



Staff are available weekdays from 8:00 a.m. to 4:30 p.m.

Providers will be required to enter two out of the following three pieces of data: tax ID (or SS#), NPI, or 7 digit Ohio Medicaid provider number

Calls directed through the IVR prior to accessing the customer call center

1-800-686-1516



Provider Assistance



If you call provider assistance you will be given your number in line upon entering the queue



MIT S & Claim Submission

Medicaid Information Technology System (MIT S)

MIT S is a web-based application that is accessible via any modern browser

MIT S is available to all Ohio Medicaid providers who have been registered and have created an account

MIT S is able to process transactions in “real time”



Technical Requirements



Internet Access (high speed works best)

Internet Explorer version 10 or higher and current versions of Firefox or Chrome

Mac users use current version of Safari, Firefox, or Chrome

Turn **OFF** pop up blocker functionality



Go to <http://Medicaid.ohio.gov>



Select the “Provider Tab” at the top



Click on the “Access the MITS Portal” image on the right of the page



MITS Navigation

“COPY”, “PASTE”, and “PRINT” features all work in the MITS Portal

Do NOT use the previous page function (back arrow) in your browser

Do NOT use the “enter” key on the keyboard, use the “tab” key or mouse to move between fields

MITS access will time-out after 15 minutes of system inactivity

**Electronic
Data
Interchange
(EDI)**

**Fees for claims
submitted**

**Claims must be received
by Wednesday at Noon
for that week’s
adjudication**

MITS Portal

Free submission

**Claims must be received
by Friday at 5:00 P.M. for
that week’s adjudication**

**We can help with
your claim
submission issues!**

Technical Questions/EDI Support Unit



Reasons for claim denials February 2020

Modifier restriction –	1694 times!!!
Recipient covered by HMO Plan –	1685 times!!!
CLIA Certification issues –	1316 times!!!
Exact duplicate –	1007 times!!!
No coverage for procedure code –	415

Reasons for claim denials March 2020

Recipient covered by HMO Plan –	2493 times!!!
CLIA Certificate issues –	2180 times!!!
Modifier restrictions –	2001 times!!!
Exact duplicate –	1647 times!!!
Quantity restriction –	565



MITS Web Portal Claim Submission



Claim entry format is divided into sections or panels

Each panel will have an asterisk (*) denoting that the fields are required

- Some fields are situational for claims adjudication and do not have an asterisk



Submission of a Professional Claim

Ohio.gov Medicaid Information Technology System

Welcome,

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

search search detail dental institutional

Claims

- Search
- Search Detail
- Dental
- Institutional (for Inpatient, Outpatient, L
- Professional

Search

Search Detail

Dental

Institutional

Professional

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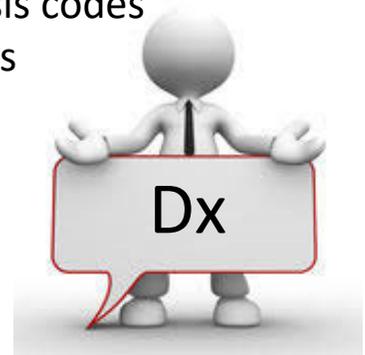
Submission of a Professional Claim

Professional Claim: NPI -

BILLING INFORMATION	SERVICE INFORMATION
<p>ICN</p> <p>Claim Received Date</p> <p>Claim Type M - PROFESSIONAL</p> <p>Provider ID NPI</p> <p>*Medicaid Billing Number</p> <p>*Date of Birth</p> <p>Last Name</p> <p>First Name, MI</p> <p>*Patient Account # 0</p> <p>Medical Record #</p> <p>Referring Provider #</p> <p>Rendering ID</p> <p>*Medicare Assignment NOT ASSIGNED</p> <p>Patient Amount Paid \$0.00</p> <p>*ICD Version 10</p>	<p>*Release of Information NOT ALLOWED TO RELEASE DATA</p> <p>From Date</p> <p>To Date</p> <p>Signature Source</p> <p>Accident Related To</p> <p>Accident State</p> <p>Accident Country [Search]</p> <p>Accident Date</p> <p>EPSDT Referral</p> <p>Prior Authorization #</p> <p>Hospital Discharge Date</p> <p>Last Menstrual Period</p> <p>TOTAL CHARGES</p> <p>Total Charges \$0.00</p> <p>Medicaid Allowed Amount \$0.00</p> <p>TPL Paid Amount \$0.00</p> <p>Total Medicaid Paid Amount \$0.00</p> <p>Medicaid CoPay Amount \$0.00</p> <p>Note Reference Code</p> <p>Notes</p>
<p>Diagnosis</p> <p>*** No rows found ***</p> <p>Select row above to update -or- click add an item button below.</p> <p>delete add an item</p>	
<p>Header - Other Payer</p> <p>*** No rows found ***</p> <p>Select row above to update -or- click add an item button below.</p> <p>delete add an item</p>	

Medicaid Advisory Letter (MAL) No. 626-A

- Effective 1/1/2020
- To comply with current HIPAA standards, diagnosis codes must be reported for all Medicaid covered services
 - Professional claim form only



Entering a Diagnosis code

Supervising Provider #	<input type="text"/>	TOTAL CHARGES	
Supervising Last Name	<input type="text"/>	Total Charges	\$0.00
Supervising First Name, MI	<input type="text"/>	Medicaid Allowed Amount	\$0.00
Rendering ID	1268168168	TPL Paid Amount	\$0.00
*Medicare Assignment	NOT ASSIGNED <input type="button" value="v"/>	Total Medicaid Paid Amount	\$0.00
Patient Amount Paid	<input type="text" value="\$0.00"/>	Medicaid CoPay Amount	\$0.00
*ICD Version	10 <input type="button" value="v"/>	Note Reference Code	<input type="text" value=""/>
		Notes	<input type="text" value=""/>

Diagnosis		
Sequence	Diagnosis Code	Description
A		

Select row above to update -or- click add an item button below.

*Sequence *Diagnosis Code [Search]

Header - Other Payer

Entering a Diagnosis code, cont.

Supervising Provider #	<input type="text"/>	TOTAL CHARGES	
Supervising Last Name	<input type="text"/>	Total Charges	\$0.00
Supervising First Name, MI	<input type="text"/>	Medicaid Allowed Amount	\$0.00
Rendering ID	1268168168	TPL Paid Amount	\$0.00
* Medicare Assignment	NOT ASSIGNED	Total Medicaid Paid Amount	\$0.00
Patient Amount Paid	\$0.00	Medicaid CoPay Amount	\$0.00
*ICD Version	10	Note Reference Code	<input type="text"/>
Notes			

Diagnosis											
Sequence	Diagnosis Code	Description									
A											
Select row above to update -or- click add an item button below.											
delete	add an item										
*Sequence	01	*Diagnosis Code <input type="text"/> [Search]									
Header - Other Payer											
*** No rows found ***											
Select row above to update -or- click add an item button below.											
delete	add an item										
Header - Other Amounts and Adjustment Reason Codes											
Detail											
Item	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	0	\$0.00								
Select row above to update -or- click add an item button below.											

Entering a Diagnosis code, cont.

Supervising Provider #	<input type="text"/>	TOTAL CHARGES	
Supervising Last Name	<input type="text"/>	Total Charges	\$0.00
Supervising First Name, MI	<input type="text"/>	Medicaid Allowed Amount	\$0.00
Rendering ID	1268168168	TPL Paid Amount	\$0.00
* Medicare Assignment	NOT ASSIGNED	Total Medicaid Paid Amount	\$0.00
Patient Amount Paid	\$0.00	Medicaid CoPay Amount	\$0.00
*ICD Version	10	Note Reference Code	<input type="text"/>
Notes			

Diagnosis		
Sequence	Diagnosis Code	Description
A		
A	01	I519 HEART DISEASE, UNSPECIFIED
Select row above to update -or- click add an item button below.		
delete	add an item	
*Sequence	02	*Diagnosis Code E08 [Search]
Header - Other Payer		
*** No rows found ***		



Detail Panel

Detail												
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	0	\$0.00	\$0.00								

Select row above to update -or- click add an item button below.

delete
add an item
copy

Item 1

*From DOS

To DOS

*Units

*Charges

Medicaid Allowed Amount \$0.00

Rendering Provider ←

Submitted EAPG

Initial EAPG

Status

*Place Of Service [Search]

*Procedure Code [Search]

Emergency

Referred EPSDT Service/
Family Planning

*Diagnosis Code

Pointer

Modifiers [Search] [Search]

[Search] [Search]

Final EAPG

Pay Action

NDC
Detail - Other Payer
ClaimCheck
Additional Provider Information

Encounter Code



Encounter code T1015 and modifiers

- **UA** – Telehealth
- **U5** – Speech Pathology
- **U1** – Medical
- **U6** – Podiatry
- **U2** – Dental
- **U7** – Vision
- **U3** – Mental Health
- **U8** – Chiropractic
- **U4** – PT or OT Services
- **U9** – Transportation



Encounter Code



Smoking cessation

T1015 with U1 modifier and procedure code 99406 or 99407



Clinical Pharmacist rendered service

T1015 with U1 modifier and procedure code 99211

- The pharmacist must be under the supervision of a physician



Transportation Services



Transportation services

T1015 with U9 modifier on first detail and T2003 on the second detail

- Up to 4 trips may be billed - multiple units on each detail
(T1015 U9 – 4 units & T2003 – 4 units)



Detail Panel – Transportation Claim

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	2	03/01/2020	4.00	\$0.00		11	T2003					
A	1	03/01/2020	4.00	\$500.00		11	T1015	U9				

Select row above to update -or- click add an item button below.

delete | add an item | copy

Item 2

*From DOS 03/01/2020

To DOS 03/01/2020

*Units 4.00

*Charges \$0.00

Medicaid Allowed Amount \$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service 11 [Search]

*Procedure Code T2003 [Search]

Emergency

Referred EPSDT Service/ Family Planning

*Diagnosis Code Pointer

Modifiers [Search] [Search]

Final EAPG

Pay Action

NDC | Detail - Other Payer | Claims/ten | Additional Provider Information



Behavioral Health Services



Mental Health services rendered by a psychiatrist
T1015 with U1 modifier



Other licensed practitioners rendering the service
T1015 with U3 modifier

- Trainees and non-licensed practitioners rendering service at a FQHC or RHC must be reported under the overseeing practitioner's NPI



Entering the ORP's Information

Submitted EAPG Final EAPG
Initial EAPG Pay Action
Status
Visit Start Time
Visit End Time
Service Duration less than 90 days

NDC Detail - Other Payer ClaimCheck **Additional Provider Information**



Entering the ORP's Information, cont.

Rendering Provider Modifiers [Search] [Search]
Submitted EAPG Final EAPG
Initial EAPG Pay Action
Status
Visit Start Time
Visit End Time
Service Duration less than 90 days

NDC Detail - Other Payer ClaimCheck **Additional Provider Information**

Additional Provider Information

Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
A 0				

Type data below for new record.

delete add an item

*Detail Item 

*Type of Provider

*Provider #

*Last Name

*First Name, MI

Attachments

*** No rows found ***

Select row above to update -or- click add an item button below.

delete add an item



Entering the ORP's Information, cont.

Rendering Provider Modifiers HN [Search] [Search]
 [Search] [Search]

Submitted EAPG Final EAPG
Initial EAPG Pay Action

Status
Visit Start Time
Visit End Time
Service Duration less than 90 days

NDC Detail - Other Payer ClaimCheck Additional Provider Information

Additional Provider Information

Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
A 0				

Type data below for new record.

delete

*Detail Item 1

*Type of Provider

*Provider # Ordering Provider
Referring Provider
Supervising Provider

*Last Name

*First Name, MI

Attachments

*** No rows found ***

Select row above to update -or- click add an item button below.

delete



Entering the ORP's Information, cont.

Rendering Provider Modifiers HN [Search] [Search]
 [Search] [Search]

Submitted EAPG Final EAPG
Initial EAPG Pay Action

Status
Visit Start Time
Visit End Time
Service Duration less than 90 days

NDC Detail - Other Payer ClaimCheck Additional Provider Information

Additional Provider Information

Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
A 0				

Type data below for new record.

delete

*Detail Item 1

*Type of Provider Ordering Provider

*Provider # 1268168168

*Last Name SMITH

*First Name, MI JOHN D

Attachments

*** No rows found ***

Select row above to update -or- click add an item button below.

delete

Dental Services delivered at FQHCs

- Services requiring prior authorization
 - Do not enter tooth number or quadrant number on the PA
 - Utilize the Provider Notes panel on the PA
 - Keep your comments short & to the point
 - First sentence should be “We are a FQHC.”
 - Next list the service with identifier “Crowns on #23 & 25”

Dental Services delivered at FQHCs, cont.

Line Item									
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status	
A 01	1	\$0.00	0	\$0.00	HCPCS Procedure			PENDING ADDTL INFO	
Select row above to update -or- click Add button below.									
<div style="display: flex; justify-content: space-between;"> delete add </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Line Item 01</p> <p>*Service Type Code HCPCS Procedure [v]</p> <p>*Procedure D2752 [Search]</p> <p>Tooth <input type="text"/> [Search]</p> <p>Quad <input type="text"/> [Search]</p> <p>List Price \$0.00</p> <p>Pricing Formula [v]</p> <p>Number of Days 0</p> <p>Number of Calories/Day 0</p> <p>Associated PA Number <input type="text"/></p> </div> <div style="width: 45%;"> <p>*Requested Eff Date 11/01/2018</p> <p>*Requested End Date 10/31/2019</p> <p>*Requested Units 1</p> <p>*Requested Dollars \$500.00</p> <p>Modifier 1 <input type="text"/> [Search]</p> <p>Modifier 2 <input type="text"/> [Search]</p> <p>Modifier 3 <input type="text"/> [Search]</p> <p>Modifier 4 <input type="text"/> [Search]</p> <p>PROSTHODONTICS</p> <p>Initial Placement [v]</p> <p>Prior Placement [v]</p> <p>Date of Extraction <input type="text"/></p> <p>Bill Direct From Date <input type="text"/></p> <p>Bill Direct To Date <input type="text"/></p> </div> </div>									

Dental Services delivered at FQHCs, cont.

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 01	1	\$0.00	0	\$0.00	HCPCS Procedure			PENDING ADDTL INFO

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

delete add

Line Item 01

*Service Type Code HCPCS Procedure

*Requested Eff Date 11/01/2018 *Requested Units 1

*Requested End Date 10/31/2019 *Requested Dollars \$500.00

*Procedure D4341 [Search]

Modifier 1 [Search] PROSTHODONTICS

Modifier 2 [Search] Initial Placement [v]

Modifier 3 [Search] Prior Placement [v]

Modifier 4 [Search] Date of Extraction []

Tooth [Search]

Quad [Search]

List Price \$0.00

Pricing Formula [v]

Number of Days 0

Number of Calories/Day 0

Associated PA Number []

Bill Direct From Date []

Bill Direct To Date []

Dental Services delivered at FQHCs, cont.

Date Entered	Description
A 11/09/2018	

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

delete add

*Description

WE ARE A FQHC. SCALING AND PLANING ON QUADRANT 10.

previous next



Wraparound Claim


 Search

Welcome,

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

Claims

- Search
- Search Detail
- Dental
- Institutional (for Inpatient, Outpatient, L
- Professional

Search

Search Detail

Dental

Institutional

Professional



Wraparound Claim

Header - Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID
A SMITH	JOHN	A	01/01/1950	SELF	MALE		\$200.00	03/01/2018	87726

Select row above to update -or- click add an item button below.

delete | add an item

*Claim Filing Indicator: HMO

*Policy Holder Relationship to Insured: SELF

*Policy Holder Last Name: SMITH

*Policy Holder First Name, MI: JOHN A

Policy Holder Date of Birth: 01/01/1950

Gender: MALE

*Paid Amount: \$200.00

*Paid Date: 03/01/2018

Allowed Amount: \$0.00

*Insurance Carrier Name: UNITED HEALTHCARE

*Electronic Payer ID: 87726

Insured's Policy ID:

*Payer Sequence: PRIMARY

Medicare ICN:

Header - Other Payer Amounts and Adjustment Reason Codes

Header - Other Payer Amounts and Adjustment Reason Codes

Electronic Payer ID	CAS Group Code	ARC	Amount
A 87726	CO-Contractual Obligations	45	\$50.00

Select row above to update -or- click add an item button below.

delete | add an item

*Electronic Payer ID: 87726

*CAS Group Code: CO-Contractual Obligations

*ARC: 45

*Amount: \$50.00

Payer Header Level Adjustment Reason Codes (ARC) and Amounts



Wraparound Claim

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	02/15/2018	1.00	\$250.00		50	T1015	U1				

Select row above to update -or- click add an item button below.

delete add an item copy

Item 1

*From DOS 02/15/2018

To DOS 02/15/2018

*Units 1.00

*Charges \$250.00

Medicaid Allowed Amount \$0.00

Rendering Provider 1234567890

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service 11 [Search]

*Procedure Code T1015 [Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer 01

Modifiers U1 [Search]

Final EAPG

Pay Action

NDC Detail - Other Payer ClaimCheck Additional Provider Information



Wraparound Claim

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	2	02/15/2018	0.00	\$0.00		50	99214					
A	1	02/15/2018	1.00	\$250.00		50	T1015	U1				

Select row above to update -or- click add an item button below.

delete add an item copy

Item 2

*From DOS 02/15/2018

To DOS 02/15/2018

*Units 0.00

*Charges \$0.00

Medicaid Allowed Amount \$0.00

Rendering Provider 1234567890

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service 11 [Search]

*Procedure Code 99214 [Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer 01

Modifiers [Search]

Final EAPG

Pay Action

NDC Detail - Other Payer ClaimCheck Additional Provider Information



Medicare Wraparound Claim

- When Medicare is the primary payer:
 - FQHCs should seek the wraparound payment from Medicare, not Medicaid
 - This includes when an individual has a MyCare Ohio plan
 - When applicable ODM or the MCO will pay cost-sharing after Medicare pays
 - ODM Cost-sharing is covered in 5160-1 (Coordination of Benefits)
 - For MCOs consult your contract with the plan for details



Claims with Other Payers



Other payer information can be reported at the claim level (header) or at the line level (detail), depending on the other payer's claim adjudication



HIPAA compliant adjustment reason codes and amounts are required to be on the claim



MITs will automatically calculate the allowed amount



Claims with Other Payers, cont.

Other payer information is entered in the Header – Other Payer panel

Header - Other Payer									
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID
A	JONES	DAVID	A	01/01/1950	FATHER	MALE	\$200.00	10/01/2019	01234

Select row above to update -or- click add an item button below.

delete add an item

*Claim Filing Indicator: COMMERCIAL INSURANCE

*Policy Holder Relationship to Insured: FATHER

*Policy Holder Last Name: JONES

*Policy Holder First Name, MI: DAVID A

Policy Holder Date of Birth: 01/01/1950

Gender: MALE

*Paid Amount: \$200.00

*Paid Date: 10/01/2019

Allowed Amount: \$0.00

*Insurance Carrier Name: BLUE CROSS BLUE SHIELD

*Electronic Payer ID: 01234

Insured's Policy ID: 987654

*Payer Sequence: PRIMARY

Medicare ICN:

Header - Other Payer Amounts and Adjustment Reason Codes



Claims with Other Payers, cont.

If the Other Payer is a Medicare HMO, select “HMO, Medicare Risk” in the Claim Filing Indicator drop down menu

Header - Other Payer										
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID	
A	JONES	DAVID	A	01/01/1950	SELF	MALE	987654	\$200.00	10/01/2019	43210

Select row above to update -or- click add an item button below.

delete add an item

*Claim Filing Indicator: HMO, MEDICARE RISK

*Policy Holder Relationship to Insured: SELF

*Policy Holder Last Name: JONES

*Policy Holder First Name, MI: DAVID A

Policy Holder Date of Birth: 01/01/1950

Gender: MALE

*Paid Amount: \$200.00

*Paid Date: 10/01/2019

Allowed Amount: \$0.00

*Insurance Carrier Name: HUMANA MEDICARE

*Electronic Payer ID: 43210

Insured's Policy ID: 456789

*Payer Sequence: PRIMARY

Medicare ICN:

Header - Other Payer Amounts and Adjustment Reason Codes



Claims with Other Payers, cont.

The X12 website provides adjustment reason codes (ARCs)



COMMON
ARCs:

- 1 • Deductible
- 2 • Coinsurance
- 3 • Co-payment
- 45 • Contractual Obligation/Write off
- 96 • Non-covered services



Claims with Other Payers, cont.

Header vs Detail

Header level

- A COB claim is considered to be adjudicated at the header/claim level if only one set of figures is reported for the entire claim

Detail level

- A COB claim is considered to be adjudicated at the line/detail level if figures are reported for individual line items



Claims with Other Payers, cont.

Adjustment reason codes (ARCs) for a header pay Other Payer are entered in the Header – Other Payer Amounts and Adjustment Reason Codes panel

Header - Other Payer Amounts and Adjustment Reason Codes

Electronic Payer ID	CAS Group Code	ARC	Amount
A 01234	PR-Patient Responsibility	1	\$50.00
A 01234	CO-Contractual Obligations	45	\$150.00

Select row above to update -or- click add an item button below.

delete add an item

*Electronic Payer ID 01234

*CAS Group Code PR-Patient Responsibility

Payer Header Level Adjustment Reason Codes (ARC) and Amounts

*ARC 1

*Amount \$50.00



Claims with Other Payers, cont.

ARCs for a detail pay Other Payer are entered in the Detail – Other Payer Amounts and Adjustment Reason Codes panel

Detail - Other Payer Amounts and Adjustment Reason Codes

Detail Item/Electronic Payer ID	CAS Group Code	ARC	Amount
A 1/43210	PR-Patient Responsibility	1	\$50.00
A 1/43210	CO-Contractual Obligations	45	\$150.00

Select row above to update -or- click add an item button below.

delete add an item

*Detail Item/Electronic Payer ID 1/43210

*CAS Group Code CO-Contractual Obligations

Payer Line Level Adjustment Reason Codes(ARC) and Amounts

*ARC 45

*Amount \$150.00



Claim with Other Payer (no wrap)


 Search

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Claims

- Search
- Search Detail
- Dental
- Institutional (for Inpatient, Outpatient, L
- Professional

Search

Search Detail

Dental

Institutional

Professional

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Claim with Other Payer (no wrap)

Header - Other Payer									
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID
A	JONES	DAVID	A	01/01/1950	FATHER	MALE	\$200.00	10/01/2019	01234

Select row above to update -or- click add an item button below.

delete

*Claim Filing Indicator	COMMERCIAL INSURANCE	*Insurance Carrier Name	BLUE CROSS BLUE SHIELD
*Policy Holder Relationship to Insured	FATHER	*Electronic Payer ID	01234
*Policy Holder Last Name	JONES	Insured's Policy ID	987654
*Policy Holder First Name, MI	DAVID A	*Payer Sequence	PRIMARY
Policy Holder Date of Birth	01/01/1950	Medicare ICN	
Gender	MALE		
*Paid Amount	\$200.00		
*Paid Date	10/01/2019		
Allowed Amount	\$0.00		

Header - Other Payer Amounts and Adjustment Reason Codes

Header - Other Payer Amounts and Adjustment Reason Codes			
Electronic Payer ID	CAS Group Code	ARC	Amount
A	0077193	PR-Patient Responsibility	1 \$50.00

Select row above to update -or- click add an item button below.

delete

*Electronic Payer ID	0077193
*CAS Group Code	PR-Patient Responsibility
*ARC	1
*Amount	\$50.00

Payer Header Level Adjustment Reason Codes (ARC) and Amounts



Claim with Other Payer (no wrap)

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	2	02/15/2018	0.00	\$0.00		50	D1110					
A	1	02/15/2018	1.00	\$250.00		50	T1015	U2				

Select row above to update -or- click add an item button below.

delete | add an item | copy

Item: 2

*From DOS: 02/15/2018

To DOS: 02/15/2018

*Units: 0.00

*Charges: \$0.00

Medicaid Allowed Amount: \$0.00

Rendering Provider: 1234567890

Submitted EAPG: []

Initial EAPG: []

Status: []

Visit Start Time: [] [] []

Visit End Time: [] [] []

Service Duration less than 90 days:

*Place Of Service: 11 [Search]

*Procedure Code: D1110 [Search]

Emergency: []

Referred EPSDT Service/ Family Planning: []

Diagnosis Code Pointer: 01 [] [] [] []

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

Final EAPG: [] [Search] [] [Search]

Pay Action: []

NDC | Detail - Other Payer | [ClaimCheck](#) | [Additional Provider Information](#)



Claim with Other Payer & Wraparound

Medicaid Information Technology System

Search

Welcome.

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

search search detail dental institutional

Claims

- Search
- Search Detail
- Dental
- Institutional (for Inpatient, Outpatient, L
- Professional

Search

Search Detail

Dental

Institutional

Professional



Claim with Other Payer & Wraparound

Header - Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID
A SMITH	JOHN	A	01/01/1950	SELF	MALE		\$52.50	03/01/2018	87726
A SMITH	JANE		07/01/1955	SPOUSE	FEMALE		\$20.00	03/01/2018	0077193

Select row above to update -or- click add an item button below.

delete | add an item

*Claim Filing Indicator: HMO
 *Insurance Carrier Name: UNITED HEALTHCARE
 *Policy Holder Relationship to Insured: SELF
 *Electronic Payer ID: 87726
 *Policy Holder Last Name: SMITH
 Insured's Policy ID:
 *Policy Holder First Name, MI: JOHN A
 *Payer Sequence: SECONDARY
 Policy Holder Date of Birth: 01/01/1950
 Gender: MALE
 *Paid Amount: \$52.50
 *Paid Date: 03/01/2018
 Medicare ICN:
 Allowed Amount: \$0.00

Header - Other Payer Amounts and Adjustment Reason Codes

Header - Other Payer Amounts and Adjustment Reason Codes

Electronic Payer ID	CAS Group Code	ARC	Amount
A 0077193	PR-Patient Responsibility	2	\$82.50
A 87726	CO-Contractual Obligations	45	\$50.00

Select row above to update -or- click add an item button below.

delete | add an item

*Electronic Payer ID: 87726
 *CAS Group Code: CO-Contractual Obligations
 Payer Header Level Adjustment Reason Codes (ARC) and Amounts:
 *ARC: 45
 *Amount: \$50.00



Claim with Other Payer & Wraparound

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	2	02/15/2018	0.00	\$0.00		50	99214					
A	1	02/15/2018	1.00	\$102.50		50	T1015	U1				

Select row above to update -or- click add an item button below.

delete | add an item | copy

Item: 2
 *From DOS: 02/15/2018
 To DOS: 02/15/2018
 *Units: 0.00
 *Charges: \$0.00
 Medicaid Allowed Amount: \$0.00
 Rendering Provider: 1234567890
 Submitted EAPG:
 Initial EAPG:
 Status:
 Visit Start Time:
 Visit End Time:
 Service Duration less than 90 days:

*Place Of Service: 11 [Search]
 *Procedure Code: 99214 [Search]
 Emergency:
 Referred EPSDT Service/ Family Planning:
 Diagnosis Code Pointer: 01
 Modifiers:
 Final EAPG:
 Pay Action:

NDC | Detail - Other Payer | ClaimCheck | Additional Provider Information

Claim Submission



- Once all fields have been completed
 - Click the “Submit” button to submit the claim
 - You may “Cancel” the claim at anytime but the information will not be saved



Claim Submission, cont.

- All claim submissions are assigned an ICN



2220170357321

Region Code	Calendar Year	Julian Day	Claim Type/ Batch Number	Claim Number in Batch
22	20	170	357	321

Claim Submission, cont.

- Adjudication happens in “real time”
 - If there are no errors, the claim status will show:

- Paid
- Denied
- Suspended



Claim Portal Errors



Select row above to update -or- click add

delete

add an item

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data ent

Previously Denied ICN or TCN

Reason

Claim Status Information

Claim Status Not Submitted yet

Claim Portal Errors, cont.



MITS will not accept a claim without all required fields being populated

Scroll to the top of the claim

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.				

Claim Portal Errors, cont.



Detail

Item	From DOS	Units	Charges	Medicaid Allowed Amount	Class	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	2	10/01/2019	0	\$0.00								
A	1	10/01/2019	1.00	\$100.00		11	99214					

Select row above to update -or- click add an item button below.

delete add an item copy

Item: 2

*From DOS: 10/01/2019

To DOS: 10/01/2019

*Units: 0

*Charges: \$0.00

Medicaid Allowed Amount: \$0.00

Rendering Provider:

Submitted EAPG:

Initial EAPG:

Status:

Visit Start Time:

Visit End Time:

Service Duration less than 90 days:

*Place Of Service: [Search]

*Procedure Code: [Search]

Emergency:

Referred EPSDT Service/ Family Planning:

Diagnosis Code:

Pointers:

Modifiers: [Search] [Search]

Final EAPG: [Search] [Search]

Pay Action:



Medicare Denials



- If Medicare issues a denial and indicates that the patient is responsible for the payment, submit the claim to ODM by following these steps:
 - Enter a claim in MITS
 - Do not enter any Medicare information on the claim
 - Complete and upload a ODM 06653 and a copy of the Medicare EOB

Providers have 365 days to submit FFS claims

During that 365 days they can attempt to submit the claim for payment (if receiving a denial) or adjust it as many times as they need to

An additional 180 days from the resubmit date is given for attempts to correctly submit a denied claim prior to the end of the 365 days



Timely Filing

Providers have 365 days to submit FFS claims, cont.

Claims over 2 years old will be denied

There are exceptions to the 365 day rule

FQHCs & RHCs have 180 days from the MCO paid date to submit a wraparound claim



Submitting a Claim Over 365 Days Old



- Use this panel on the claim for billing claims over 365 days, when timely filing criteria has been met
- Enter the previously denied ICN and select “DELAYED SUBMISSION/RESUBMISSION” in the Reason drop down menu
- When done correctly, MITS will bypass timely filing edits

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 Reason



Special Billing Instructions – Eligibility Delay



- If you are submitting a claim that is more than 365 days after the date of service due to a hearing decision or delay in the individual’s eligibility determination
- The claim must be submitted within 180 days of the hearing decision or eligibility determination date



Special Billing Instructions – Eligibility Delay, cont.



- In the Notes box you will need to enter the hearing decision or eligibility determination information
- In the Note Reference Code dropdown menu select “ADD – Additional Information”

Medicaid CoPay Amount	\$0.00
Note Reference Code	<input type="text"/>

Special Billing Instructions – Eligibility Delay, cont.

- Hearing Decision: APPEALS#####CCYYMMDD
is the hearing number and CCYYMMDD is the date on the hearing decision
- Eligibility Determination: DECISIONCCYYMMDD
CCYYMMDD is the date on the eligibility determination notice from the CDJFS



Notes	DECISION20191224
-------	------------------



Uploading an Attachment



- This panel allows you to electronically upload an attachment onto your claim in MITS

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



Uploading an Attachment, cont.



- Electronic attachments are accepted for Claims, Prior Authorization, and Enrollment Processing
- Acceptable file formats:
BMP, DOC, DOCX, GIF, JPG, PDF, PPT, PPTX, TIFF, TXT, XLS, and XLSX
- Each attachment must be <50 MB in size
- Each file must pass an anti-virus scan in MITS
- A maximum of 10 attachments may be uploaded



Adjusting a Paid Claim



cancel

adjust

void

copy claim

- Open the claim requiring an adjustment
- Change and save the necessary information
- Click the “adjust” button

Adjusting a Paid Claim, cont.

- Once you click the “adjust” button a new claim is created and assigned a new ICN
- Refer to the information in the “Claim Status Information” and “EOB Information” area at the bottom of the page to see how your new claim has processed



Example



2219180234001
5819185127250

Originally paid \$45.00
Now paid \$50.00

Additional payment of \$5.00



2019172234001
5019173127250

Originally paid \$50.00
Now paid \$45.00

Account receivable (\$5.00)



Example, cont.



Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	10/01/2019	1.00	\$5.00		12	A4452					

Select row above to update -or- click add an item button below.

delete | add an item | copy

Item 1

*From DOS 10/01/2019

To DOS 10/01/2019

*Units 1.00

*Charges \$5.00

Medicaid Allowed Amount \$0.00

Rendering Provider 1234567890

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service 12 [Search]

*Procedure Code A4452 [Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer 01

Modifiers

Final EAPG

Pay Action

NDC | Detail - Other Payer | Claims/ten | Additional Provider Information



Example, cont.



Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	10/01/2019	1.00	\$5.00		12	A4452					

Select row above to update -or- click add an item button below.

delete | add an item | copy

Item 1

*From DOS 10/01/2019

To DOS 10/01/2019

*Units 1.00 x

*Charges \$50.00

Medicaid Allowed Amount \$0.00

Rendering Provider 1234567890

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service 12 [Search]

*Procedure Code A4452 [Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer 01

Modifiers

Final EAPG

Pay Action

NDC | Detail - Other Payer | Claims/ten | Additional Provider Information



Example, cont.



Claim Status Information									
Claim Status PAID									
Claim ICN 2218305000002									
Paid Date									
Paid Amount \$0.32									
EOB Information									
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description	
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$4.68	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	

cancel adjust void copy claim



Example, cont.



Claim Status Information									
Claim Status PAID									
Claim ICN 5818305000001									
Paid Date									
Paid Amount \$3.20									
EOB Information									
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description	
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$1.80	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	
Adjustment Information									
ICN Date Adjusted									
5818305000001 11/01/2018									
2218305000002 11/01/2018									

cancel adjust void copy claim



Voiding a Paid Claim



cancel

adjust

void

copy claim

- Open the claim you wish to void
- Click the “void” button at the bottom of the claim
- The status is flagged as “non-adjustable” in MITS
- An adjustment is automatically created and given a status of “denied”



Example



2218180234001
5818185127250

Originally paid \$45.00
Account receivable (\$45.00)

* Make sure to wait until *after* the weekend’s adjudication cycle to submit a new, corrected claim if one is needed



Example, cont.



Claim Status Information								
Claim Status	PAID							
Claim ICN	5818305000001							
Paid Date								
Paid Amount	\$3.20							
EOB Information								
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$1.80	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
Adjustment Information								
ICN	Date Adjusted							
5818305000001	11/01/2018							
2218305000002	11/01/2018							

cancel adjust void copy claim



Example, cont.



Claim Status Information								
Claim Status	DENIED							
Claim ICN	5818305000002							
Denied Date								
Paid Amount	\$0.00							
EOB Information								
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description
0		0566	ELECTRONIC ADJUSTMENT/VOID SET TO DENY			The related or qualifying claim/service was not identified on this claim. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
Adjustment Information								
ICN	Date Adjusted							
5818305000002	11/01/2018							
5818305000001	11/01/2018							
2218305000002	11/01/2018							

re-submit cancel



Example, cont.



Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
1	11/01/2018	10.00	\$5.00	\$0.00	DENIED	12	A4452					

Select row above to update -or- click add an item button below.

Item

From DOS

To DOS

Units

Charges

Medicaid Allowed Amount

Rendering Provider

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

Place Of Service [Search]

Procedure Code [Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code

Pointer

Modifiers [Search] [Search]

Final EAPG [Search]

Pay Action

NDC | Details | Other Payer | ClaimCheck | Additional Provider Information



Copying a Paid Claim



- Open the claim you wish to copy
- Click the “copy claim” button at the bottom of the claim
- A new duplicate claim will be created, make and save all necessary changes
- The “submit” and “cancel” buttons will display at the bottom
- Click the “submit” button
- The claim will be assigned a new ICN



cancel

adjust

void

copy claim



ClaimsXten



- Clinically oriented software tool that automatically identifies inappropriate code combinations and discrepancies in claims
- Will look at the coding accuracy of procedures, not medical necessity, and will prevent inappropriate payment for certain services which include:
 - Duplicate services (same person, same provider, same date)
 - Individual services that should be grouped or bundled
 - Mutually exclusive services
 - Services rendered incidental to other services
 - Services covered by a pre or post-operative period
 - Visits in conjunction with other services

The National Correct Coding Initiative (NCCI)

- Developed by the Centers for Medicare & Medicaid Services
 - To control inappropriate payment of claims from improper reporting of CPT and HCPCS codes
 - NCCI serves as a common model and standard for handling claims for procedures and services that are performed by one provider for one individual on a single date of service



The National Correct Coding Initiative (NCCI)

- Procedure to procedure (PTP) “Incidental” edit which determines whether a pair of procedure codes should not be reported together because one procedure is incidental to (performed as a natural consequence or adjunct to) the other
- Medically unlikely edit (MUE) determines whether the units of service exceed maximum units that a provider would be likely to report under most circumstances

