's information to populate the remaining relevant fields remove the last digit of the ID, retype the digit, and select the appropriate client or provider from the drop-down box.

Notes:

- The **Billing Provider NPI** must be stored in the provider record. The **Taxonomy Code** may be directly entered in the field drop-down box or selected from the drop-down box when populated. When the **Billing Provider ID** is selected and the **NPI** has already been stored in the provider record, it will display in the grayed-out field.
- For the **Servicing Facility** and **Supervising Provider ID NPI** fields, enter the number directly if known. If stored in the provider record, it will automatically display once the **Servicing Facility** or **Supervising Provider IDs** are selected.
- The Billing Provider and the Rendering Provider are required to be stored in your Web Portal Provider Maintenance database. This is because the transaction requires data that is not on the claim data entry screen. When you submit a claim and get the following error message it is because the provider you entered in the claim is not loaded as a billing provider in your Provider Maintenance database.

  2138-Billing Provider does not exist or Provider is not a billing Provider.

- The speed at which the claims data entry screens open are dependent on the number of clients, providers and codes stored in your Web Portal database. It is advantageous to delete clients, providers, and codes that are not associated to your provider practice. Refer to the ***Data Maintenance User Guide*** and the ***Code Set Maintenance User Guide*** for additional information.

Claim Submission Type:

- The **Claim TCN** and **Adjustment TCN** fields will remain grayed out until the system determines that the data in the fields is needed. When this occurs, the fields will be enabled for data entry.

To enter Billing and Rendering Provider Information:

- Enter the **Provider ID** by either keying the number or keying the first few digits and selecting the provider from the drop-down list, using the scroll bar if necessary. If the **NPI** has been stored in the Provider Maintenance database, it will automatically fill in. Alternatively, enter the **NPI** for the **Provider ID** by directly keying the number into the field.

Note: If the provider is required to have a **Taxonomy Code** entered on the claim, it is the responsibility of the user to enter that information, or the claim may be denied appropriately by the MMIS.

Back

Claim Information

The Claim Info tab (Figure 6) collects accident information and additional claim data.

The **Claim Notes/LBOD** field is available for adding an extra notation on a claim and/or to provide the **Late Bill Override Date** (**LBOD**). A **Note Reference Code** must be selected when notes are entered. A **Delay Reason Code** is required to process a **LBOD**.

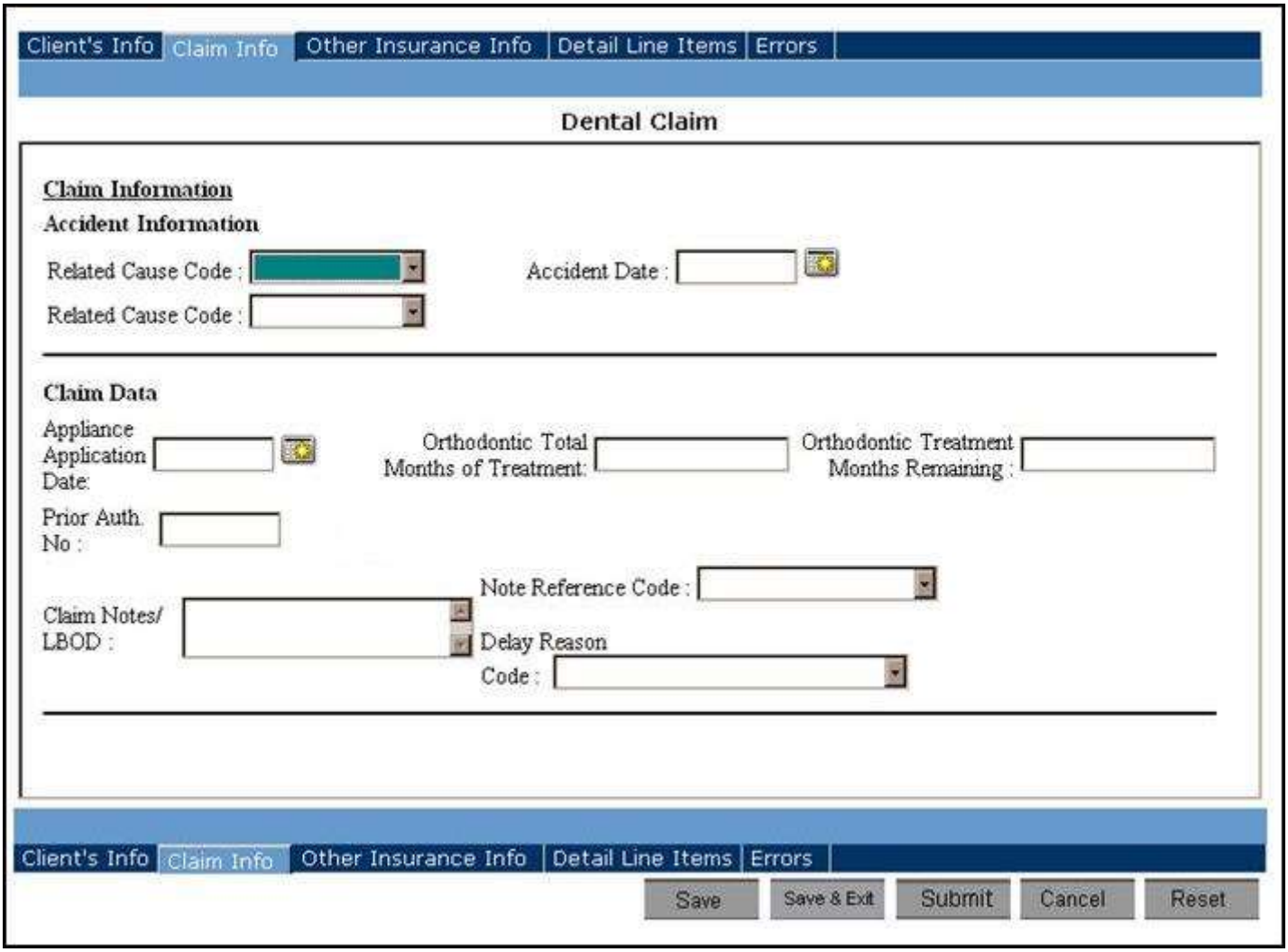

Figure 6 – Claim Info tab.

Back

Other Insurance Information

The Other Insurance Info tab (Figure 7) collects information on the other insurance under which the client may have coverage. The **Other Insurance Coverage** field is defaulted to **None**, and no other fields on the tab will be required if this is selected. When third party insurance applies, select the **Third Party Liability** (**TPL**) option available in the drop-down box. If TPL is selected, the sections **Insured's Information** and **Insurance Information** are required to be completed.

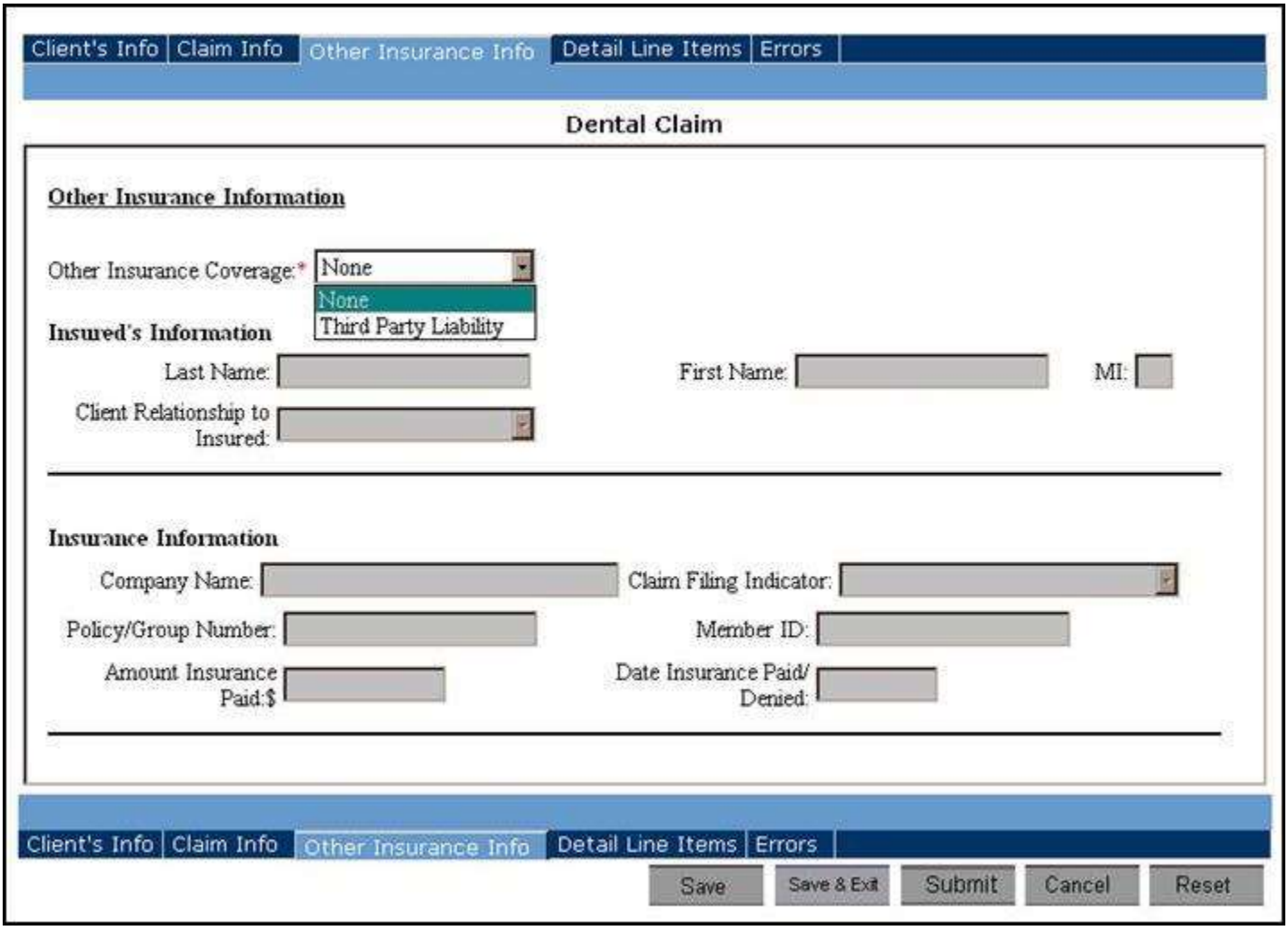

Figure 7 – Other Insurance Info tab.

Back

Detail Line Items

The Detail Line Items tab (Figure 8) collects information on the services provided to the client. The **Total Charge** field must equal the sum of all of the charge amounts pertaining to this claim. If the sum of all the charges does not equal the **Total Charge** that is entered, an error will occur after the **Submit** button is selected.

Terms and Conditions in the Detail Line Items tab must be accepted to complete the submission of a claim. Click the **Terms and Conditions** link to view the claim disclosure agreement. If the checkbox associated with the **Terms and Conditions** is not checked an error will occur after the **Submit** button is selected.

Functions available to manage detail line items are as follows:

Add a Detail Line Item:

1. Enter the information for the service rendered in the field entry boxes.
2. Click on the **Add Line Item** button to save the service.
3. Verify the entry in the detail summary grid at the bottom of the page.

Edit/Update a Detail Line Item:

1. Highlight the service by clicking on the row in the detail summary grid located at the bottom of the screen. The contents of the line will appear in the data entry area at the top of the page.
2. Make the necessary changes to the service in the applicable field entry boxes.
3. Click on **Update Line Item** to save the changed service.

Note: If the **Procedure Code** field is changed, the **Rate** attached to the new **Procedure Code** from your Procedure Code Maintenance database will be reflected in the **Charge Amount** field.

Copy a Detail Line Item:

1. Highlight the service by clicking on the row in the detail summary grid located at the bottom of the page. This will display the line item contents in the pertinent field entry boxes.
2. Make any necessary changes to the service in the applicable field entry boxes.
3. Click on **Add Line Item** to save the new service.

Delete a Detail Line Item:

1. Highlight the service by clicking on the row in the detail summary grid located at the bottom of the page.
2. Click on the **Delete Line Item** button to delete the service. Note: The system will not provide a delete confirmation box prior to deleting a service; therefore, verify that the highlighted service is the correct service to be deleted prior to clicking on the **Delete Line Item** button.

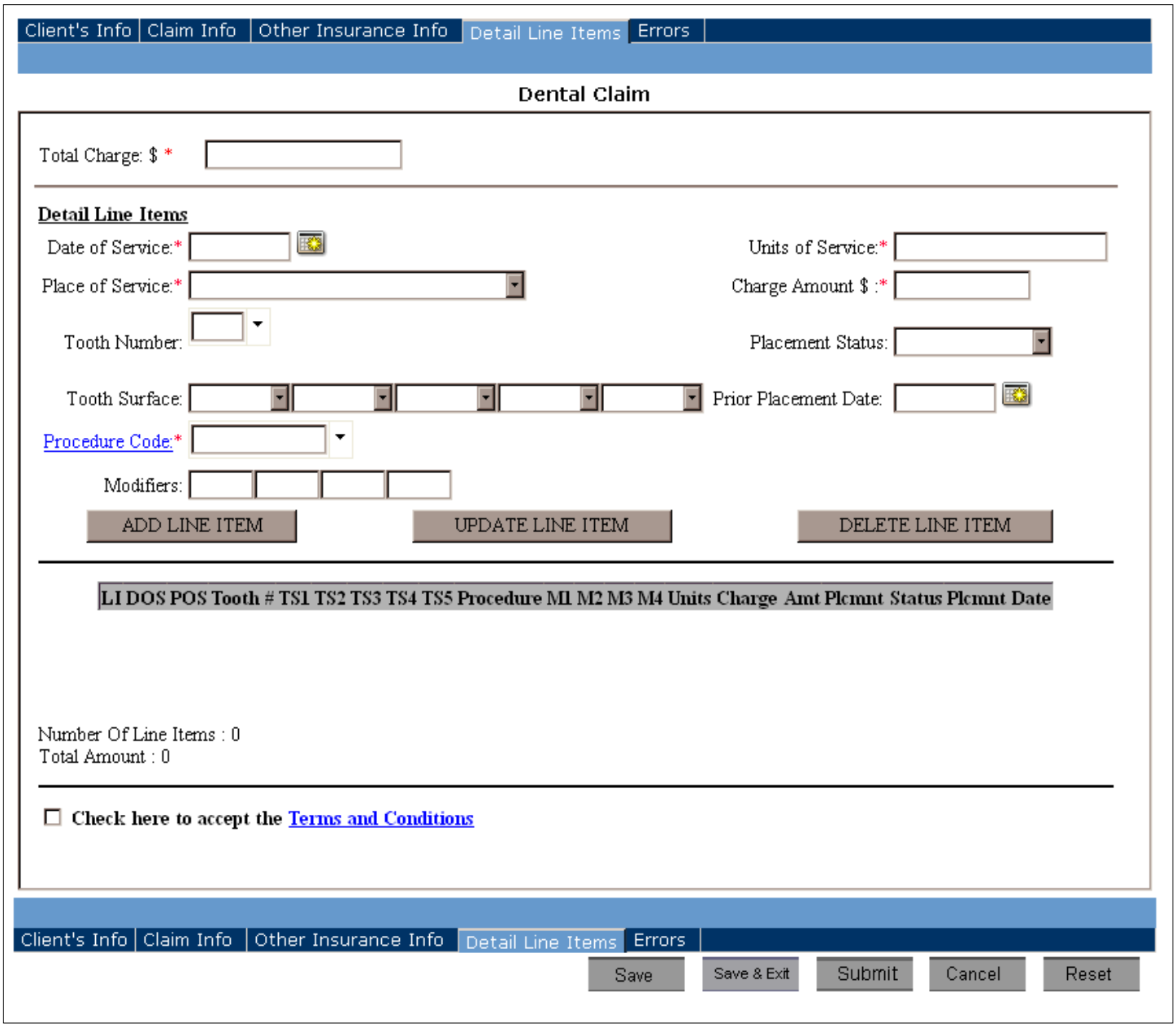

Figure 8 – Detail Line Items tab.

The underlined field tag for **Procedure Code** is a link to the Data Maintenance information for that field. The Web Portal will open the corresponding database maintenance screen for the field. Enter the appropriate code and click the underlined field tag. Enter the appropriate information in the Data Maintenance entry screen, and click **Save** to have the information saved to your Trading Partner's Data Maintenance database and then be returned to this screen.

When a code already exists in your Trading Partner's Procedure Code Set Maintenance database, the following message will be displayed: "***Record already exists in the database for this Procedure Code.***" You will not be able to save changes to this existing record. Return to the Main Menu of the Web Portal and select the Data Maintenance option to make changes. When finished adding the code data to your Web Portal database, click **Save**, and you will return to the claim data entry field. In order to select this code, remove the last digit of the code, retype the digit, and select the appropriate code from the drop-down box.

Back

Errors

The Errors tab displays all errors that occurred when the **Submit** button was selected. Errors related to the data entered for the claim will appear under the title of Data Validation Errors (Figure 9).

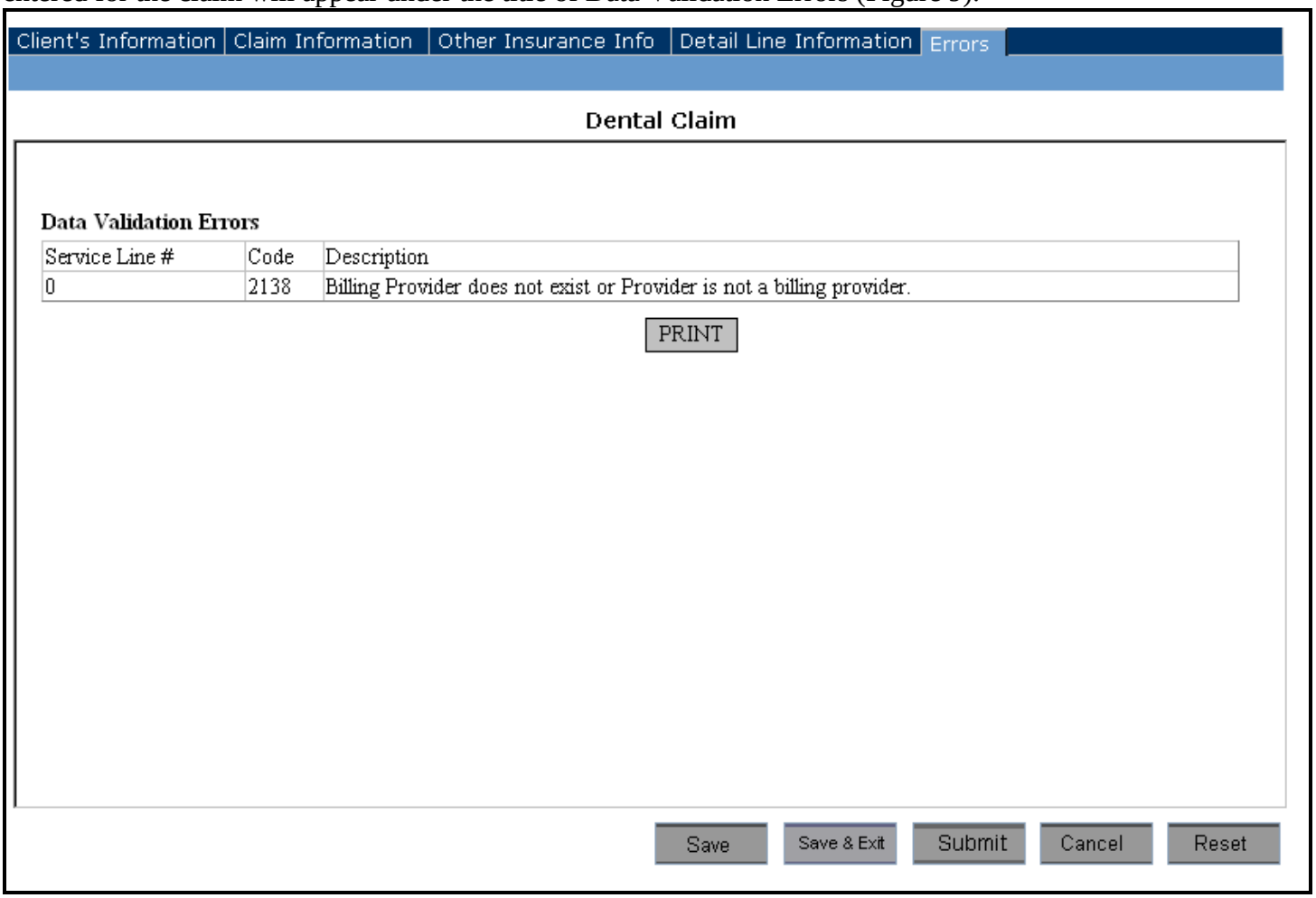

Figure 9 – The Errors tab with Data Validation Errors example.

All **Data Validation Errors** must be corrected before the claim will be accepted for further processing. The **Data Validation Errors** display consists of the following three columns:

- **Service Line #:** A **Service Line #** of **0** indicates that the error exists on a tab other than Detail Line Items. If the error is related to a detail line item, the **Service Line #** will be a linked field (underlined) whereby clicking on it will take you to the tab that contains the error.
- **Code:** This field displays the error code that will assist the Help Desk if you call with questions.
- **Description:** This field displays a short description of the nature of the error.

Errors related to system problems will appear under the title of **System Errors** (Figure 10). **System Errors** relate to problems encountered by the Web Portal. If you encounter **System Errors**, resubmit the claim. If the **System Errors** occur again, contact the Help Desk for further assistance. **System Errors** require no data entry changes; the details displayed are for informational use only.

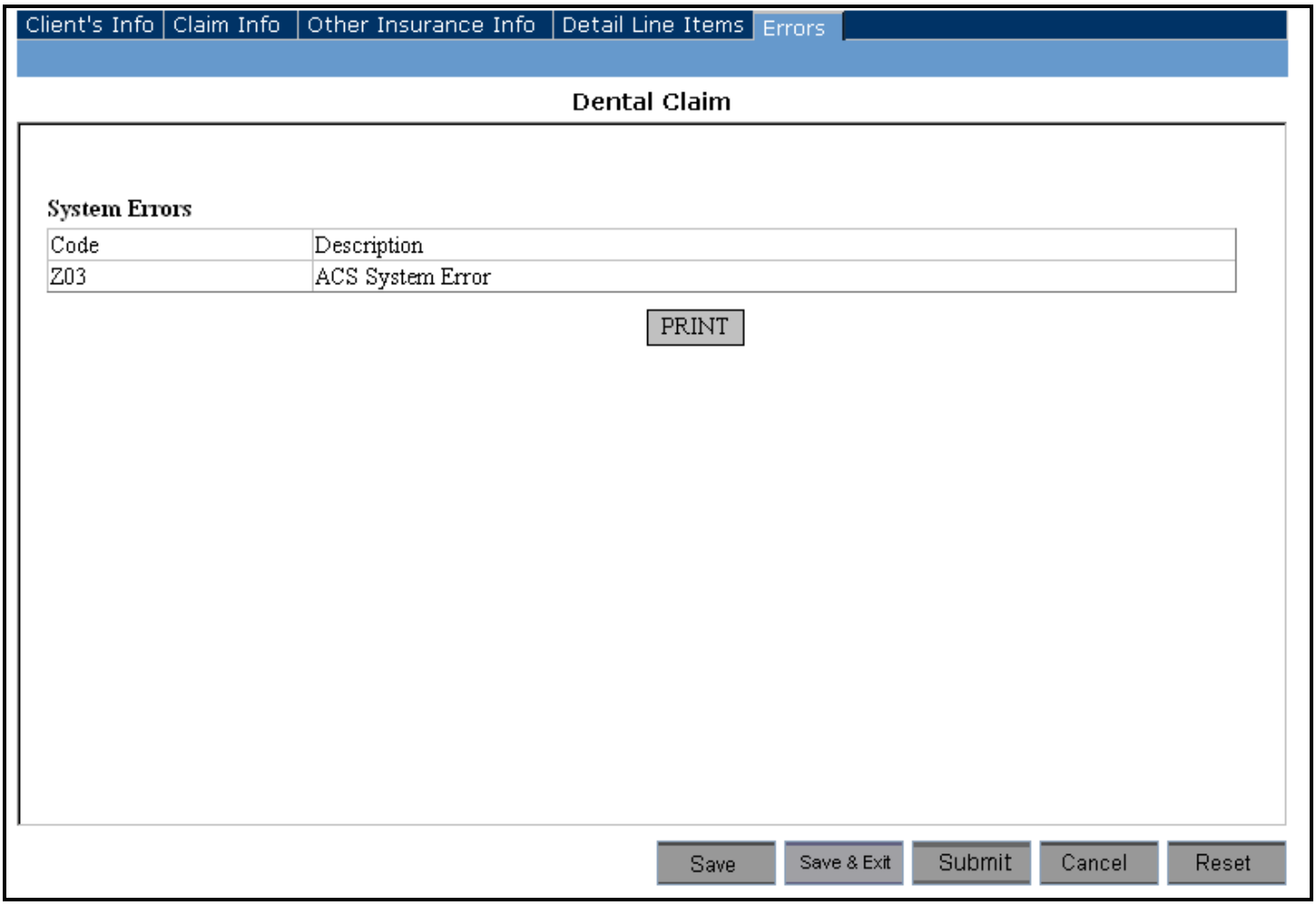

Figure 10 – The Errors tab with System Errors example.

The Errors tab can be printed by clicking on the **Print** button, selecting the printer from the printer dialog box, and clicking on **Print**.

Back

Edit a Claim

Only claims with a **Status** of **Rejected**, **Errors**, or **Saved** can be edited.

When a user edits a claim, it is recommended to save the claim while working on it by selecting the **Save** button. Once all changes are made, the claim can be submitted by selecting the **Submit** button. A user should only **Save/Exit** if not yet ready to submit the claim. Please note that once you submit the claim, the claim is automatically saved.

To edit a claim:

1. Search for the claim in the Search Criteria section of the Dental Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Edit** button.
4. The Portal will open up the claim.
5. Make all of the necessary edits on each tab.
6. Save the edited claim by clicking on either the **Save** button (which will keep you on the same screen) or the **Save & Exit** button (which will take you to the Dental Claim Lookup screen).
7. Click on the **Submit** button to submit the claim to the MMIS. The claim will be checked for errors. If errors are encountered, the Errors tab will appear. All errors must be corrected before the claim will be accepted for further processing.

Copy a Claim

All claims can be copied and original claim values will be copied to the new claim, with exception of the **Transaction Control Number** (**TCN**). You can copy a claim, make your change to the copied version, and then resubmit for processing. For instance, any change to the client information and/or date of service allows for a new claim.

To copy a claim:

1. Search for the claim in the **Search Criteria** section of the Dental Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Copy** button.
4. The Portal will open up the claim. All of the original claim values will be copied to the new claim with the exception of the **Transaction Control Number** (**TCN**).
5. The copied claim may be saved or submitted at any time.
6. To return to the Dental Claim Lookup screen, click on the **Save & Exit** button.

Back

Delete a Claim

To delete a claim:

1. Search for the claim in the **Search Criteria** section of the Dental Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Delete** button.
4. A delete confirmation box will appear. Verify that the highlighted claim is the correct claim to be deleted, and then click **OK**.

Note: If the claim was submitted to the MMIS and returned with a **Status** of **Denied**, **Suspended**, or **Paid**, the claim will only be deleted from your Web Portal database. The MMIS will not be affected.

View or Print a Claim

To view or print a claim:

1. Search for the claim in the **Search Criteria** section of the Dental Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **View/Print** button to open up a new page with the formatted claim display (Figure 11).

Dental Claim

Claim Submission Status: Paid **Submission Date:** 01/13/2012 **Submission Time:** 14:09:21

Client's Information

State ID: A000000 **DOB:** 00/00/0000 **Gender:** Male
Last Name: CLIENT **First Name:** PRIMARY **MI:**
Street Address: 1570 GRANT STREET **City:** DENVER **State:** CO
Patient Account Number: USERGUIDE123 **Zip:** 80203

Claim Submission Type

Claim TCN: 30000000000000000 **Adjustment TCN:** 30000000000000001 **Frequency Type Code:** Void

Billing Provider Information

Provider ID: 12345678 **National Provider Identifier:** 1234567890 **Taxonomy Code:**

Signature On File: Y **Release Of Information:** Y

Rendering Provider Information

Rendering Provider ID: **National Provider Identifier:** **Taxonomy code:**

Accident Information

Related Cause Code: **Accident Date:**
Related Cause Code:

Claim Data

Delay Reason Code: **Total Charge:** 199.99 **Appliance Application Date:** 10/01/2011
Note Reference Code: **Orthodontic Total Months of Treatment:**
Prior Authorization No: **Orthodontic Treatment Months Remaining:**
Claim Notes/LBOD:

Insured's Information

Other Insurance Coverage: None
Last Name: **First Name:** **MI:**
Relationship to Client:

Insurance Information

Company Name: **Policy/Group Number:** **Member ID:**
Amount Ins Paid: **Date Insurance Paid/Denied:** **Claim Filing Indicator:**
Condition Code: **Client Amount Paid:**

Detail Line Items

LI	DOS	POS	Tooth No	TS1	TS2	TS3	TS4	TS5
1	10/31/2011	11	6	D				

LI	Proc Code	M1	M2	M3	M4	Units	Charge Amt	Plcmnt Status	Plcmnt Date
1	D2140					1	199.99		

Print Back

Figure 11 – View/Print claim preview example.

4. Click on the **Print** button, select the printer from the printer dialog box, and click on **Print**.
5. Click on the **Back** button to return to the Dental Claim Lookup screen.

Back

Search for a Claim

To search for a claim:

1. From the **Search Criteria** section of the Dental Claim Lookup screen, select the element by which to conduct the search. The searchable fields are available from two drop-down boxes; one drop-down box allows for conducting a search using the **Date of Service** or the **Entry Date** and the other drop-down box provides for searching using more specific data related to the columns on the screen (Figure 12).

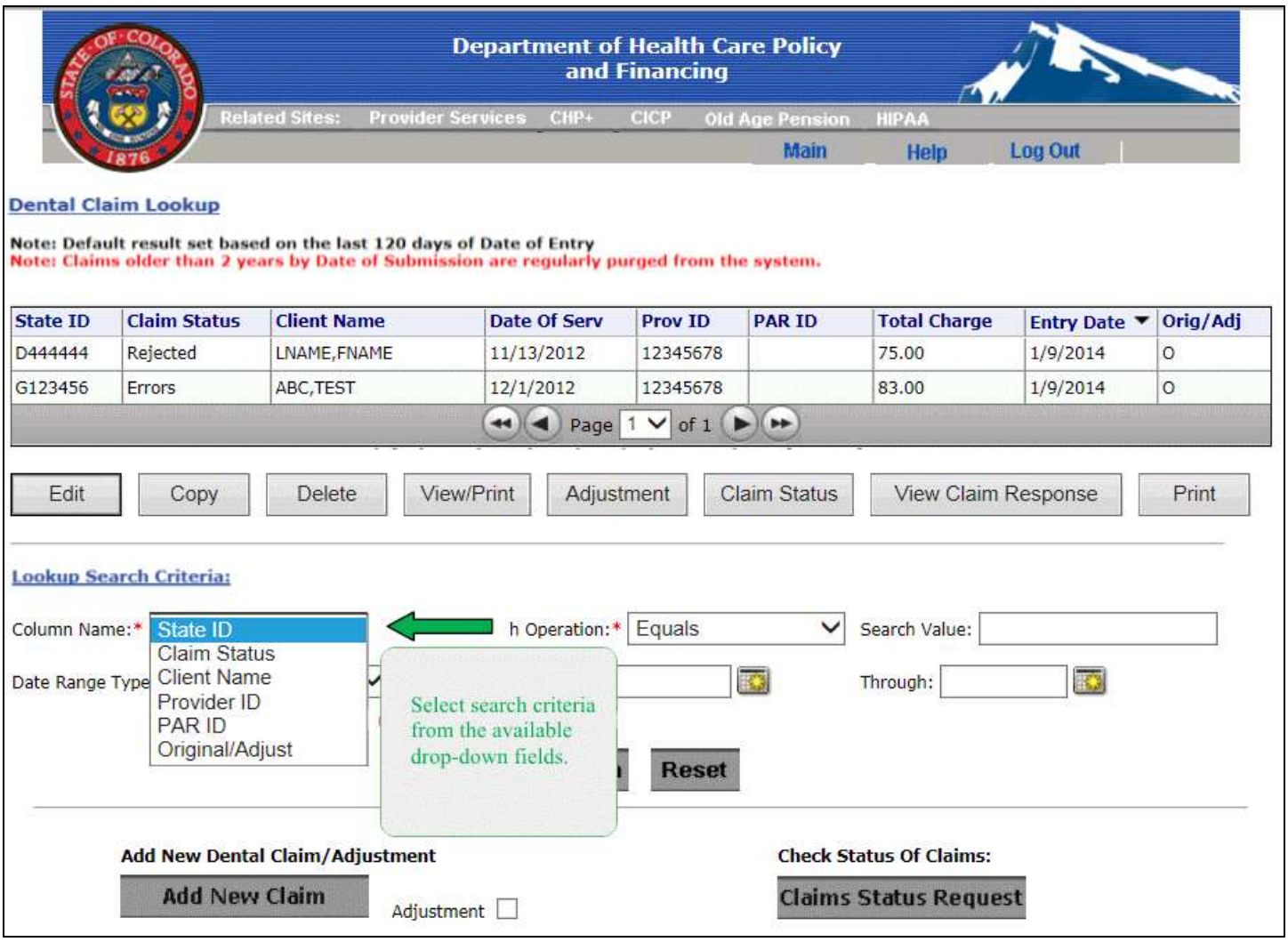

Figure 12 – Searchable fields example.

2. The box below the **From** date entry box provides for using **Equal**, **Begins With**, or **Contains** (Figure 13) as search parameters to search for a claim. Select the parameter from the drop-down box and then enter the value by which to search in the entry box to the right.

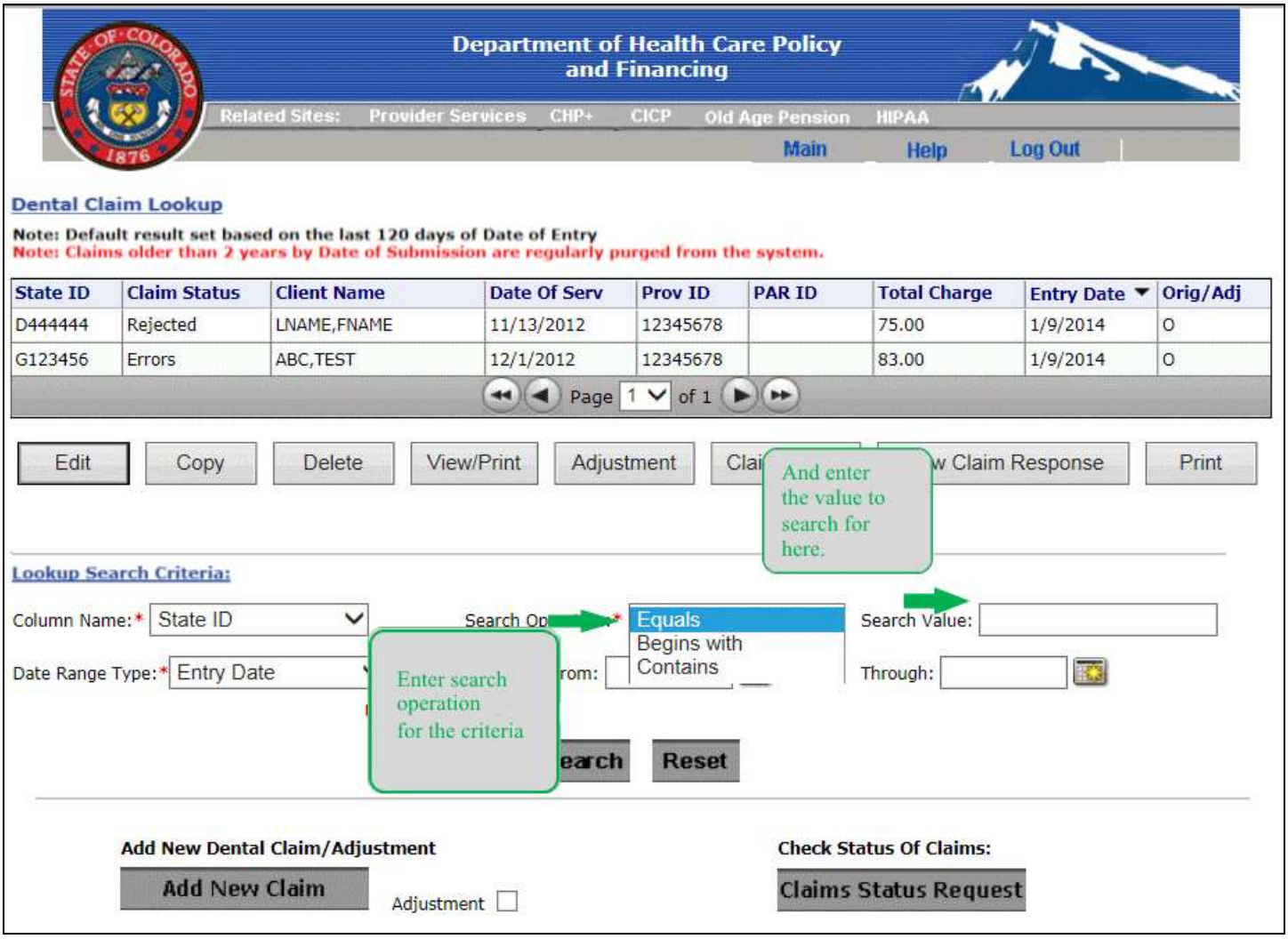

Figure 13 – Search parameters and search value fields.

3. If searching using dates (Figure 14), enter the date range using the **From** and **Through** date entry boxes by entering specific dates or select a date from the calendar button located to the right of the date entry boxes. **Note:** The date in the **Entry Date** column will reflect the date the claim was first entered. This date will not change, regardless if it takes a few days to correct any errors in order for the Web Portal to accept the claim.

Figure 14 – Searchable date fields.

4. When the criteria have been entered, initiate the search by clicking on the **Search** button. The results will display in the Claims List Grid.
5. Use the Claims List Grid paging functions (arrow buttons at the bottom of the grid and page drop-down) to navigate through the claims should more than one meet the search criteria.
6. After a successful search (when the data is populated in the grid) a pop-up box with message – "The Grid has been updated with the search results" will be displayed.
7. If the search is unsuccessful, a pop-up box the message – "There was no data that matched the search criteria entered" will be displayed.
8. When a user clicks the **Reset** button, a pop-up box with message – "The Grid has been reset" will be displayed.

Back

Create an Adjustment

The Web Portal allows users to submit adjustments to an original claim. Only claims with a **Status** of **To Be Paid** or **Paid** can be adjusted.

To submit an adjustment for claim that was submitted from your Web Portal database:

1. Search for the claim in the **Search Criteria** section of the Dental Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Adjustment** button. The data entry tabs will be automatically populated with information from the selected claim.
4. On the Client Information tab, select either **Replacement** or **Void** claim from the **Frequency Type Code** drop-down box and enter appropriate changes to the claim.
5. Save the claim by clicking on the **Save** button.
6. Click on the **Submit** button to send the claim to the MMIS. Adjustments accepted by the MMIS will be returned with a **TCN** in the claim response. If a submitted adjustment is rejected, error codes will be returned. Once these error codes have been corrected the adjustment can be resubmitted. Click the **Back** button on the claim response to return to the Dental Claim Lookup screen.

To submit an adjustment for a claim that does not exist in your Web Portal database:

1. Click on the **Adjustment** check box next to the **Add New Claim** button at the bottom of the Dental Claim Lookup screen.
2. Click on the **Add New Claim** button.
3. Enter the claim information on each of the five tabs.
4. Enter the original claim **Transaction Control Number** (**TCN**) on the Client's Information tab.
5. Select either **Void** or **Replacement** from the **Frequency Type Code** field drop-down box.
6. Click on the **Save** button to save the claim. The claim will now be saved to your Web Portal claims database.
7. Click on the **Submit** button to send the claim to the MMIS. Adjustments accepted by the MMIS will be returned with a **TCN** in the claim response. If a submitted adjustment is rejected, error codes will be returned. Once these error codes have been corrected the adjustment can be resubmitted. Click the **Back** button on the claim response to return to the Dental Claim Lookup screen.

Claim Status

There are two ways to obtain a **Claim Status** on a claim:

1. If the claim is already in your Web Portal database, simply search for the claim, highlight it, and click on the **Claim Status** button located directly beneath the Claims List Grid. The **Claim Status** button cannot be used on claims with a **Status** of **Saved** or **Error**. A Claim Status Response screen will appear with the updated **Status**. The system will automatically update the **Claim Status** field to reflect the response received from the MMIS. The updated **Status** will now appear in the Claims List Grid on the Dental Claim Lookup screen.
2. If the claim is not in your Web Portal database, click on the **Claims Status Request** button at the bottom of the screen to open the Claims Status Request screen. Enter the required information and click on the **Submit** button. A Claims Status Response screen will appear with the updated **Status** (see also: ***Claim Status Inquiry User Guide***)).

Back

View Claim Response

During the claim submission process, if the Web Portal claim validation process does not encounter any entry errors, the claim will be accepted by the MMIS for processing. If the MMIS does not encounter any technical processing issues, the MMIS will pre-adjudicate the claim, perform its own validation process for errors and will generate a claim submission response. Once the Web Portal receives this response, the Web Portal will update your claim database with the **Claim Status** and display the submission response to you. Claims accepted by the MMIS will receive a **Transaction Control Number** (**TCN**) in the claim response. Rejected claims will not receive a **TCN** and will be returned with error codes. Once these errors are corrected the claim can be resubmitted. The **View Claim Response** button will not be available with a **Status** of **Saved** or **Error**.

To view the submission response for a particular claim:

1. Search for the claim in the **Search Criteria** section of the Dental Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **View Claim Response** button.
4. If available, the system will display the response in a new screen. You may print the response by clicking on the **Print** button or select the **Back** button to return to the Dental Claim Lookup screen.

The following is an example of a claim submission response that shows a claim was accepted by the MMIS:

To Be Paid Dental Claim Submission Response

Date: Jan 3 2012 1:36PM

TCN	30000000000000000
State ID	A000000
Patient Account Number	USERGUIDE123
Client Name	PRIMARY CLIENT
Billing Provider ID	12345678
National Provider Identifier	1234567890
From DOS - To DOS	07/15/2011-07/19/2011
Diagnosis Code	753.3
POA Indicator	Y
Total Charges	5,147.00

Print Back

Figure 15 – Example of an Accepted Claim Response.

The following is an example of a claim submission response that shows a claim was rejected by the MMIS:

Rejected Dental Claim Submission Response

Date: Dec 28 2011 12:00PM

State ID	A000000
Patient Account Number	USERGUIDE123
Client Name	PRIMARY CLIENT
Billing Provider ID	12345678
From DOS - To DOS	10/08/2010-10/10/2011
Diagnosis Code	
POA Indicator	N
Total Charges	12,618.08

LI	Code	Description
1	0271	CLIENT INELIGIBLE ON DATE OF SERVICE
1	0275	MISSING OR INVALID MAJOR PROGRAM CODE

Print Back

Figure 16 – Example of a Rejected Claim Response.

To locate the error code description for one that appears in the Rejected Claim Response as **Unknown**:

- Click on the **Back** button on the Rejected Dental Claim Submission Response screen
- At the top of the screen above the Web Portal menu bar, click on **Provider Services** located next to the title **Related Sites**. A new window will open.
- Click on **Billing Manuals**.
- Scroll down the screen and click on the **Appendices** link.
- Use the scroll bar to locate ***Appendix R*** which will display the most current list of error codes.
- Click on the ☒ to close the window.

Back