

# Medicaid Information Technology Systems

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Department of  
Medicaid

Once logged into MITS you will see the Welcome Page



Department of Medicaid

 

Welcome,

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

Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report  
ordering/referring/ prescribing search group affiliation group members cpc group cpc group members cpc accreditations cpc attestations

Name  
Provider ID NPI  
Zip Code

You can view your Remittance Advices, your 835 transactions, by clicking Reports on the menu bar.

Messages	
*** No rows found ***	
Claim Activity Summary	
Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0

- Quick Links
- ODM Provider Page

**Step #1** Hold your mouse over Claims and select Professional



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Messages	
*** No rows found ***	
Claim Activity Summary	
Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0

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**Step #2** Complete all fields that have an asterisk (\*) in the first panel

- ❖ Fill in the individual's Medicaid Billing Number and date of birth  
Press the tab key on your keyboard and the individual's name will populate
- ❖ Patient Account # will default to zero, you may enter your own account number for the individual
- ❖ Medicare Assignment (dropdown menu to select)
- ❖ Release of Information (dropdown menu to select)
- ❖ Signature Source (dropdown menu to select)

The screenshot shows a web-based form for a Professional Claim. The form is divided into two main sections: BILLING INFORMATION and SERVICE INFORMATION. The BILLING INFORMATION section includes fields for ICN, Claim Received Date, Claim Type (M - PROFESSIONAL), Provider ID (NPI), \*Medicaid Billing Number, \*Date of Birth, Last Name, First Name, MI, \*Patient Account # (0), Medical Record #, Referring Provider #, Supervising Provider #, Rendering ID, \*Medicare Assignment (NOT ASSIGNED), Patient Amount Paid (\$0.00), and \*ICD Version (10). The SERVICE INFORMATION section includes \*Release of Information (NOT ALLOWED TO RELEASE DATA), From Date, To Date, Signature Source, Accident Related To, Accident State, Accident Country (with a search field), Accident Date, EPSDT Referral, Prior Authorization #, Hospital Discharge Date, Last Menstrual Period, and a section for TOTAL CHARGES (Total Charges, Medicaid Allowed Amount, TPL Paid Amount, Total Medicaid Paid Amount, Medicaid CoPay Amount, all \$0.00). There is also a Note Reference Code dropdown and a Notes text area. Below the form are two table headers: 'Diagnosis' and 'Header - Other Payer', both showing '\*\*\* No rows found \*\*\*' and instructions to 'Select row above to update -or- click add an item button below.' Each table header has 'delete' and 'add an item' buttons.

### Step #3 Add Diagnosis Code(s)

Click the “add an item” button

The screenshot shows the top portion of a software interface titled "Diagnosis". It features a table with columns for "Sequence", "Diagnosis Code", and "Description". Below the table, there are two buttons: "delete" and "add an item". A red arrow points to the "add an item" button. Below the buttons, there is a search field with a dropdown menu for "Sequence" and a text input for "Diagnosis Code".

- ❖ Select sequence 01 from the dropdown and enter the ICD-10 diagnosis code (do not enter a decimal point)
- ❖ Once this information is added save the diagnosis code by clicking on the light blue line

This screenshot shows the same "Diagnosis" form as above, but with a yellow highlight over the "add an item" button. Below the form, a table is visible with columns: "Item", "Units", "Charges", "Medicaid Allowed Amount", "Status", "Place of Service", "Procedure Code", "Modifier 1", "Modifier 2", "Modifier 3", "Modifier 4", and "Final EAPG". The table contains one row with the value "1" in the "Item" column and "\$0.00" in the "Charges" and "Medicaid Allowed Amount" columns.

If you have more than one diagnosis to enter repeat Step #3 until all diagnoses are entered and saved

Each time you enter an additional diagnosis code you must select the next sequence number (the second line created will be sequence 02, the third line will be sequence 03 etc.)

**Step #4** Since there is not another payer present you will skip the Header-Other Payer section and continue down to the Detail panel

- ❖ Enter the From DOS (the To DOS will populate with the same date of service)
- ❖ Enter the number of Units being billed
- ❖ Enter your usual and customary charges (the Medicaid allowed amount will populate once the claim has been submitted)
- ❖ Enter the Rendering Provider's NPI
- ❖ Enter the Place of Service code
- ❖ Enter the Procedure Code
- ❖ Select the appropriate diagnosis code sequence number from the Diagnosis Code Pointer dropdown menu

The screenshot shows the 'Detail' panel of a software interface. At the top, there is a table with columns: Item, FDOS, Units, Charges, Medicaid Allowed Amount, Status, Place of Service, Procedure Code, Modifier 1, Modifier 2, Modifier 3, Modifier 4, and Final EAPG. The first row (Item 1) has values: A, 1, 0, \$0.00, \$0.00. Below the table, there are buttons for 'delete', 'add an item', and 'copy'. A message says 'Select row above to update -or- click add an item button below.' The main area contains various input fields and dropdown menus for editing the selected item (Item 1). Fields include: \*From DOS, To DOS, \*Units (0), \*Charges (\$0.00), Medicaid Allowed Amount (\$0.00), Rendering Provider, Submitted EAPG, Initial EAPG, Status, \*Place Of Service, \*Procedure Code, Emergency, Referred EPSDT Service/Family Planning, \*Diagnosis Code Pointer, Modifiers, and Final EAPG Pay Action. At the bottom, there are buttons for 'NDC', 'Detail - Other Payer', 'ClaimCheck', and 'Additional Provider Information'.

Once all information is entered save the detail by clicking on the light blue line

If you have more than one procedure click “add an item” at the top of the Detail panel and repeat Step #4 for each additional code

**Step #5** To add the Ordering, Referring, or Prescribing clinician's information click the "Additional Provider Information" button at the bottom of the Detail panel

Submitted EAPG  Final EAPG  
Initial EAPG Pay Action  
Status

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

In the Additional Provider Information panel click "add an item"

**Additional Provider Information** \*\*\* No rows found \*\*\*  
Select row above to update -or- click /

delete add an item

Select the appropriate detail number from the "Detail Item" dropdown menu

**Additional Provider Information**

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

Type data below

delete add an item

\*Detail Item 1 2 3 4  
\*Type of Provider    
\*Provider #   
\*Last Name   
\*First Name, MI

Now select the appropriate provider from the Type of Provider dropdown menu

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

**Type data below**

delete    add an item

\*Detail Item

\*Type of Provider   
Referring Provider  
Supervising Provider

\*Provider #

\*Last Name

\*First Name, MI

- ❖ Ordering Provider is used by most providers
- ❖ Referring Provider is currently only used by MSPs
- ❖ Supervising Provider is currently only used for behavioral health

Enter the clinician's NPI in the Provider # field

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

**Type data below f**

delete    add an item

\*Detail Item 1

\*Type of Provider Ordering Provider

\*Provider # 1234567891

\*Last Name

\*First Name, MI

Now enter the clinician's last name, first name, and middle initial as listed in MITS

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

**Type data below**

\*Detail Item 1

\*Type of Provider Ordering Provider

\*Provider #

\*Last Name

\*First Name, MI

Click "add an item" and repeat Step #5 for each additional detail entered on the claim

**Step #6** Submit the claim by clicking the "submit" button at the bottom right of the claim

Attachments	
*** No rows found ***	
Select row above to update -or- click add an item button below.	
<input type="button" value="delete"/>	<input type="button" value="add an item"/>
Supporting Data for Delayed Submission / Resubmission	
<small>DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.</small>	
Previously Denied ICN or TCN <input type="text"/>	Reason <input type="button" value="v"/>
Claim Status Information	
Claim Status	Not Submitted yet

Once the claim has been properly submitted you will see the Internal Control Number (ICN) and one of the following statuses:

- ❖ Paid
- ❖ Denied
- ❖ Suspended