

Colorado Medical Assistance Program Web Portal

Institutional Claims User Guide

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

The sections of the Institutional 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
 - Diag/Occur/Val/Condition Code
 - Procedure Code Info
 - Other Insurance Information
 - Detail Line Info
 - Errors
- [Claims Status Request](#)



**Department of Health Care Policy
and Financing**



Related Sites: [Provider Services](#) [CHP+](#) [CICP](#) [Old Age Pension](#) [HIPAA](#)

[Main](#) [Help](#) [Log Out](#)

Institutional Claim Lookup

Note: Default result set based on the last 120 days of Date of Entry
Note: Claims older than 2 years by Date of Submission are regularly purged from the system.

State ID	Claim Status	Client Name	ThruDOS	Prov ID	PAR ID	Total Charge	Entry Date ▼	Orig/Adj
A111111	Errors	LASTNAME,FIRSTNAME	9/30/2013	12345678		75.00	2/28/2014	0
C999999	Saved	CLIENT,TEST				300.00	2/26/2014	0
C999999	Rejected	CLIENT,TEST				200.00	1/9/2014	0
A111111	Errors	LASTNAME,FIRSTNAME				75.00	1/8/2014	0
C999999	Saved	CLIENT,TEST	3/11/2014	12345678		252.85	12/3/2013	0

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Lookup Search Criteria: Search Area

Column Name: * Search Operation: * Search Value:

Date Range Type: * From: Through:

Add New Institutional Claim/Adjustment

 Adjustment

Check Status Of Claims:

Figure 1 – The Institutional Claim Lookup screen displays multiple buttons to allow the user to complete different functions related to claims

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 **Entry Date** is more than 120 days from the current date
- The **Date of Service** is blank
- If a prior search is still active, 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 **Entry Date** is more than 120 days from the current date.

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Add New Claim

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

Tab Name	Tab Description
Client's Info:	Collects general information related to the client and the provider(s).
Claim Info:	Collects accident information and additional claim data.
Other Insurance Info:	Collects information related to other insurance coverage the client may have.
Diag/Occur/Val/Condition Codes:	Collects diagnoses, occurrence codes, value codes, and condition codes.
Procedure Codes:	Collects procedure code information.
Detail Line Items:	Collects the service line level information related to the services rendered to the client.

A seventh tab: [Errors](#) displays errors resulting from the Web Portal data entry validation process that occurs prior to sending the claim to the 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.

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Client's Information

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

Street Address: City: State: CO Zip:

DOB: * Gender: * Patient Account Number: *

Claim Submission Type

Claim TCN: Adjustment TCN:

Facility Type Code: * Frequency Type Code: *

Billing Provider Information *If known, 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: *

Other Provider Information *If known, please provide the National Provider Identifier.*

Provider ID: National Provider Identifier:

Type: Individual

Last Name: First Name:

Role: Attending Operating Other

ProviderID	National Provider ID	Taxonomy Code	Name	Role

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Figure 2 – The tabs involved in adding a new claim can be found at the top 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 screen. 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 screen without submitting the claim. You will then be returned to the Institutional 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 “*Processing Your Request, Please Wait...*” screen will appear as shown below (Figure 3):



Figure 3 – Processing screen shown when waiting for a system response

A claim response will either be **Accepted**, **Rejected**, or **Suspended**. The following is an example of a **Rejected** claim response (Figure 4):

Rejected Institutional Claim Submission Response

Date: 02-01-2006 08:45

State ID [REDACTED]
Patient Account Number [REDACTED]
Client Name [REDACTED]
National Provider Identifier 9999999999
From DOS - To DOS 11/29/2004 - 12/31/2004
Diagnosis Code 780
Total Charges 5,133.27

LI	Code	Description
	1786	SVCS OVER 1 YEAR OLD MUST BE SUBMITTED ON PAPER

Add New Claim **Add New Adjustment** **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 to correct and resubmit the claim.

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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. Other Provider Information

Client's Info	Claim Info	Other Insurance Info	Diag/Occur/Val/Condition Codes	Procedure Codes	Detail Line Items	Errors										
Institutional Claim																
Client's Information																
State ID :*		<input type="text"/>	Search													
Last Name :*		<input type="text"/>	Search		First Name :*											
		<input type="text"/>			MI : <input type="checkbox"/>											
Street Address :		<input type="text"/>		City :	<input type="text"/>	State : <input type="text" value="CO"/> Zip : <input type="text"/>										
DOB :*		<input type="text"/>	Gender :*		<input type="text"/>	Patient Account Number :*										
		<input type="text"/>			<input type="text"/>											
Claim Submission Type																
Claim TCN :			<input type="text"/>													
Adjustment TCN :			<input type="text"/>													
Facility Type Code :*			<input type="text"/>		Frequency Type Code :*											
			<input type="text"/>		<input type="text"/>											
Billing Provider Information If required, please add the National Provider Identifier to the provider's maintenance record.																
Provider ID :*		<input type="text"/>	National Provider Identifier :		<input type="text"/>											
		<input type="text"/>			Taxonomy Code : <input type="text"/>											
Signature on File :*		<input type="radio"/> Y <input type="radio"/> N		Release of Information :*		<input type="text"/>										
						<input type="text"/>										
Other Provider Information If required, please provide the National Provider Identifier.																
Provider ID :		<input type="text"/>														
		National Provider Identifier : <input type="text"/>														
Type : <input type="text" value="Individual"/>		Last Name :		First Name :												
		<input type="text"/>		<input type="text"/>												
Role :		<input type="checkbox"/> Attending <input type="checkbox"/> Operating <input type="checkbox"/> Other <input type="checkbox"/>														
		<input type="button" value="ADD"/> <input type="button" value="DELETE"/>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ProviderID</th> <th style="text-align: left;">National Provider ID</th> <th style="text-align: left;">Taxonomy Code</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Role</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>							ProviderID	National Provider ID	Taxonomy Code	Name	Role					
ProviderID	National Provider ID	Taxonomy Code	Name	Role												
<table style="width: 100%; text-align: center;"> <tr> <td><input type="button" value="Save"/></td> <td><input type="button" value="Save & Exit"/></td> <td><input type="button" value="Submit"/></td> <td><input type="button" value="Cancel"/></td> <td><input type="button" value="Reset"/></td> </tr> </table>							<input type="button" value="Save"/>	<input type="button" value="Save & Exit"/>	<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>	<input type="button" value="Reset"/>					
<input type="button" value="Save"/>	<input type="button" value="Save & Exit"/>	<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>	<input type="button" value="Reset"/>												

Figure 5 – Client's Info tab

The **State ID**, **Last Name**, **Billing Provider ID**, and **Other 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 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 on the Client's Information tab, enter the **State ID** or **Provider ID** in the appropriate 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.

Note:

- 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 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 claim 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.

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 not appear grayed out.
- The **Facility Type Code** and **Frequency Type Code**, when combined, represent the **Type of Bill** for the claim.

Other Provider Information:

When entering an **Attending Provider**, then either the **Provider ID** or the **NPI** may be used and all other fields with the exception of the **Taxonomy Code** are required. When entering any other provider in the **Other Provider** section, enter either the **Provider ID** or the **NPI**.

To enter an **Other Provider**:

- Enter the **Provider ID** by either keying the number or keying the first few digits and selecting the provider from the drop-down list by clicking on it, using the scroll bar if necessary. If the **NPI** has been stored in the provider database, it will automatically fill in. Alternatively, enter the **NPI** for the **Provider ID** by directly keying the number in the entry box.
- The **Type** and **Name** fields for the provider will automatically fill in their respective positions provided the Web Portal provider database is complete for that provider. Change the field data as needed.
- Check the relevant box to indicate the provider **Type**. Only one box may be selected at a time.
- Click on the **Add** button to save the provider to the display grid.

To delete a provider from the **Other Provider** display grid:

- Click on the row containing the provider to highlight the row.
- Click on the **Delete** button.

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**. The **Note Reference Code** must be selected when notes are entered. The **Delay Reason Code** field is required to process a **Late Bill Override Date**.

The screenshot shows the 'Institutional Claim' form with the 'Claim Information' tab selected. The form contains the following fields and controls:

- Claim Data:**
 - Admit Date: [Text Box] [Calendar Icon]
 - Admit Hour: [Dropdown]
 - Admission Type Code: [Dropdown]
 - Admission Source Code: [Dropdown]
 - Discharge Hour: [Dropdown]
 - Patient Status: [Text Box]
 - Covered Days: [Text Box]
 - Non-Covered Days: [Text Box]
- Statement:**
 - From Date: [Text Box] [Calendar Icon]
 - Thru Date: [Text Box] [Calendar Icon]
- Additional Fields:**
 - Claim Notes/LBOD: [Text Area]
 - Note Reference Code: [Dropdown]
 - Delay Reason Code: [Dropdown]
 - Client Amount Paid: [Text Box]

At the bottom of the form are five buttons: Save, Save & Exit, Submit, Cancel, and Reset.

Figure 6 – Claim Info tab

Other Insurance Information

The Other Insurance Info tab (Figure 7) collects information on the other insurance(s) under which the client may have coverage. A selection must be made from the five choices available in the drop-down box next to **Other Insurance Coverage**. The five choices are:

- | | |
|-----------------------------|--|
| None | Select this if no other coverage exists for the client. No other field will be required. |
| Medicare Only | If this is selected, the section Medicare Information is required. |
| One TPL | This is used for identifying one Third Party Liability payer. If this is selected, one Insurance Information section will be enabled. |
| Two TPL's | This is used for identifying two Third Party Liability payers. If this is selected, both Insurance Information sections will be enabled. |
| Medicare and One TPL | This is used for identifying one Third Party and Medicare as payers. If this is selected, one Insurance Information section and the Medicare Information section are required. |

Client's Info	Claim Info	Other Insurance Info	Diag/Occur/Val/Condition Codes	Procedure Codes	Detail Line Items	Errors
Institutional Claim						
<u>Other Insurance Information</u>						
Other Insurance Coverage: *None <input type="button" value="v"/>						
<hr/>						
Insurance Information						
Company Name:	<input type="text"/>	Policy or Group Number:	<input type="text"/>			
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>	
DOB:	<input type="text"/>	Gender:	<input type="button" value="v"/>	Member ID:	<input type="text"/>	
Client Relationship to Insured:	<input type="button" value="v"/>	Claim Filing Indicator:	<input type="button" value="v"/>			
Amount Insurance Paid: \$	<input type="text"/>	Estimated Amount Due: \$	<input type="text"/>	Date Insurance Paid/ Denied:	<input type="text"/>	
<hr/>						
Insurance Information						
Company Name:	<input type="text"/>	Policy or Group Number:	<input type="text"/>			
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>	
DOB:	<input type="text"/>	Gender:	<input type="button" value="v"/>	Member ID:	<input type="text"/>	
Client Relationship to Insured:	<input type="button" value="v"/>	Claim Filing Indicator:	<input type="button" value="v"/>			
Amount Insurance Paid: \$	<input type="text"/>	Estimated Amount Due: \$	<input type="text"/>	Date Insurance Paid/ Denied:	<input type="text"/>	
<hr/>						
Medicare Information						
Medicare ID:	<input type="text"/>	Paid/ Denied Date:	<input type="text"/>	Allowed Amount: \$	<input type="text"/>	Amount Paid: \$ <input type="text"/>
Coinsurance: \$	<input type="text"/>	Deductible: \$	<input type="text"/>			
<hr/>						
<input type="button" value="Save"/> <input type="button" value="Save & Exit"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="button" value="Reset"/>						

Figure 7 – Other Insurance Info tab

Diag/Occur/Val/Condition Code

The Diag/Occur/Val/Condition Code tab (Figure 8) collects information regarding diagnoses, occurrence codes and dates, value codes and condition codes. The **Diagnosis Code** field is required.

Client's Info | **Claim Info** | **Other Insurance Info** | **Diag/Occur/Val/Condition Codes** | **Procedure Codes** | **Detail Line Items** | **Errors**

Institutional Claim

Diagnosis Codes:
The Present on Admission (POA) Indicator is required for Inpatient claims to indicate whether the condition was present at the time the client was admitted to the facility, unless the diagnosis code is exempt from POA reporting requirements.

Diagnosis* Present on Admission indicator Admitting Principal External Cause of Injury Codes

ADD DELETE

Diagnosis Code POA Indicator Type

Patient Reason for Visit Codes:

Patient Reason for Visit Patient Reason for Visit

ADD DELETE

Occurrence Codes:

Occurrence Code: Date:

Span Code:

From Date: To Date:

ADD DELETE ADD DELETE

Occurrence Code Date Occurrence Span Code From Date Through Date

Value Codes:

Value Code: Amount:

ADD DELETE

Value Code Amount

Condition Codes:

Condition Code:

ADD DELETE

Condition Code

Client's Info | Claim Info | Other Insurance Info | **Diag/Occur/Val/Condition Codes** | Procedure Codes | Detail Line Items | Errors

Save Save & Exit Submit Cancel Reset

Figure 8 – Diag/Occur/Val/Condition Codes tab

The **Diagnosis Code**, **Patient Reason for Visit**, **Occurrence Code**, **Value Code**, and **Condition Code** fields 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, these code fields are link enabled. If a code that is not currently in the database is entered, click on the field name and it will open the data maintenance screen where you can add the code and description to your Web Portal Code Maintenance database for future use. Once the code is saved, you will need to select the newly-added code for the field entry.

To Add Diagnosis Codes to the Claim:

- Enter the **Diagnosis Code** or select it from the search function.
- If the **Diagnosis Code** entered is not the **Admitting** (the **Diagnosis Code** at the time of admission), **Principal** (principal diagnosis), or **E-code** (external cause of injury), leave the check boxes blank. However, if the **Diagnosis Code** entered is one of these types, be sure to click in the appropriate check box. To uncheck a box, click on the box again and the check mark will be removed.
- Click on the **Add** button to save the entry. The code will display in the **Diagnosis Code Type** grid.

To Add a Patient Reason for Visit Code to the Claim:

- Enter the **Patient Reason for Visit Code** or select it from the search function.
- Click on the **Add** button to save the entry. The code will display in the **Patient Reason for Visit** grid.

To Add Occurrence Codes to the Claim:

- Enter the **Occurrence Code** or select it from the search function.
- Enter the **Occurrence Code Date** or select the date from the calendar by clicking on the **Calendar** icon.
- Click on the **Add** button to save the entry. The code will display in the Occurrence Code Date grid.

To Add an Occurrence Code Span Date to the Claim:

- Enter the **Span Code**.
- Enter the **Span Code From Date** and **To Date** or select the dates from the calendar by clicking on the **Calendar** icon.
- Click on the **Add** button to save the entry. The code will display in the **Occurrence Span Code** grid.

To Add a Value Code to the Claim:

- Enter the **Value Code** or select it from the search function.
- Enter the **Amount** of the **Value Code**.
- Click on the **Add** button to save the entry. The code will display in the **Value Code** grid.

To Add a Condition Code to the Claim:

- Enter the **Condition Code** or select it from the search function.
- Click on the **Add** button to save the entry. The code will display in the **Condition Code** grid.

To Delete a Code (Use for Any Code Type):

- Highlight the code to be deleted by clicking on the code or row in the display grid.
- Click on the **Delete** button above the display grid to remove the code.

Procedure Code

The Procedure Code tab (Figure 9) collects **Surgical Procedure Codes** that describe the procedure provided to the client.

The screenshot shows the 'Procedure Codes' tab within an 'Institutional Claim' form. At the top, a navigation bar includes tabs for 'Client's Info', 'Claim Info', 'Other Insurance Info', 'Diag/Occur/Val/Condition Codes', 'Procedure Codes' (which is active), 'Detail Line Items', and 'Errors'. Below the navigation bar, the form is titled 'Institutional Claim'. Under the 'Procedure Codes' section, there is a 'Procedure Code' field with a search icon, a 'Procedure Date' field with a calendar icon, and a 'Principal Procedure' checkbox. Below these fields are 'ADD' and 'DELETE' buttons. A table header is visible with columns: 'Procedure Code', 'Date', and 'Principal/Other'. Below the table header is a horizontal line. Under the 'Treatment Authorization' section, there are three input fields: 'Authorization Code A', 'Authorization Code B', and 'Medical Record Number'. At the bottom of the form, another navigation bar is present with buttons for 'Save', 'Save & Exit', 'Submit', 'Cancel', and 'Reset'.

Figure 9 – Procedure Codes tab

The **Procedure Code** field has 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, this code field is link enabled. If a code that is not currently in the database is entered, click on the field name and it will open the Data Maintenance screen where you can add the code and description to your Web Portal Code Maintenance database for future use. Once the code is saved, you will need to select the newly-added code for the field entry.

To Add Procedure Codes to the Claim:

- Enter the **Procedure Code** or select it from the search function.
- If this code is the principle procedure, click on the **Principal Procedure** code check box. Leave the check box for **Principle Procedure** unmarked for all other procedures. To uncheck the box, click on it again to remove the check mark.
- Enter the **Procedure Date** or select the dates from the calendar by clicking on the **Calendar** icon.
- Click on the **Add** button to save the entry. The code will display in the **Procedure Code** grid below the **Add** button.

To Delete a Code:

- Highlight the code to be deleted by clicking on the code or row in the display grid.
- Click on the **Delete** button above the display grid to remove the code.

Detail Line Items

The Detail Line Items tab (Figure 10) 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.

Client's Info
Claim Info
Other Insurance Info
Diag/Occur/Val/Condition Codes
Procedure Codes
Detail Line Items
Errors

Institutional Claim

Total Charge: \$ *

Detail Line Items

Revenue Code: * ▼

HCPCS Code: ▼

Modifiers:

NDC:

Charge Amount: * \$

Date of Service:

Unit Rate: \$

Units Of Service: *

Non-Covered Charges: \$

ADD LINE ITEM

UPDATE LINE ITEM

DELETE LINE ITEM

LI	Revenue	HCPCS	M1	M2	M3	M4	NDC	Charge Amt	DOS	Unit Rate	Units	Non- Covered
Number Of Line Items : 0												
Total Amount : 0												

Check here to accept the [Terms and Conditions](#)

Client's Info
Claim Info
Other Insurance Info
Diag/Occur/Val/Condition Codes
Procedure Codes
Detail Line Items
Errors

Save

Save & Exit

Submit

Cancel

Reset

Figure 10 – Detail Line Items tab

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 screen.

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 screen.
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 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 screen. 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 screen.
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.

The underlined field tags for **Revenue Code** and **HCPCS Code** are links to the support file for that field. Enter the appropriate code and click the underlined field tag. The Web Portal will open the corresponding database maintenance screens for the field clicked. Enter the appropriate information. When a code already exists in your Web Portal database the following message will be displayed: ***“Record already exists in the database for this Revenue (HCPCS) 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 information, remove the last digit of the code, retype the digit, and select the appropriate code from the drop-down box.

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 11).

The screenshot shows a software interface with a navigation bar at the top containing tabs: Client's Info, Claim Info, Other Insurance Info, Diag/Occur/Val/Condition Code, Procedure Code Info, Detail Line Items, and Errors. The Errors tab is active. Below the navigation bar is a header for "Institutional Claim". The main content area is titled "Data Validation Errors" and contains a table with three columns: Service Line #, Code, and Description. The table lists eight errors. The first three errors have a Service Line # of 0, while the remaining five have a Service Line # of 2 (underlined). Below the table is a "PRINT" button. At the bottom of the interface are five buttons: Save, Save & Exit, Submit, Cancel, and Reset.

Service Line #	Code	Description
0	2017	A Frequency Type Code must be selected.
0	4006	Admission Source Code must be completed.
0	4007	Patient Status must be completed.
<u>2</u>	2069	From Date of Service must be entered.
<u>2</u>	2073	Through Date of Service must be entered.
<u>2</u>	2081	Unit of Service must be entered.
<u>2</u>	2116	Charge Amount must be entered.
<u>2</u>	4104	Revenue Code must be completed.

Figure 11 – The Errors tab with Data Validation Errors

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 12). **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.

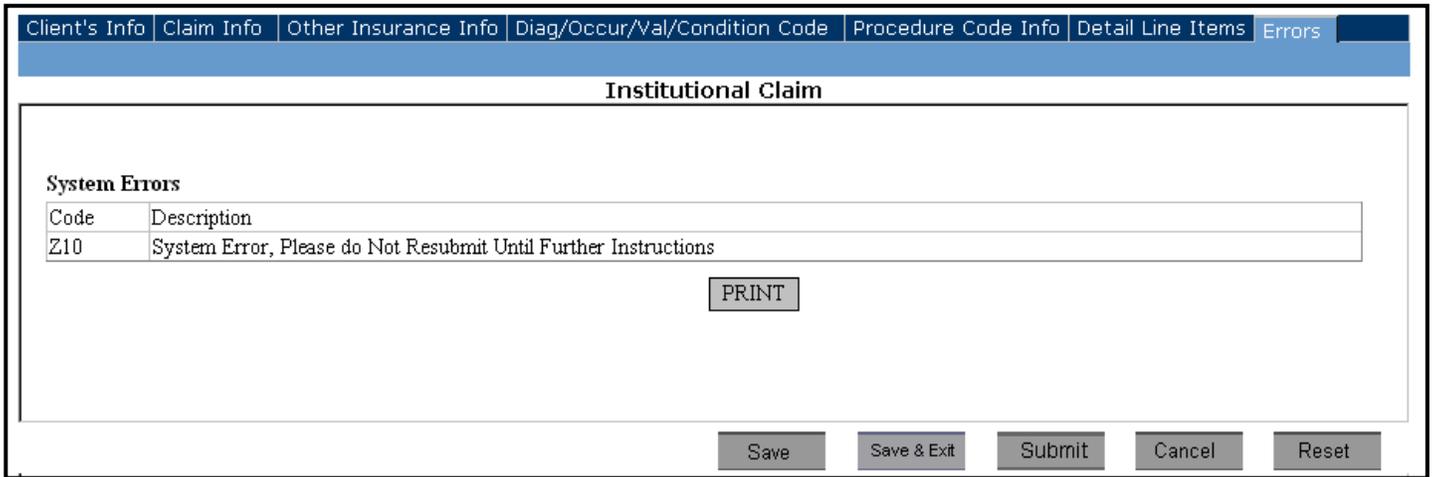


Figure 12 – The Errors tab with System Errors

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

Edit a Claim

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

1. Search for the claim in the **Search Criteria** section of the Institutional 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 Web 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 Institutional 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.

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Copy a Claim

To copy a claim:

1. Search for the claim in the **Search Criteria** section of the Institutional 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 Web 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 Institutional Claim Lookup screen, click on the **Save & Exit** button.

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Delete a Claim

To delete a claim:

1. Search for the claim in the **Search Criteria** section of the Institutional 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**.

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View or Print a Claim

To view or print a claim:

1. Search for the claim in the **Search Criteria** section of the Institutional 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 screen with the formatted claim display (Figure 13).

Institutional Claim					
Claim Submission Status:	Rejected	Submission Date:	04/14/2007	Submission Time:	08:13:05
Client's Information					
State ID:		DOB:		Gender:	
Last Name:		First Name:		MI:	
Street Address:		City:		State:	
Patient Account Number:				Zip:	
Claim Submission Type					
Claim TCN:		Adjustment TCN:		Frequency Type Code:	Admit thru Discharge Claim
Facility Type Code:	33				
Billing Provider Information					
Provider ID:		National Provider Identifier:		Zip Code:	
Signature On File:	Yes	Release Of Information:	Y	Taxonomy Code:	
Other Provider Information					
Provider ID	National Provider Identifier	Taxonomy Code	Name	Role	
Claim Data					
Admit Date:	06/01/2005	Admission Source Code:	1	Patient Status:	30
Admit Hour:		Admission Type Code:		Covered Days:	
Statement From Date:	04/02/2007	Note Reference Code:		Non-Covered Days:	
Statement Thru Date:	04/12/2007	Delay Reason Code:		Total Charge:	\$150.00
Discharge Hour:				Client Amount Paid:	
Claim Notes/LBOD:					
Diagnosis Codes		Procedure Codes			
Diagnosis Code Type		Procedure Code Date	Principal/Other		
Occurrence Codes		Span Codes			
Occurrence Code Date		Occurrence Span Code	From Date Through Date		
Value Codes		Condition Codes			
Value Code Amount		Condition Code			
Treatment Authorization					
Authorization Code A:		Authorization Code B:		Medical Record No:	

Figure 13 – 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 Institutional Claim Lookup screen.

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Search for a Claim

To search for a claim:

1. From the **Search Criteria** section of the Institutional 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 14).

Department of Health Care Policy and Financing

Related Sites: [Provider Services](#) [CHP+](#) [CICP](#) [Old Age Pension](#) [HIPAA](#)

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Institutional Claim Lookup

Note: Default result set based on the last 120 days of Date of Entry
Note: Claims older than 2 years by Date of Submission are regularly purged from the system.

State ID	Claim Status	Client Name	ThruDOS	Prov ID	PAR ID	Total Charge	Entry Date	Orig/Adj
A111111	Errors	LASTNAME,FIRSTNAME	9/30/2013	12345678		75.00	2/28/2014	0
C999999	Saved	CLIENT,TEST	10/29/2013	55555555		300.00	2/26/2014	0
C999999	Rejected	CLIENT,TEST	9/30/2013	55555555		200.00	1/9/2014	0
A111111	Errors	LASTNAME,FIRSTNAME	10/1/2013	12345678		75.00	1/8/2014	0
C999999	Saved	CLIENT,TEST	3/11/2014	12345678		252.85	12/3/2013	0

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Lookup Search Criteria:

Column Name: * **State ID** Search Operation: * Equals Search Value:

Date Range Type: Through:

Adjustment

Figure 14 – Searchable fields example

- The box above the **From** date entry box provides for using **Equal**, **Begins With**, or **Contains** (Figure 15) 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.

Department of Health Care Policy and Financing

Related Sites: Provider Services CHP+ CACP Old Age Pension HIPAA

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Institutional Claim Lookup

Note: Default result set based on the last 120 days of Date of Entry
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State ID	Claim Status	Client Name	ThruDOS	Prov ID	PAR ID	Total Charge	Entry Date	Orig/Adj
A111111	Errors	LASTNAME,FIRSTNAME	9/30/2013	12345678		75.00	2/28/2014	0
C999999	Saved	CLIENT,TEST	10/29/2013	55555555		300.00	2/26/2014	0
C999999	Rejected	CLIENT,TEST	9/30/2013	55555555		200.00	1/9/2014	0
A111111	Errors	LASTNAME,FIRSTNAME	10/1/2013	12345678		75.00	1/8/2014	0
C999999	Saved	CLIENT,TEST	3/11/2014	12345678		252.85	12/3/2013	0

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Edit Copy Delete View/Print Adjustment Claim View Claim Response Print

Lookup Search Criteria:

Column Name: State ID Search Operation: Equals Search Value: []

Date Range Type: Entry Date from: [] Through: []

Enter search operation for the criteria

And enter the value to search for here.

Search Reset

Add New Institutional Claim/Adjustment
 Add New Claim Adjustment

Check Status Of Claims:
 Claims Status Request

Figure 15 – Search parameters and search value fields

- If searching using dates (Figure 16), enter the date range using the **From** and **Through** date entry boxes by entering specific dates or select a date from the **Calendar** 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.

Department of Health Care Policy and Financing

Related Sites: [Provider Services](#) [CHP+](#) [CICP](#) [Old Age Pension](#) [HIPAA](#)

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Institutional Claim Lookup

Note: Default result set based on the last 120 days of Date of Entry
Note: Claims older than 2 years by Date of Submission are regularly purged from the system.

State ID	Claim Status	Client Name	ThruDOS	Prov ID	PAR ID	Total Charge	Entry Date ▼	Orig/Adj
A111111	Errors	LASTNAME,FIRSTNAME	9/30/2013	12345678		75.00	2/28/2014	0
C999999	Saved	CLIENT,TEST	10/29/2013	55555555		300.00	2/26/2014	0
C999999	Rejected	CLIENT,TEST	9/30/2013	55555555		200.00	1/9/2014	0
A111111	Errors	LASTNAME,FIRSTNAME	10/1/2013	12345678		75.00	1/8/2014	0
C999999	Saved	CLIENT,TEST	3/11/2014	12345678		252.85	12/3/2013	0

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Claim Lookup Search Criteria:

Column Name: *

 ←

Date Range Type: *

Search Operation: * Search Value:

Field to search for a claim based on date criteria

Adjustment

Figure 16 – Searchable date fields

- When the criteria have been entered, initiate the search by clicking on the **Search** button. The results will display in the Claims List Grid.
- 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.
- 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.
- If the search is unsuccessful, a pop-up box the message – “There was no data that matched the search criteria entered” will be displayed.
- When a user clicks the **Reset** button, a pop-up box with message – “The Grid has been reset” will be displayed.

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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 Institutional 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 Institutional 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 Institutional 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 Institutional Claim Lookup screen.

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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 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 Institutional 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 will appear with the updated **Status** (see also: *Claim Status Inquiry User Guide*).

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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 for claims 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 Institutional 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 Institutional Claim Lookup screen.

The following is an example of a Claim Submission Response that shows a claim was accepted by the MMIS:

Accepted Institutional Claim Submission Response

Date: Mar 7 2005 8:20AM

TCN	██
State ID	████████████████████
Patient Account Number	12345TEST
Client Name	JOHN TEST
Billing Provider ID	████████████████████
From DOS - To DOS	01/05/2005-01/05/2005
Diagnosis Code	250.00
Total Charges	700.00

Figure 17 – 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 Institutional Claim Submission Response

Date: Feb 22 2005 7:09PM

State ID [REDACTED]
Patient Account Number 12345TEST
Client Name JOHN TEST
Billing Provider ID [REDACTED]
From DOS - To DOS 01/05/2005-01/05/2005
Diagnosis Code 401.1
Total Charges 122.00

LI	Code	Description
0	0560	OTHER SURG PROC CODE (1) - NOT ON FILE
0	0250	CLIENT STATE ID NUMBER NOT ON FILE
0	0134	MISSING ATTENDING PHYSICIAN NUMBER
0	0550	PRINCIPLE SURG PROC CODE - NOT ON FILE
1	0301	BILLING PROVIDER INELIGIBLE FOR CATEGORY OF SERVICE

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Figure 18 – Example of a Rejected Claim Response

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

7. Click on the **Back** button on the Rejected Institutional Claim Submission Response screen
8. 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.
9. Click on **Billing Manuals**.
10. Scroll down the screen and click on the **Appendices** link.
11. Use the scroll bar to locate **Appendix T** which will display the most current list of error codes.
12. Click on the **X** to close the window.

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InstitutionalClaimsUserGuide

Last revised: December 30, 2015