

Ohio

**Medicaid Information
Technology System**

**Professional Provider
Coordination of Benefits Training**

MITS 2011

Welcome

- Introduction
- Training materials



Agenda

- Key information for submitting COB claims
- Medicare Crossover Claims Example
- Third Party Liability Claims (TPL) Example
- Medicare Part C Example



Key Information for COB Claims

- Medicare other payer adjustment reason codes (ARCs) , ARC amounts, CAS (ARC) code group type and paid amounts must be reported at the detail level.
- Commercial insurance other payer ARCs, ARC amounts, ARC code group type and paid amounts must be submitted at the detail level, unless the payer only adjudicated and issued the information at the header. Payers typically adjudicate professional claims at the detail level.

Key Information for COB Claims

- Each payer must balance to the billed amount for each detail on the claim.
- Each payer must balance to the total billed amount on the claim.
- The payments must balance for each payer at claim and detail level.

Key Information for COB Claims

- *Balancing*
- The sum of the ARC amounts on the line detail plus the line detail payment by the payer must equal the billed charge on the detail line.
- The sum of the ARC amounts for all the detail lines plus the sum of the ARC amounts on the header plus the claim payment made by the payer must equal the total billed charges.
- The header (claim) payment must equal the sum of the payments at the line minus the sum of the ARC amounts reported at the header (claim).

Medicare Crossover Claim Example

Ohio.gov Medicaid Information Technology System

 Search

Welcome, JAMES7

UAT Wednesday 08/24/2011 11:08:07 AM

Super User Providers Account Trading Partners **Claims** Eligibility Prior Authorization Reports Portal Admin Security Admin

search search detail dental institutional **professional**

Professional Claim: NPI - HEALTH SYSTEM	
BILLING INFORMATION	
ICN	*Release of Information <input type="text" value="ON FILE"/>
Claim Type <input type="text" value="M - PROFESSIONAL"/>	From Date
Provider ID <input type="text"/> NPI	To Date
*Medicaid Billing Number <input type="text" value="999999999999"/>	*Signature Source <input type="text" value="SIGNED AUTHORIZATION ON FILE"/>
*Date of Birth <input type="text" value="08/04/1940"/>	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="CLM1"/>	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"/>
Rendering ID <input type="text" value="8888888888"/>	Hospital Discharge Date <input type="text"/>
*Medicare Assignment <input type="text" value="ASSIGNED"/>	Last Menstrual Period <input type="text"/>
Patient Amount Paid <input type="text" value="\$0.00"/>	
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

*** No rows found ***

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

delete add

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
------	------	-------	---------	-------------------------	--------	------------------	----------------

Referring Provider # **Prior Authorization #**
Rendering ID **Hospital Discharge Date**
***Medicare Assignment** **Last Menstrual Period**
Patient Amount Paid **TOTAL CHARGES**
Total Charges \$100.00
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

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNR

Type data below for new record.

*Sequence *Diagnosis Code [Search]

Other Payer

*** No rows found ***

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

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item ***Place Of Service** [Search]
***From DOS** ***Procedure Code** [Search]
To DOS **Emergency**
***Units**
***Charges** **EPSDT Screening/ Family Planning**
Medicaid Allowed Amount ***Diagnosis Code Pointer**
Rendering Provider **Modifiers** [Search] [Search]
Status [Search] [Search]

NDC Other Payer - Detail ClaimCheck

Attachments

*** No rows found ***

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

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

Note Reference Code
 Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNR

Type data below for new record.

*Sequence *Diagnosis Code [Search]

Other Payer

*** No rows found ***

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

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail ClaimCheck

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

TPL Paid Amount \$0.00
 Total Medicaid Paid Amount \$0.00
 Medicaid CoPay Amount \$0.00
 Note Reference Code
 Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

delete add
 *Sequence *Diagnosis Code [Search]

Other Payer

*** No rows found ***
 Select row above to update -or- click Add button below.

delete add

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

delete add copy
 Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening / Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

Attachments

*** No rows found ***
 Select row above to update -or- click Add button below.

delete add

Supporting Data for Delayed Submission / Resubmission

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 Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

TPL Paid Amount \$0.00
 Total Medicaid Paid Amount \$0.00
 Medicaid CoPay Amount \$0.00
 Note Reference Code
 Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

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									

Type data below for new record.

delete add

*Claim Filing Indicator
 *Policy Holder Relationship to Insured
 *Policy Holder Last Name
 *Policy Holder First Name, MI
 Policy Holder Date of Birth
 Gender
 *Paid Amount
 *Paid Date
 Allowed Amount

*Insurance Carrier Name
 *Carrier Code
 Insured's Policy ID
 *Payer Sequence
 Medicare ICN

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

delete add copy

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

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

Note Reference Code

Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

*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									

Type data below for new record.

*Claim Filing Indicator
 *Policy Holder Relationship to Insured
 *Policy Holder Last Name
 *Policy Holder First Name, MI
 Policy Holder Date of Birth
 Gender
 *Paid Amount
 *Paid Date
 Allowed Amount
 *Insurance Carrier Name
 *Carrier Code
 Insured's Policy ID
 *Payer Sequence
 Medicare ICN
 *Title V

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00	11	82948	
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A 1	08/06/2011	1.00	\$100.00	\$0.00	11	99213	

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

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

Note Reference Code
 Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNR

Type data below for new record.

*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		

Type data below for new record.

*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

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

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

Note Reference Code

Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

*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 SPOUSE LAST NAME	SPS FIRST		05/21/1940	SPOUSE	MALE		\$65.00		15202

Type data below for new record.

*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

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00	11	82948	
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A 1	08/06/2011	1.00	\$100.00	\$0.00	11	99213	

Type data below for new record.

Item *Place Of Service [Search]

*From DOS *Procedure Code [Search]

To DOS Emergency

*Units

*Charges EPSDT Screening/Family Planning

Medicaid Allowed Amount *Diagnosis Code Pointer

Rendering Provider Modifiers [Search] [Search]

Status [Search] [Search]

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

Note Reference Code
 Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

*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 SPOUSE LAST NAME	SPS FIRST		05/21/1940	SPOUSE	MALE		\$65.00		15202

Type data below for new record.

*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

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
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A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

Other Payer							
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Carrier Code
A	SPOUSE LAST NAME	SPS FIRST		SPOUSE	MALE		15202

Type data below for new record.

*Claim Filing Indicator: MEDICARE PART B
 *Policy Holder Relationship to Insured: SPOUSE
 *Policy Holder Last Name: SPOUSE LAST NAME
 *Policy Holder First Name, MI: SPS FIRST
 Policy Holder Date of Birth:
 Gender: MALE
 *Paid Amount: \$65.00
 *Paid Date: 08/08/2011
 Allowed Amount: \$0.00

*Insurance Carrier Name: MEDICARE TRAD CIGNA
 *Carrier Code: 15202
 Insured's Policy ID:
 *Payer Sequence: PRIMARY
 Medicare ICN:

Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3 08/06/2011	1.00	\$10.00	\$0.00		11	82948
A	2 08/06/2011	1.00	\$15.00	\$0.00		11	99050
A	1 08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item: 1
 *From DDS: 08/06/2011
 To DDS: 08/06/2011
 *Units: 1.00
 *Charges: \$100.00
 Medicaid Allowed Amount: \$0.00
 Rendering Provider:
 Status:

*Place Of Service: 11 [Search]
 *Procedure Code: 99213 [Search]
 Emergency:
 EPSDT Screening/ Family Planning:
 *Diagnosis Code Pointer: 1
 Modifiers: [Search] [Search]

NDC [Other Payer - Detail](#)

Other Payer Detail (Detail Item 1)

*** No rows found ***

Type changes below.

Other Payer Amounts and Adjustment Reason Codes - Detail

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN:

Claim Status Information

Allowed Amount

Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	82948
A	2	08/06/2011	1.00	\$15.00	\$0.00	11	99050
A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213

Type data below for new record.

Item
 *Place Of Service [Search]

*From DOS
 *Procedure Code [Search]

To DOS
 Emergency

*Units
 EPSDT Screening/ Family Planning

*Charges
 *Diagnosis Code Pointer

Medicaid Allowed Amount
 Modifiers [Search]

Rendering Provider
 Status [Search]

NDC Other Payer - Detail

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A		\$0.00

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

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

Allowed Amount

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3 08/06/2011	1.00	\$10.00	\$0.00		11	82948
A	2 08/06/2011	1.00	\$15.00	\$0.00		11	99050
A	1 08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item
 *Place Of Service [Search]

*From DOS
 *Procedure Code [Search]

To DOS
 Emergency

*Units
 EPSDT Screening/ Family Planning

*Charges
 *Diagnosis Code Pointer

Medicaid Allowed Amount
 Modifiers [Search]

Rendering Provider
 Status [Search]

NDC Other Payer - Detail

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A		\$0.00

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

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

*Paid Date
 Allowed Amount

Other Payer Amounts and Adjustment Reason Codes

Detail								
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	82948	
A	2	08/06/2011	1.00	\$15.00	\$0.00	11	99050	
A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213	

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail

Other Payer Detail (Detail Item 1)			
Carrier Code	Paid Date	Paid Amount	
A 15202	08/08/2011	\$60.00	

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 15202)

*** No rows found ***

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

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

Item 1 *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/
 Medicaid Allowed Amount \$0.00 Family Planning
 *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A 15202	08/08/2011	\$60.00

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 15202)

CAS Group Code	Amount	ARC
A	\$0.00	

Type data below for new record.

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

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

Type data below for new record.

Item
 *Place Of Service [Search]

*From DOS
 *Procedure Code [Search]

To DOS
 Emergency

*Units
 EPSDT Screening/ Family Planning

*Charges
 *Diagnosis Code Pointer

Medicaid Allowed Amount
 Modifiers [Search]

Rendering Provider
 Status [Search]

NDC Other Payer - Detail

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A 15202	08/08/2011	\$60.00

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 15202)

CAS Group Code	Amount	ARC
A	\$0.00	

Type data below for new record.

*CAS Group Code

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

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

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Previously Denied ICN or TCN

Claim Status Information

Claim Status Not Submitted yet

Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	99213
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A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213

Type data below for new record.

Item
 *Place Of Service [Search]

*From DOS
 *Procedure Code [Search]

To DOS
 Emergency

*Units
 EPSDT Screening/ Family Planning

*Charges
 Diagnosis Code

Medicaid Allowed Amount
 Pointer

Rendering Provider
 Modifiers [Search]

Status
 [Search]

NDC Other Payer - Detail

NDC (Detail Item 1)

*** No rows found ***

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

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A 15202	08/08/2011	\$60.00

Type data below for new record.

*Carrier Code

*Paid Date

*Paid Amount

Other Payer Amounts and Adjustment Reason Codes - Detail

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 15202)

CAS Group Code	Amount	ARC
A PR-Patient Responsibility	\$15.00	2
A CO-Contractual Obligations	\$25.00	45

Type data below for new record.

*CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes (ARC)

*Amount/ARC

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

Allowed Amount

Other Payer Amounts and Adjustment Reason Codes

								Detail
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	99213	
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A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213	

Type data below for new record.

Item
 *Place Of Service [Search]

*From DOS
 *Procedure Code [Search]

To DOS
 Emergency

*Units

*Charges

Medicaid Allowed Amount

Rendering Provider

Status

EPSDT Screening/ Family Planning

Diagnosis Code Pointer

Modifiers [Search] [Search]

[Search] [Search]

NDC Other Payer - Detail

NDC (Detail Item 2)

*** No rows found ***

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

Other Payer Detail (Detail Item 2)

Carrier Code	Paid Date	Paid Amount
A 15202	08/08/2011	\$0.00

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 15202)

CAS Group Code	Amount	ARC
A PI-Payer Initiated Reductions	\$15.00	97

Type data below for new record.

*CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes (ARC)

*Amount/ARC

Attachments

*** No rows found ***

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

Other Payer Amounts and Adjustment Reason Codes

Detail								
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	99213	
A	2	08/06/2011	1.00	\$15.00	\$0.00	11	99050	
A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213	

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount Diagnosis Code
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail

NDC (Detail Item 3)	
*** No rows found ***	

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

Other Payer Detail (Detail Item 3)

Carrier Code	Paid Date	Paid Amount
A 15202	08/08/2011	\$5.00

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 15202)

CAS Group Code	Amount	ARC
A CO-Contractual Obligations	\$5.00	45

Type data below for new record.

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

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.



Search

Welcome, JAMES7

UAT Wednesday 08/24/2011 10:53:29 AM

Super User Providers Account Trading Partners Claims Eligibility Prior Authorization Reports Portal Admin Security Admin

search search detail dental institutional professional

Professional Claim: NPI - HEALTH SYSTEM

BILLING INFORMATION		SERVICE INFORMATION	
ICN		*Release of Information	NOT ALLOWED TO RELEASE DATA
Claim Type	B - PROFESSIONAL XOVER	From Date	08/06/2011
Provider ID	NPI	To Date	08/06/2011
*Medicaid Billing Number	999999999999	Signature Source	
*Date of Birth		Accident Related To	
Last Name		Accident State	
First Name, MI		Accident Country	[Search]
*Patient Account #	0	Accident Date	
Medical Record #		EPSDT Screening/ Family Planning	
Referring Provider #		Prior Authorization #	
Rendering ID	8888888888	Hospital Discharge Date	
*Medicare Assignment	NOT ASSIGNED	Last Menstrual Period	
Patient Amount Paid	\$0.00	TOTAL CHARGES	
		Total Charges	\$125.00
		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	

Diagnosis

*** No rows found ***

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

delete add

Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
A SPOUSE LAST NAME	SP FIRST			SPOUSE	MALE		\$65.00	08/08/2011	15202

Type data below for new record.

*Claim Filing Indicator	MEDICARE PART B	*Insurance Carrier Name	MEDICARE TRAD CIGNA
*Policy Holder Relationship to Insured	SPOUSE	*Carrier Code	15202
*Policy Holder Last Name	SPOUSE LAST NAME	Insured's Policy ID	

Claims Management

Submitting a Claim

- Portal Errors
 - MITS will not accept a claim without all required fields being populated
 - The errors will be listed at the top of the screen
 - Each error is a “Link” directing you to the panel or field that needs to be completed or corrected

The following messages were generated:

From DOS is required.					
Procedure is required.					
A valid Place Of Service is required					
A valid Procedure Code is required					
Units must be greater than 0.					
Charges must be greater than \$0.00.					
A valid Medicaid Billing Number is required					
A valid Medicaid Billing Number and Date of Birth combination is required.					

Claims Management

Submitting a Claim

- Adjudication will happen in “real time.” If there are portal errors, the status return will be

Claim Status Information	
Claim Status	Not Submitted yet

- Status Return
 - Paid
 - Denied
 - Suspended

Third Party Liability Claim Example

Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

*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		29076

Type data below for new record.

*Claim Filing Indicator
 *Policy Holder Relationship to Insured
 *Policy Holder Last Name
 *Policy Holder First Name, MI
 Policy Holder Date of Birth
 Gender
 *Paid Amount
 *Paid Date
 Allowed Amount

*Insurance Carrier Name
 *Carrier Code
 Insured's Policy ID
 *Payer Sequence
 Medicare ICN

AUTOMOBILE MEDICAL
 BLUE CROSS/BLUE SHIELD
 CENTRAL CERTIFICATION
 CHAMPUS
 COMMERCIAL INSURANCE
 DENTAL MAINTENANCE ORGANIZATION
 DISABILITY
 EPO
 FEDERAL EMPLOYEES PROGRAM
 HMO

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/ Family Planning
 Medicaid Allowed Amount *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)

*** No rows found ***

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

Attachments

Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

*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		29076

Type data below for new record.

*Claim Filing Indicator

*Policy Holder Relationship to Insured

*Policy Holder Last Name

*Policy Holder First Name, MI

Policy Holder Date of Birth

Gender

*Paid Amount

*Paid Date

Allowed Amount

*Insurance Carrier Name

*Carrier Code

Insured's Policy ID

*Payer Sequence

Medicare ICN

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item

*From DOS To DOS

*Units

*Charges

Medicaid Allowed Amount

Rendering Provider

Status

*Place Of Service [Search]

*Procedure Code [Search]

Emergency

EPSDT Screening/ Family Planning

*Diagnosis Code

Modifiers [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)

*** No rows found ***

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

Attachments

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNTR

Type data below for new record.

*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 LAST	FIRST		05/12/1988	SELF	FEMALE		\$65.00	08/10/2011	29076

Type data below for new record.

*Claim Filing Indicator	<input type="text" value="COMMERCIAL INSURANCE"/>	*Insurance Carrier Name	<input type="text" value="MEDICAL MUTUAL"/>
*Policy Holder Relationship to Insured	<input type="text" value="SELF"/>	*Carrier Code	<input type="text" value="29076"/>
*Policy Holder Last Name	<input type="text" value="LAST"/>	Insured's Policy ID	<input type="text"/>
*Policy Holder First Name, MI	<input type="text" value="FIRST"/>	*Payer Sequence	<input type="text" value="PRIMARY"/>
Policy Holder Date of Birth	<input type="text" value="05/12/1988"/>	Medicare ICN	<input type="text"/>
Gender	<input type="text" value="FEMALE"/>		
*Paid Amount	<input type="text" value="\$65.00"/>		
*Paid Date	<input type="text" value="08/10/2011"/>		
Allowed Amount	<input type="text" value="\$80.00"/>		

Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item	<input type="text" value="1"/>	*Place Of Service	<input type="text" value="11"/> [Search]
*From DOS	<input type="text" value="08/06/2011"/>	*Procedure Code	<input type="text" value="99213"/> [Search]
To DOS	<input type="text" value="08/06/2011"/>	Emergency	<input type="text"/>
*Units	<input type="text" value="1.00"/>	EPSTD Screening/ Family Planning	<input type="text"/>
*Charges	<input type="text" value="\$100.00"/>	*Diagnosis Code Pointer	<input type="text" value="1"/> <input type="text"/>
Medicaid Allowed Amount	<input type="text" value="\$0.00"/>	Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]
Rendering Provider	<input type="text"/>	Status	<input type="text"/> [Search] <input type="text"/> [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)

*** No rows found ***

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

Attachments

*** No rows found ***

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

allowed amount \$00.00
Other Payer Amounts and Adjustment Reason Codes

Detail								
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	82948	
A	2	08/06/2011	1.00	\$15.00	\$0.00	11	99050	
A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213	

Type data below for new record.

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units
 *Charges EPSDT Screening/
 Medicaid Allowed Amount Family Planning
 *Diagnosis Code Pointer
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)

*** No rows found ***

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

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A 29076	08/10/2011	\$60.00

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 29076)

CAS Group Code	Amount	ARC
A PR-Patient Responsibility	\$15.00	3
A CO-Contractual Obligations	\$25.00	45

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

CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes (ARC)

Amount/ARC

Attachments

*** No rows found ***

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

Supporting Data for Delayed Submission / Resubmission

Paid Date 06/10/2011

Allowed Amount \$80.00

Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	82948
A	2	08/06/2011	1.00	\$15.00	\$0.00	11	99050
A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213

Type data below for new record.

Item 1 *Place Of Service 11 [Search]
 *From DOS 08/06/2011 *Procedure Code 99213 [Search]
 To DOS 08/06/2011 Emergency [v]
 *Units 1.00
 *Charges \$100.00 EPSDT Screening/ Family Planning [v]
 Medicaid Allowed Amount \$0.00 *Diagnosis Code Pointer 1 [v] [v] [v] [v]
 Rendering Provider [] Modifiers [] [Search] [] [Search]
 Status [] [Search] [] [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)

*** No rows found ***

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

Other Payer Detail (Detail Item 1)

Carrier Code	Paid Date	Paid Amount
A 29076	08/10/2011	\$60.00

Type data below for new record.

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

*Carrier Code 29076 [v]
 *Paid Date 08/10/2011
 *Paid Amount \$60.00

Other Payer Amounts and Adjustment Reason Codes - Detail

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 29076)

CAS Group Code	Amount	ARC
A PR-Patient Responsibility	\$15.00	3
A CO-Contractual Obligations	\$25.00	45

Type data below for new record.

*CAS Group Code CO-Contractual Obligations [v]
 Payer Line Level Amounts and Adjustment Reason Codes(ARC) *Amount/ARC \$25.00 45

Attachments

*** No rows found ***

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

Paid Date 06/10/2011
 Allowed Amount \$80.00

Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3	08/06/2011	1.00 \$10.00	\$0.00		11	82948
A	2	08/06/2011	1.00 \$15.00	\$0.00		11	99050
A	1	08/06/2011	1.00 \$100.00	\$0.00		11	99213

Type data below for new record.

Item 2 *Place Of Service 11 [Search]
 *From DOS 08/06/2011 *Procedure Code 99050 [Search]
 To DOS 08/06/2011 Emergency
 *Units 1.00
 *Charges \$15.00 EPSDT Screening/ Family Planning
 Medicaid Allowed Amount \$0.00 *Diagnosis Code Pointer 1
 Rendering Provider Modifiers [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 2)

*** No rows found ***

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

Other Payer Detail (Detail Item 2)

Carrier Code	Paid Date	Paid Amount
A 29076	08/10/2011	\$0.00

Type data below for new record.

LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES

*Carrier Code 29076
 *Paid Date 08/10/2011
 *Paid Amount \$0.00

Other Payer Amounts and Adjustment Reason Codes - Detail

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 29076)

CAS Group Code	Amount	ARC
A PI-Payer Initiated Reductions	\$15.00	97

Type data below for new record.

*CAS Group Code PI-Payer Initiated Reductions
 Payer Line Level Amounts and Adjustment Reason Codes(ARC) *Amount/ARC \$15.00 97

Attachments

*** No rows found ***

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

Allowed Amount \$80.00

Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	3	08/06/2011	1.00	\$10.00	\$0.00	11	82948
A	2	08/06/2011	1.00	\$15.00	\$0.00	11	99050
A	1	08/06/2011	1.00	\$100.00	\$0.00	11	99213

Type data below for new record.

delete add copy

Item *Place Of Service [Search]
 *From DOS *Procedure Code [Search]
 To DOS Emergency
 *Units EPSDT Screening/ Family Planning
 *Charges *Diagnosis Code Pointer
 Medicaid Allowed Amount Modifiers [Search] [Search]
 Rendering Provider [Search] [Search]
 Status [Search] [Search]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 3)

*** No rows found ***

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

delete add

Other Payer Detail (Detail Item 3)

Carrier Code	Paid Date	Paid Amount
A 29076	08/10/2011	\$5.00

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

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 29076)

CAS Group Code	Amount	ARC
A CO-Contractual Obligations	\$5.00	45

Type data below for new record.

delete add

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

Attachments

*** No rows found ***

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

delete add

Supporting Data for Delayed Submission / Resubmission

Medicare Part C Claim Example

Notes

Diagnosis

Sequence	Diagnosis Code	Description
A 1	25000	DMII WO CMP NT ST UNCNR

Type data below for new record.

*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				SELF	FEMALE		\$0.00	08/08/2011	87726

Type data below for new record.

*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

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A 3	08/06/2011	1.00	\$10.00	\$0.00		11	82948
A 2	08/06/2011	1.00	\$15.00	\$0.00		11	99050
A 1	08/06/2011	1.00	\$100.00	\$0.00		11	99213

Type data below for new record.

Item *Place Of Service [Search]

*From DOS *Procedure Code [Search]

To DOS Emergency

*Units

*Charges EPSDT Screening/ Family Planning

Medicaid Allowed Amount *Diagnosis Code Pointer

Rendering Provider Modifiers [Search] [Search]

Status [Search] [Search]

NDC Other Payer - Detail

NDC (Detail Item 3)

*** No rows found ***

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

Attachments

Resources

- Bookmarks

WWW.WPC-EDI.COM, Select *Code Lists* on Left side

- Arc Codes, HIPAA claim status & reason codes

<http://jfs.ohio.gov/mits/index.stm>

- Information Releases
- Frequently Asked Questions (FAQ)
- MITS Online Tutorials
- Portal Manuals
- MITS Answer Key
- Provider Training

<http://jfs.ohio.gov/ohp/index.stm>

- Billing instructions
- EDI Companion documents

Thank You