
Oregon Health Plan Provider Web Portal

Adjusting and Resubmitting Claims

Program-specific instructions are included in
supplemental guides for each program



September 2015

Providers Page

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click Search

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Warning: Use of this network is restricted to authorized users. All users must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

Enter Search Criteria

1. Enter search criteria*
2. Click search

Claim Search: 506643095 MCD

ICN	<input type="text"/>	Rendering Provider ID	<input type="text"/> [Search]
Client ID	<input type="text"/>	1 Claim Type	<input type="text"/> ▼
TCN	<input type="text"/>	Status	<input type="text"/> ▼
FDOS	<input type="text"/>	Date Paid	<input type="text"/>
TDOS	<input type="text"/>		

*Search criteria may consist of any combination of the available fields

search²
clear

Search Results

Search results display*

Claim Search: 506643095 MCD

ICN Rendering Provider ID [Search]

Client ID Claim Type

TCN Status

FDOS Date Paid

TDOS

Click on a row to view the claim

Search Results								
ICN	Client ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	
2212159000006	JT500A3R	03/01/2012	03/01/2012	OUTPATIENT CLAIMS	DENIED	06/07/2012	\$550.00	
2212131000009	CA500L1L	02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/10/2012	\$2,772.00	
2212121000006	CA500L1L	02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/03/2012	\$2,772.00	
2212121000005	CA500L1L	03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	05/03/2012	\$2,904.00	
2212156000003	GI500R1L	04/01/2012	04/30/2012	PROFESSIONAL CLAIMS	DENIED	06/05/2012	\$3,000.00	
5912159000001	CA500L1L	03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	06/07/2012	\$2,904.00	
2212187000002	JT500A3R	06/01/2012	06/15/2012	PROFESSIONAL CROSSOVER	DENIED	07/13/2012	\$1,000.00	
2212187000003	JT500A3R	06/01/2012	06/15/2012	PROFESSIONAL CLAIMS	DENIED	07/13/2012	\$1,000.00	

*A specific claim, not a list, displays when search criteria only identifies one claim.

Web Claim*

Fields are populated with information previously submitted

Professional Claim

Billing Information

ICN: S913352000001
 Provider ID: 1891792313 NPI
 Client ID: HN400833 [Search]

Service Information

From Date: 09/15/2013
 To Date: 09/15/2013
 Expected Delivery Date
 Medical Record Number

Last Name: REBAR
 First Name, MI: MARGARET P
 Date of Birth: 12/18/1988
 Patient Account #
 Referring Phys: [Search]
 Insurance Denied

Accident Related To
 Charges

Total Charges: \$285.00
 TPL Amount: \$0.00
 Plan Payment Amount
 CoPay Amount: \$0.00

Adjustment History

ICN	Date Adjusted	Claim Status	Claim History Date	Adjustment Status	Adjustment Reason
2213352000009	12/18/2013		12/18/2013	PAID	

Resubmission Claim History

*** No rows found ***

Diagnosis

Sequence	Diagnosis	Description	ICD Version	Present on Admission
1	V2509	Contraceptive mangmt NEC	9	

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

TPL

*** No rows found ***

Select row above to update

Last Name
 First Name, MI
 Date of Birth
 Relationship
 Policy Number

Plan Name
 Plan ID
 Adjustment Reason Code
 Adjustment Group Code
 Adjustment Amount

Medicare Information

Medicare Paid Date	Coinsurance Amount	Deductible Amount	Psychiatric Amount	Paid Amount
A	\$0.00	\$0.00	\$0.00	\$0.00

Select row above to update.

Detail

Item	Procedure	Units	Charges	Status	Allowed Amount
1	11981	1.00	\$285.00	PAID	\$99.55

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

Item: 11981
 From DOS
 To DOS
 Units
 Units Qualifier
 Charges
 Rendering Physician
 Taxonomy
 Zip+4
 Status
 Diagnosis Code Pointer
 Modifiers
 POS
 Procedure
 NDC
 NDC UOM
 NDC Quantity
 Tpl Amount
 Plan Payment Amount

Emergency
 Pregnancy
 EPSDT Ref
 EPSDT Family Planning
 Allowed Amount
 CoPay Amount
 Adjustment Reason Code
 Adjustment Amount
 Medicare Paid Date
 Deductible Amount
 Coinsurance Amount
 Medicare Paid Amount
 Medicare Psych Amount

Hard-Copy Attachments

*** No rows found ***

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

Control Number
 Transmission
 Report Type
 Description

Claim Status Information

Lists all previous claim adjustments for this service

Click on a row to update information

1. Change information on the claim as needed
2. Reprocess the claim
 - Adjust PAID claim (see slide 6)
 - Resubmit DENIED claim (see slide 7)
3. A new ICN should be assigned when claim has reprocessed (see slide 8)

* Example displays a professional claim. Adjustment process is the same for every claim type.



Claim Status PAID

PAID claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Claim Status Information		
Claim Status	PAID	
Claim ICN	5012011705001	
Paid Date	01/12/2012	
Allowed Amount	\$90.00	

Coversheet for supporting documentation

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
2	45	Charge exceeds contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

Clears changes made during this session

cancel adjust void copy claim

Adjusts the existing claim with changes made during this session

Cancel the existing claim; previous payments will be recouped

Duplicates the existing claim; status will change back to Not Submitted Yet

Claim Status DENIED

DENIED claim; provider may

- Re-submit
- Cancel

Claim Status Information		
Claim Status	DENIED	
Claim ICN	2213364000010	
Denied Date	12/30/2013	
Allowed Amount	\$0.00	

[Coversheet for supporting documentation](#)

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	146	Diagnosis was invalid for the date(s) of service reported.
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

re-submit

cancel

Submits a new claim with changes made during this session

Clears changes made during this session

*Claim status **SUSPENDED**: In some cases, a claim may suspend for internal review when our system is unable to determine if a claim should pay or deny. Providers may take *no* action on suspended claims. Claims are given a PAID or DENIED status after internal review. This process should never take longer than two weeks.

Claims That Do Not Reprocess

The following messages were generated:

Message Description	Panel	Field	Row
From Date is required.	Professional Claim	From Date	1
To Date is required.	Professional Claim	To Date	1
To DOS is required.	Professional Claim	To Date	1
From DOS is required.	Professional Claim	From Date	1
ProcedureCode is required.	Professional Claim	ProcedureCode	1
A valid POS is required	Professional Claim	POS	1
A valid Procedure is required	Professional Claim	Procedure	1
Units must be greater than 0.	Professional Claim		1
A valid Client ID is required	Professional Claim	Client ID	1

Description explains why the claim did not process

Panel, field and row indicate the exact location of the error

A new ICN is assigned upon reprocessing;
 If not, scroll to the top of the claim to see why the claim did not reprocess.
 You can repair errors and try to reprocess again.

Do You Need Further Assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

Medicaid Provider Training

Medicaid.Provider-Training@state.or.us