

**USER MANUAL**

# **Dental Claims - Fee for Service**



**Department of  
Medicaid**

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# Introduction

This user manual provides the steps and functions for submitting and searching for dental claims in the Provider Network Management (PNM) system. This document focuses on the submission of fee-for-service dental claims.

Fee-for-service dental claims can still be submitted through the same pathway used prior to the launch of this function in PNM (EDI). Additionally, if a predetermination or prior authorization is involved in the EDI submitted dental claim, the claim submission must go through the Managed Care dental claim vendor.

Currently, Managed Care claims can be submitted through the following:

- As direct data entry through the plan portal
- Through submissions of predeterminations claims via the plan's dental vendors (who will forward the claims to Medicaid)
- The OMES front door

The specific route of claims submissions is up to the provider or trading partner.

The information contained in this document does not apply to MyCare Ohio.

For a Provider Agent user to submit claims, the role/action "*Claim Submission*" must be assigned to the Agent by the Provider Administrator for the Medicaid ID under which the claims are submitted.

For a Provider Agent user to search for claims, the role/action "*Claim Search*" must be assigned to the Agent by the Provider Administrator for the Medicaid ID under which the claims were submitted.

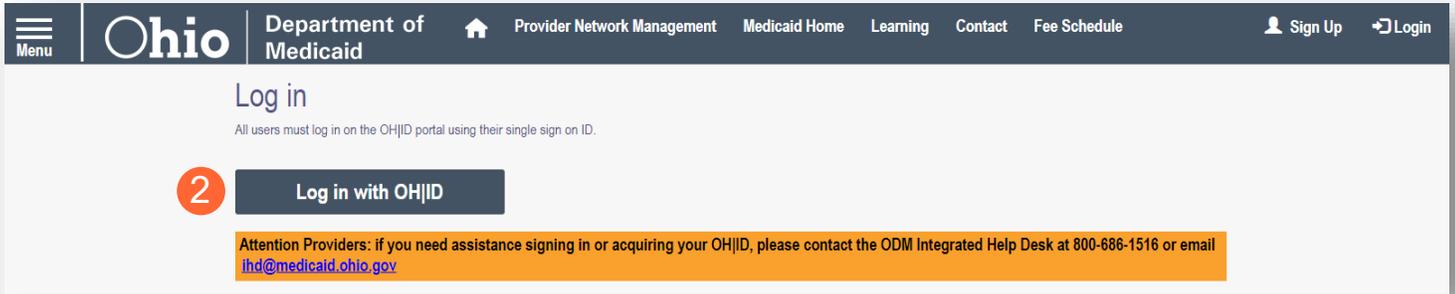
Decimals are not allowed on claim submissions. Be sure when entering codes (ex. diagnosis codes) that they are entered without decimals.

## Provider User Initial Login

In this section of the user guide we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

**Step 1:** Visit the PNM web address: [https://ohpnm.omes.maximus.com/OH\\_PNM\\_PROD/Account/Login.aspx](https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx).

**Step 2:** Click **Log in with OH|ID**.



## DENTAL CLAIMS

**Step 3:** The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- If you have not created an IOP account previously, you can click **Create Account** and follow the steps to create a new account.

**OHID**  
Ohio's Digital Identity. One State. One Account.  
Register once, use across many State of Ohio websites

Create account

---

**Log In**

3

OHID

Password

Log in

[Forgot your OHID or password?](#) | [Get login help](#)

**Step 4:** You will be redirected to the PNM system. Read the Terms of Use and click “Yes, I have read the agreement” to proceed into PNM.

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

4  Yes, I have read the agreement

Cancel



## Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** (Also known as CEO Certified for DODD) A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.
  - There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers (NPIs/Medicaid IDs).
- **Provider Agent:** (Also known as Secondary User for DODD) A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

A user must select a role the first time they log into PNM.

User Profile

What type of Provider Account do you need to create?

Provider Administrator  
 Provider Agent  
 CEO Certified (DODD)  
 Secondary User (DODD)

When you first login to the PNM system you will see a variety of buttons to help with administering providers. Some of the buttons, as indicated below, are only accessible to certain user roles.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027

**Menu:** The menu can be accessed by clicking on the three bars in the top left corner of the screen. The Menu provides a variety of key topics to choose from such as the Provider Directory, Learning Resources, and Contact Us (A).

**Account Administration:** This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user (*button only displays for users holding the Provider Administrator or CEO Certified role*) (B).

**Excel and PDF Icons:** These buttons allow you to export the list of providers appearing on your dashboard. Click the 'green' icon to export the list in an Excel format or the 'red' icon to export the list in a PDF format (C).

**New Provider?:** This button is used to start a New Enrollment Application (first time enrolling with ODM, ODA, or DODD) for any new Ohio Medicaid provider that you will be responsible for administering (*button only displays for users holding the Provider Administrator or CEO Certified role*) (D).

## Accessing the Provider Self Service Panel

This section displays the necessary steps for accessing the Self Service functionalities for a provider file.

**Step 1:** From the Provider Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the file of the Provider you wish to access.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	<a href="#">Training Medical Group</a>	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027

**Step 2:** Under the Manage Application section, click the '+' icon to expand the Self Service Selections.

**Manage Application**

- Enrollment Actions + Enrollment Action Selections:
- Programs + Program Selections:
- Self Service **2** + Self Service Selections:

**Step 3:** Click the hyperlink for 'Claims.'

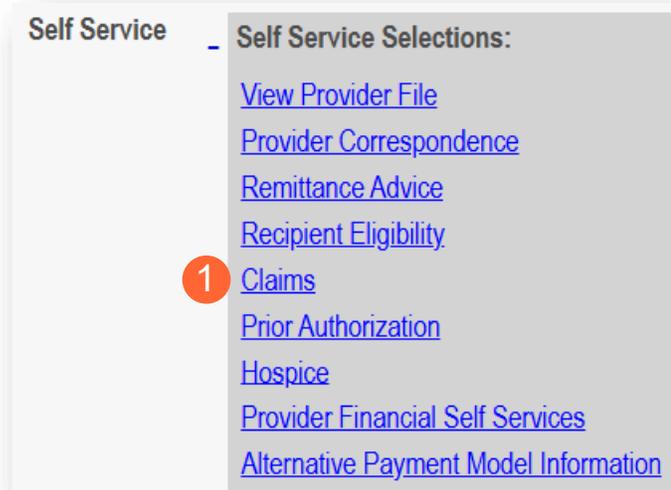
**Self Service** - Self Service Selections:

- [View Provider File](#)
- [Provider Correspondence](#)
- [Remittance Advice](#)
- [Recipient Eligibility](#)
- 3** [Claims](#)
- [Prior Authorization](#)
- [Hospice](#)
- [Provider Financial Self Services](#)
- [Alternative Payment Model Information](#)

## Search for a Previously Submitted Claim

This self-service functionality in PNM will allow for the search of fee-for-service claims previously submitted via PNM or EDI transaction.

**Step 1:** Click the 'Claims' hyperlink.



**Step 2:** The Claims search panel will appear. Enter any or all the following information:

- Internal Control Number—ICN (*tracking number assigned to the claim*)
- Medicaid Billing Number
- Patient Account Number
- Rendering Provider ID
- Amount Billed
- Payor Name (*required field*)
  - Ohio Department of Medicaid
- Claim Type: Dental
- Claims Status
  - Pending Submission
  - Paid
  - Denied
  - Reversed
  - In Process
  - Open
  - Adjudicated
  - Pay
  - Void
  - RevSynch
  - Rev
  - WaitPay
  - WaitDeny
  - WaitRev
  - Deny
  - Pend

## DENTAL CLAIMS

- Remittance Advice (RA) Date
- Date of Service From (*does not allow future date*)
- Date of Service To (*does not allow future date*)
- Prescription Number

**Note:** When searching by Claim Status for a claim in a 'Pending Submission' status, the Payor Name is not required.

**Note:** Please enter all available information before performing a search for an accurate retrieval. An open-ended search will delay or yield no results.

**Step 3:** When the criteria is entered, click **Search**.

Provider Medicaid ID:  Provider NPI:  Provider Name:

### CLAIM SEARCH

Please enter all available information before performing a search for an accurate retrieval. An open-ended search will delay or yield no results.

ICN	Claim Type	
<input type="text"/>	<input type="text"/>	
Medicaid Billing Number	Claim Status	
<input type="text"/>	PAY	
Patient Account Number	RA Date	
<input type="text"/>	mm/dd/yyyy	
Rendering Provider ID	Date of Service From	Date of Service To
<input type="text"/>	mm/dd/yyyy	mm/dd/yyyy
Amount Billed	Prescription Number	
<input type="text"/>	<input type="text"/>	
Payor Name *	Max Records	
Ohio Department of Medicaid	20	

**3**

### CLAIM SEARCH RESULT

ICN ↑	Medicaid Billing Number	Patient Account Number	Billed Amount	Paid Amount	Claim Type	RA Date	From Date	To Date	Status	Attachment
<b>4</b> 25085E0049351	<input type="text"/>	MR3PZA0S2	150	95.78	DENTAL	null	03/25/2025	03/25/2025	PAY	<a href="#">Upload</a>
25080E0070558	<input type="text"/>	MR3KZAMUP	150	95.78	DENTAL	null	03/20/2025	03/20/2025	PAY	<a href="#">Upload</a>

**4**

**Step 4:** The ICN search results will be displayed at the bottom of the page. Click the 'ICN' hyperlink to access claim details.

**Note:** The claim status and Attachments '**Upload**' hyperlink appear in the far-right columns. Attachments can be added to a claim in Adjudicated, Deny, Open, Pay, or Pend status using the 'Upload' hyperlink. This process is explained on page 45 in the section, Attachments to a Previously Submitted Claim.

**Note:** To clear search data and begin a new search, click **Clear**.

## DENTAL CLAIMS

**Step 5:** Review the claim. Claim status and other information will appear in the section at the top-right.

- To expand a section, click the '+' icon.
- To collapse a section, click the '-' icon.

**Note:** For example, Reviewer Notes display in a collapsed section. To view, click the '+' icon.

**Step 6:** Locate the available action buttons at the bottom of the screen for a claim in PAID status.

- **Copy:** Creates a new claim copying the data of the paid claim.
- **Adjust:** Allows data to be changed to submit claim.

**Note:** After clicking the 'Copy' or 'Adjust' buttons all field values become editable and claim adjudication information is deleted.

**Note:** Only claims in PAID status can be ADJUSTED. During a claims SEARCH, the user is expected to select the latest iteration of the claim for adjustment. If an earlier version of the claim is selected for adjustment and resubmitted, then it will be denied with the appropriate edit.

- **Void:** Lets provider void the previously paid claim.
- **Cancel:** Returns to the main menu.

The screenshot displays a dental claim review interface. At the top right, a red circle with the number '5' highlights the 'Claim Status PAID' section, which also shows the ICN (202235061650), Paid Amount (\$83.35), and Adjudication Date (12/21/2022). Below this, a red asterisk indicates required fields. The 'Destination Payer Name' is 'Ohio Department of Medic' and the 'Destination Payer ID' is 'MMISODJFS - Ohio Depa'. The 'Destination Payer Responsibility Sequence' is 'Primary'. The 'RECIPIENT INFORMATION' section includes fields for Medicaid Billing Number (910002227951), Date of Birth, Gender (Male), Last Name, Patient Control Number (SWCLWZXDA), and Address details. The 'SERVICE INFORMATION' section shows Special Program Code, Patient Amount Paid (0.00), Date of Service, Release of Information (Yes), and Place of Service (11). A list of expandable sections follows, including ACCIDENT INFORMATION, PRIOR AUTHORIZATION & REFERRAL INFORMATION, REFERRING PROVIDER INFORMATION, RENDERING PROVIDER, SERVICE FACILITY LOCATION INFORMATION, ASSISTANT SURGEON, SUPERVISING PROVIDER, OTHER PAYER INFORMATION, DIAGNOSIS CODES, OUTPATIENT ADJUDICATION INFORMATION, HEADER OTHER PAYER ADJUSTMENT INFORMATION, SERVICE DETAILS, TOOTH & TOOTH SURFACE INFORMATION, ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL, OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN, and OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL. The 'ATTACHMENT' section has a table with columns for Line Item, Document ID, and Document Type. Below the table, there is an 'Upload attachment' field with a 'Choose File' button (No file chosen) and a 'Document Type' dropdown menu (Referral Form (Ohio 6653)). At the bottom, a red circle with the number '6' highlights the action buttons: Copy, Adjust, Void, and Cancel. A checkbox at the bottom left indicates 'This is a predetermination claim'.

## DENTAL CLAIMS

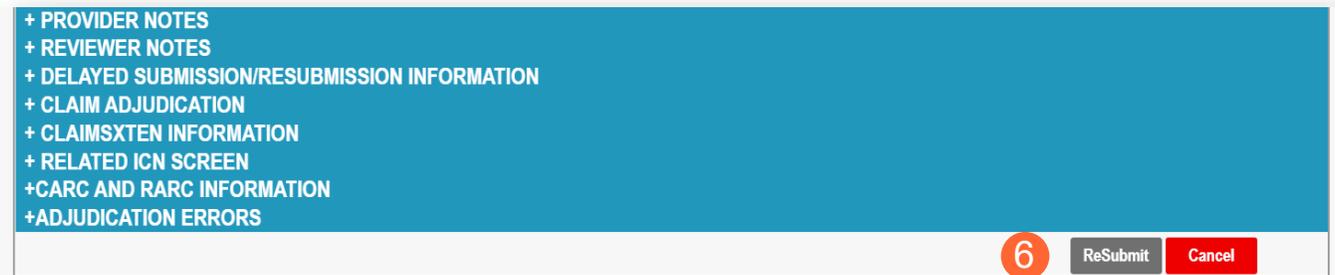
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The action buttons available at the bottom of the screen for a claim in DENIED status are different than the action buttons available for a claim in PAID status.

- **Resubmit:** Available for claims in DENIED status and lets provider fix the data, resubmit the claim again, and create a NEW DAY claim with a new ICN for further claim processing.

Note: Only claims in a DENY/DENIED status can be RESUBMITTED. During a claims SEARCH, the user is expected to select the latest iteration of the claim for resubmittal. If an earlier version of the claim is selected for correction and resubmitted, then it will be denied with the appropriate edit.

**Cancel:** Returns to the main menu.



Note on Adjustment and Resubmission of Claims: Any action taken to Adjust or Resubmit a claim should be chosen carefully and what action needs to be performed depends on the latest status of the claim. If the latest status is PAID, then Provider is expected to ADJUST. If the latest status is DENY/DENIED, the Provider is expected to RESUBMIT.

## Claim Statuses

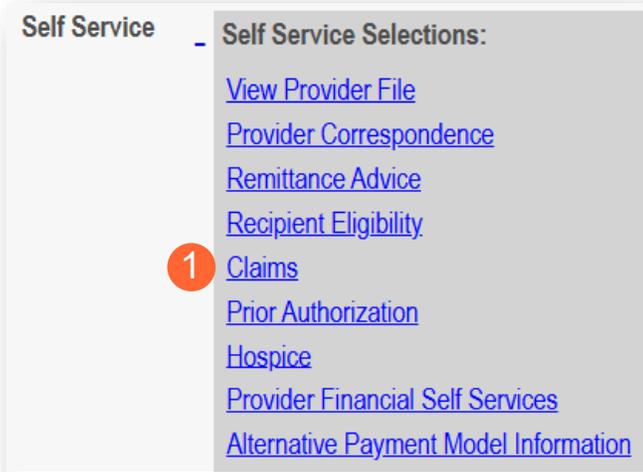
A summary of claim statuses and their definitions.

- **Adjudicated** – The claim has run through initial review of business rules and applied edits but has not gone through the payment process.
- **Denied** – The claim has failed business rules and has gone through the payment process.
- **Deny** – The claim has failed header and/or line-level business rules and has not been submitted to the payment process.
- **Open** – The claim has been received and is in process but has not been adjudicated.
- **Paid** – The claim has been finalized and has gone through the payment process.
- **Pay** – The claim has been adjudicated and all edits have been satisfied. It is now ready to go through the payment process.
- **Pend** – The claim has been set aside for review to determine if it should be paid or denied.
- **Pending Submission** - This is the status of a claim before submission.
- **Rev** – This is a real-time, non-finalized, financial status for a reversed/adjusted claim.
- **Reversed** – The claim has been finalized. Checks have been printed and the payment process is complete, but errors have been identified and a mirror image of the claim has been created to correct the errors.
- **RevSynch** – This is a real-time, non-finalized, financial status for a reversed claim that is synchronized to go through the payment cycle the same time as the adjustment claim.
- **Void** – This is a finalized status for a claim that has been voided. The claim has been canceled.
- **WaitDeny** – The claim has failed business rules and has been submitted for payment, but the payment process is not complete.
- **WaitPay** – The claim has been approved for payment and submitted to the payment process, but that process has not yet been completed.
- **WaitRev** – A reversal claim has been created and submitted to the payment process, but that process is not yet complete.
- **Warn** – An informational message that does not affect claim payment or denial.

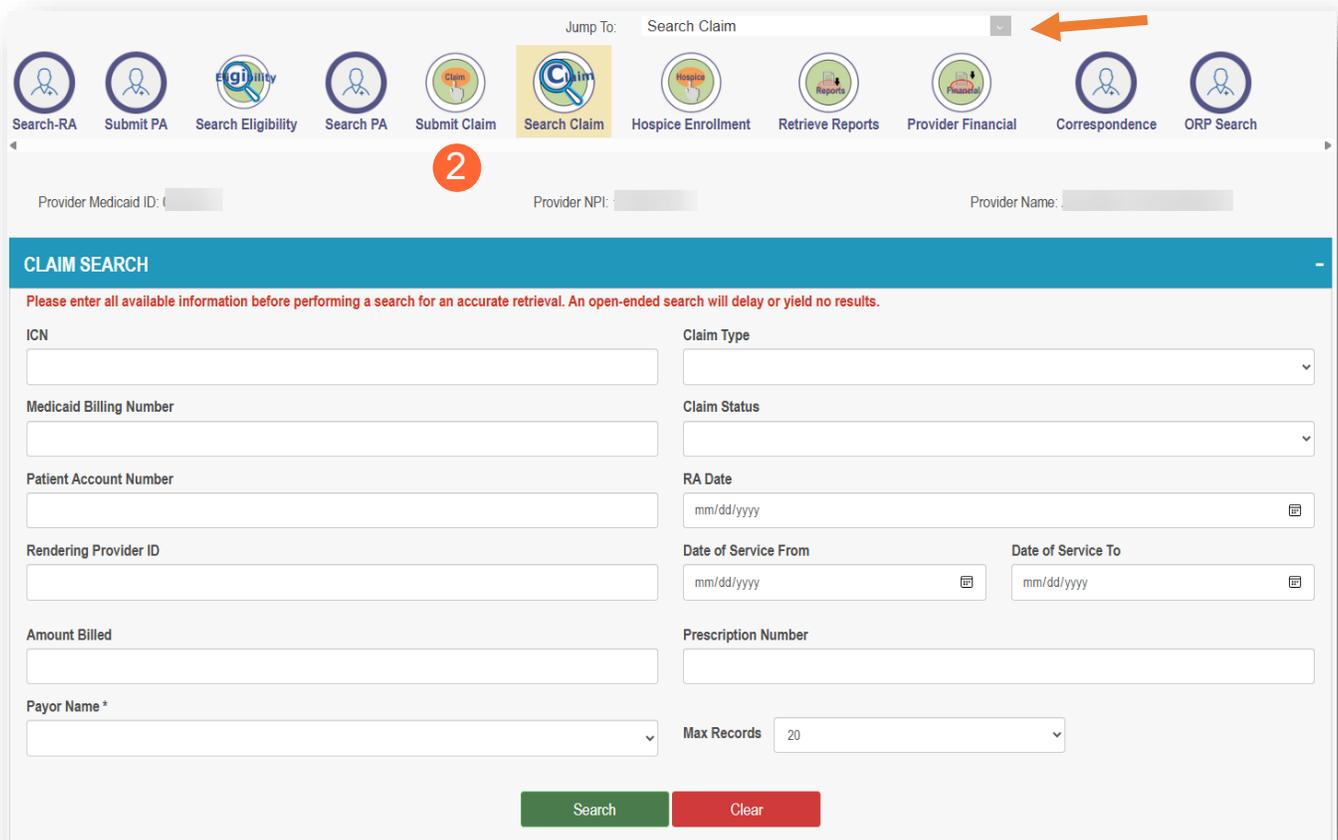
## Submit a New Claim

Fee-for service Dental Claims can be submitted through PNM.

**Step 1:** Click the 'Claims' hyperlink.



**Step 2:** To submit a Claim, click the 'Submit Claim' icon at the top of the page or select 'Submit Claim from the drop-down menu next to 'Jump to.'



**Step 3:** Under Claim Type, select 'Dental' by choosing the radio button.

**Note:** If you select the incorrect claim type, fill out the Destination Payer information and then click **Cancel** at the bottom of the page. This will reset the claim submission page and allow for the correct type to be selected.

**Note:** Anytime a 'Search' hyperlink appears, clicking on the hyperlink will open a search panel to locate additional information, such as codes, or Provider information.

- Enter search criteria and click the 'Search' button.
- Search results will appear below the entered criteria.
- Click the hyperlink to add it to the proper field on the claim submission page.

DIAGNOSIS CODE	ICD VERSION	DIAGNOSIS DESCRIPTION
<input type="text"/>	<input type="text"/>	<input type="text"/>

DIAGNOSIS CODE	ICD VERSION	DIAGNOSIS DESCRIPTION
<input type="text"/>	ICD 10	tooth

**SEARCH RESULTS**

Diagnosis CODE	Diagnosis Version	Diagnosis DESCRIPTION
K006	ICD 10	DISTURBANCES IN TOOTH ERUPTION
K008	ICD 10	OTHER DISORDERS OF TOOTH DEVELOPMENT
K085	ICD 10	UNSATISFACTORY RESTORATION OF TOOTH
K0850	ICD 10	UNSATISFACTORY RESTORATION OF TOOTH, UNSPECIFIED
K0856	ICD 10	POOR AESTHETIC OF EXISTING RESTORATION OF TOOTH
K0859	ICD 10	OTHER UNSATISFACTORY RESTORATION OF TOOTH

**- REFERRING PROVIDER INFORMATION**

**\*NPI**

Referring Provider  [Search](#)

Primary Care Provider  [Search](#)

NPI	MEDICAID ID	BUSINESS/LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text" value="smith"/>	<input type="text"/>

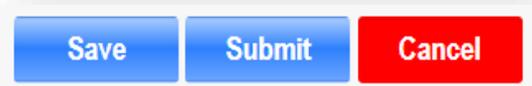
[Search](#)

**SEARCH RESULTS**

NPI	Medicaid ID	Business/Last Name	First Name	Address Line 1	Address Line 2	City	State	Zip
<a href="#">1003005455</a>	10000046	SMITH	NANCI	2400 CORPORATE EXCHANGE DR		COLUMBUS	OH	43231
<a href="#">1003144130</a>	9999915	SMITH THERAPY SERVICES		141 WASHINGTON AVE		COLUMBUS	OH	43231

**Note:** The buttons below appear at the bottom of the Claims page.

- **Save:** Saves the Claim form and data entered.
  - Saved claim information will remain in PNM until the claim is submitted or until a 72-hour milestone is reached from the time of the save, whichever occurs first.
  - A saved claim can be retrieved from PNM system using claim search panel and searching for the status of "Submission Pending."



- **Submit:** Sends the Claim for review.
- **Cancel:** Cancels the Claim and erases data entered.

**Important Notes:**

- A red asterisk appearing on the section header/title indicates that section is required to be completed.
  - The required fields within that section are marked with a red asterisk.
- If a section header/title does not display a red asterisk, it means that section is not required to be completed on all claim submissions.
  - These sections are situational and may need data entered depending on the claim being submitted.
  - Red asterisks listed for fields in these sections indicate that if information is filled out in these sections, at minimum, the asterisk marked fields are required to be completed.
- In the claim submission panels, to expand a section, click the '+' icon or to collapse click '-' icon.

## Destination Payer Information

**Step 4:** After selecting a Dental Claim Type, select the following from the provided drop-down menus:

- Destination Payer Name
  - Ohio Department of Medicaid
  
- Destination Payer ID *(options dependent on what is selected for Destination Payer Name)*
  - When selecting *Ohio Department of Medicaid*
    - MMISODJFS - Ohio Department of Medicaid
  
- Destination Payer Responsibility Sequence
  - P – Primary
  - S – Secondary
  - T – Tertiary
  - A – Payer Responsibility Four
  - B – Payer Responsibility Five
  - C – Payer Responsibility Six
  - D – Payer Responsibility Seven
  - E – Payer Responsibility Eight
  - F – Payer Responsibility Nine
  - G – Payer Responsibility Ten
  - H – Payer Responsibility Eleven

Note: If a Destination Payer Responsibility other than ‘Primary’ is chosen, Other Payer information will need to be completed during the claim submission.

The screenshot shows a web form for entering dental claim information. At the top, there are radio buttons for 'Claim Type' with 'Dental' selected. To the right, 'Claim Status' is set to 'Pending Submission'. Below these are input fields for 'ICN', 'Paid Amount', and 'Adjudication Date'. A red circle with the number '4' is overlaid on the form, indicating the current step. At the bottom, three dropdown menus are visible: 'Destination Payer Name' (Ohio Department of Medic), 'Destination Payer ID' (MMISODJFS - Ohio Depa), and 'Destination Payer Responsibility Sequence' (Primary).

## Recipient Information

**Step 5:** Enter recipient details:

- Enter the Medicaid Billing Number for the recipient (*12-digit number*).
- Enter the recipient's Date of Birth (*must be in MM/DD/YYYY format*).
  - Once these are entered, the recipient's information (Last Name, First Name, Gender, Address) will auto-fill in the gray space.
- Enter the [Provider's] Patient Control Number (*Patient Account Number*).
  - This is the provider's internal tracking number for the patient/recipient in their record keeping system. This number can be used as a data point when completing a claim search in PNM.

- \* RECIPIENT INFORMATION
5

<b>* Medicaid Billing Number</b>	<input type="text" value="1212121212"/>	<b>* Date of Birth</b>	<input type="text" value="04/01/1950"/>	<b>Gender:</b>	Female
<b>Last Name:</b>	Doe	<b>* Patient Control Number</b>	<input type="text" value="123456"/>	<b>Address Line 1:</b>	2400 Corporate Exchange Dr
<b>First Name:</b>	Jane			<b>Address Line 2:</b>	Ste 300
<b>Middle Name:</b>	M			<b>City:</b>	Columbus
				<b>State:</b>	OH
				<b>Zip Code:</b>	43231

## Service Information

**Step 6:** Enter or select the following information:

- **Special Program Code** (*as needed*)
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) or CHAP
  - Physically Handicapped Children's Program
  - Special Federal Funding
  - Disability
- **Patient Amount Paid** (*as needed*)
- **Release of Information** (*required*)
  - Yes
  - No
- **Place of Service** (*required*)
  - Click 'Search' to look up Place of Service code.
- **Predetermination Claim ID** (*as needed*)

- \* SERVICE INFORMATION

<b>6</b>	<b>Special Program Code</b>	<input type="text"/>	<b>Patient Amount Paid</b>	<input type="text"/>	<b>Date Of Service</b>	<input type="text"/>
	<b>* Release of Information</b>	<input type="text" value="Yes"/>	<b>* Place of Service</b>	<input type="text" value="11"/> <a href="#">Search</a>	<b>Predetermination Claim ID</b>	<input type="text"/>

## 'Situational' Sections

To add information to any of the collapsed sections, click the '+' icon to expand. When the section is expanded, enter any necessary information.

- Depending on the claim that is being entered, information may need to be listed in these sections. [Policy requirements](#) related to claim submissions should be followed when completing all sections within the claim.
- Situational fields that are not applicable to the claim submission should be left blank.

- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + ASSISTANT SURGEON
- + SUPERVISING PROVIDER
- + OTHER PAYER INFORMATION
- + DIAGNOSIS CODES
- + OUTPATIENT ADJUDICATION INFORMATION
- + HEADER OTHER PAYER ADJUSTMENT INFORMATION

## Accident Information

Enter or select the following information:

- Accident Related To (1<sup>st</sup> field) *(required to complete, only if information is added to this section)*
  - AA – Auto Accident
  - EM – Employment
  - OA – Other Accident
- Accident Related To (2<sup>nd</sup> field)
  - AA – Auto Accident
  - EM – Employment
  - OA – Other Accident
- Accident State
- Accident Date
  - Enter in MM/DD/YYYY format.
- Accident Country

- ACCIDENT INFORMATION					
* Accident Related To	AA - Auto Accident	Accident State	OH	Accident Country	US
Accident Related To	OA - Other Accident	Accident Date	05/05/2022		

## Prior Authorization & Referral Information

Enter the following information:

- Prior Authorization Number
- Referral Number *(leave blank if there is no patient referral between providers)*

\*A Prior Authorization Number needs to be added here if there is an approved prior authorization for the service on the claim.

- PRIOR AUTHORIZATION & REFERRAL INFORMATION	
Prior Authorization Number	<input type="text"/>
Referral Number	<input type="text"/>

## Referring Provider Information

Enter the following information:

- Referring Provider National Provider Identifier (NPI)
  - If you do not know the provider's NPI, click 'Search' to lookup the provider.
  - Once the NPI is entered, the Medicaid ID, Last Name, and First Name will auto-populate.
- Primary Care Provider NPI
  - This field will be grayed out until a Referring Provider is entered.
  - If you do not know the provider's NPI, click 'Search' to lookup the provider.
  - Once the NPI is entered, the Last Name and First Name will auto-populate.
  - Note: Medicaid ID field will be populated only if NPI is not available.

- REFERRING PROVIDER INFORMATION				
	*NPI	Medicaid ID	Last Name	First Name
Referring Provider	<input type="text"/>			
Primary Care Provider	<input type="text"/>			

## Rendering Provider

Enter the following information:

- Rendering Provider NPI
  - If you do not know the provider's NPI, click 'Search' to lookup the provider.
  - Once the NPI is entered, the Last Name and First Name will auto-populate.
  - Note: Medicaid ID field will be populated only if NPI is not available.

- RENDERING PROVIDER				
	*NPI	Medicaid ID	Last Name	First Name
	<input type="text"/>			

## Service Facility Location Information

Enter the following information:

- Service Facility Location Information NPI
  - If you do not know the provider’s NPI, click ‘Search’ to lookup the provider.
  - Once the NPI is entered, the Name, Address1, Address2, City, State, and Zip will auto-populate.
  - Note: Medicaid ID field will be populated only if NPI is not available.

- SERVICE FACILITY LOCATION INFORMATION							
*NPI	Medicaid ID	Name	Address1	Address2	City	State	Zip
<input type="text"/>							
<input type="button" value="Search"/>							

## Assistant Surgeon

Enter the following information:

- Assistant Surgeon NPI
  - If you do not know the provider’s NPI, click ‘Search’ to lookup the provider.
  - Once the NPI is entered, the Last Name and First Name will auto-populate.
  - Note: Medicaid ID field will be populated only if NPI is not available.

- ASSISTANT SURGEON			
*NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			
<input type="button" value="Search"/>			

## Supervising Provider

Enter the following information:

- Supervising Provider NPI
  - If you do not know the provider’s NPI, click ‘Search’ to lookup the provider.
  - Once the NPI is entered, the Last Name and First Name will auto-populate.
  - Note: Medicaid ID field will be populated only if NPI is not available.

- SUPERVISING PROVIDER			
*NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			
<input type="button" value="Search"/>			

## Other Payer Information

This section would need to be completed if the Destination Payer Responsibility Sequence selected earlier was anything other than 'Primary.'

Enter or select the following information:

- Other Payer Name
- Health Plan ID
- Claim Filing Indicator
  - 11 – Other Non-Federal Programs
  - 12 – Preferred Provider Organization (PPO)
  - 13 – Point of Service (POS)
  - 14 – Exclusive Provider Organization (EPO)
  - 15 – Indemnity Insurance
  - 16 – Health Maintenance Organization (HMO) Medicare Risk
  - 17 – Dental Maintenance Organization
  - AM – Automobile Medical
  - BL – Blue Cross/Blue Shield
  - CH – Champus
  - CI – Commercial Insurance Co.
  - DS – Disability
  - FI – Federal Employees Program
  - HM – Health Maintenance Organization
  - LM – Liability Medical
  - MA – Medicare Part A
  - MB – Medicare Part B
  - MC – Medicaid
  - OF – Other Federal Program
  - TV – Title V
  - VA – Veterans Affairs Plan
  - WC – Workers' Compensation Health Claim
  - ZZ – Mutually Defined
- Payer Responsibility Sequence
  - P – Primary
  - S – Secondary
  - T – Tertiary
  - A – Payer Responsibility Four
  - B – Payer Responsibility Five
  - C – Payer Responsibility Six
  - D – Payer Responsibility Seven
  - E – Payer Responsibility Eight
  - F – Payer Responsibility Nine
  - G – Payer Responsibility Ten
  - H – Payer Responsibility Eleven
  - U – Unknown
- Subscriber Number
- Policy Number
- Group Name

- Insurance Type Code
  - 12 – Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
  - 13 – Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
  - 14 – Medicare Secondary, No-fault Insurance including Auto is Primary
  - 15 – Medicare Secondary Worker's Compensation
  - 16 – Medicare Secondary Public Health Service (PHS) or Other Federal Agency
  - 41 – Medicare Secondary Black Lung
  - 42 – Medicare Secondary Veteran's Administration
  - 43 – Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
  - 47 – Medicare Secondary, Other Liability Insurance is Primary
- Patient's Relationship to Subscriber
  - 01 – Spouse
  - 18 – Self
  - 19 – Child
  - 20 – Employee
  - 21 – Unknown
  - 39 – Organ Donor
  - 40 – Cadaver Donor
  - 53 – Life Partner
  - G8 – Other Relationship
- Subscriber's (Cardholder's) First Name
- Subscriber's (Cardholder's) Last Name
- Subscriber's (Cardholder's) Middle Name
- Subscriber's (Cardholder's) Address Line 1
- Subscriber's (Cardholder's) Address Line 2
- Subscriber's (Cardholder's) City
- Subscriber's (Cardholder's) State
- Subscriber's (Cardholder's) Zip
- Claim Adjudication Level
  - PNM grays out this field if the other payer responsibility sequence is greater than the destination payer responsibility sequence:
    - Header
    - Detail
- Claim Number
- Paid Date
- Paid Amount
- [Total] Non-Covered Amount
  - PNM grays out this field if other payer responsibility sequence is greater than the destination payer responsibility sequence or claim adjudication level is 'Detail.'
  - If destination or other payer responsibility sequence is unknown, this field will be optional and available to report when claim adjudication level is 'Header.'

- OTHER PAYER INFORMATION

* Other Payer Name : <input type="text"/>	* Patient Relationship To Subscriber : <input type="text"/>	Claim Adjudication Level : <input type="text"/>
* Health Plan ID : <input type="text"/>	* Subscribers First Name : <input type="text"/>	Claim Number : <input type="text"/>
* Claim Filing Indicator : <input type="text"/>	* Subscribers Last Name : <input type="text"/>	Paid Date : <input type="text"/>
* Payer Responsibility Sequence : <input type="text"/>	Subscribers Middle Name : <input type="text"/>	Paid Amount : <input type="text"/>
* Subscribers Number : <input type="text"/>	Subscribers Address Line 1 : <input type="text"/>	Non Covered Amount : <input type="text"/>
Policy Number : <input type="text"/>	Subscribers Address Line 2 : <input type="text"/>	
Group Name : <input type="text"/>	Subscribers City : <input type="text"/>	<input type="button" value="ADD"/>
Insurance Type Code : <input type="text"/>	Subscribers State : <input type="text"/>	Subscribers Zip : <input type="text"/>

- Click **Add** to add the other payer information.
- Repeat the process to add other payers.
- A maximum of 10 payers can be reported.

## Diagnosis Codes

*Decimals are not allowed on claim submissions. Be sure to enter the diagnosis code without decimals.*

Enter or select the following information:

- Diagnosis Code
  - If you do not know the Diagnosis Code, click 'Search' to lookup the code.
    - PNM defaults to the ICD 10 code, but this can be changed if needed.
  - The Diagnosis Description auto-populates after the Diagnosis Code is selected.
- Click **Add** to add the diagnosis code to the claim submission.
  - Repeat the process to add.
  - A maximum of 4 diagnosis codes can be added.

- DIAGNOSIS CODES

*Diagnosis Code	*ICD Version	Diagnosis Description
<input style="width: 80%;" type="text"/> <input type="button" value="Search"/>	<input style="width: 80%;" type="text"/> <input type="button" value="Search"/>	
	ICD 10 <input type="text"/>	
		<input type="button" value="ADD"/>

## Outpatient Adjudication Information

Enter the following information:

- Reimbursement Rate
  - Listed in percentage as a decimal.
- Healthcare Common Procedure Coding System (HCPCS) Payable Amount
- Claim Remark Code (MOA 03)
- Claim Remark Code (MOA 04)

- OUTPATIENT ADJUDICATION INFORMATION			
Reimbursement Rate(Percentage as decimal):	<input type="text"/>	Claim Remark Code(MOA 03):	<input type="text"/>
HCPCS Payable Amount:	<input type="text"/>	Claim Remark Code(MOA 04):	<input type="text"/>

## Header Other Payer Adjustment Information

Information only needs to be added in this section if the Other Payer Information section is filled out and the Other Payer Adjudication Level is 'Header.'

Enter the following information:

- Heath Plan ID
  - A Health Plan ID will be available in the drop-down only if the claim adjudication level is listed as 'Header' and other payer responsibly sequence is prior to the destination payer.
- Adjustment Group
  - \*Required when an adjustment amount is reported
  - Each Adjustment Group can be repeated up to 6 times for one other payer.
    - CO – Contractual Obligations
    - CR – Correction and Reversals
    - OA – Other adjustments
    - PI – Payor Initiated Reductions
    - PR – Patient Responsibility
- Reason Code
  - If you do not know the Reason Code, click 'Search' to lookup the code.
- Amount
- Quantity
  - The quantity adjusted by the other payer.
- Click **Add** to add the information.
- A maximum of 30 records are allowed.

*Reminder: Enter the ARC information provided by the other payer in this panel.*

- HEADER OTHER PAYER ADJUSTMENT INFORMATION				
* Health Plan ID	* Adjustment Group	* Reason Code	* Amount	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/> <a href="#">Search</a>	<input type="text"/>	<input type="text"/>
				<input type="button" value="ADD"/>

## Service Details

**Step 7:** Enter or select the following information:

**Note:** At least one (1) service detail needs to be entered.

- Procedure Code (*required*)
  - If you do not know the Procedure Code, click 'Search' to lookup the code.
- Date of Services (*required*)
- Line Control Number (*as needed*)
- Prior Authorization Number (*as needed*)
- Referral Number (*as needed*)
- Place of Service (*as needed – should auto-fill from Service Information section*)
  - If you do not know the Place of Service, click 'Search' to lookup the code.
- Modifier (*as needed*)
  - Up to 4 values allowed.
- Diagnosis Pointer (*as needed*)
  - A maximum of 4 values per procedure.
- Oral Cavity (*as needed*)
  - 00 – Entire Oral Cavity
  - 01 – Maxillary arch
  - 02 – Mandibular arch
  - 10 – Upper right quadrant
  - 20 – Upper left quadrant
  - 30 – Lower left quadrant
  - 40 – Lower right quadrant
- Prosthesis, Crown or Inlay Code (*as needed*)
  - Initial Placement
  - Replacement
- Charges (*required*)
  - The billed amount for the procedure.
- Billed Units (*required*)
  - The number of the units billed for the dental claim.

## DENTAL CLAIMS

**Step 8:** Click the **Add** button.

### 7 \* SERVICE DETAILS

				Total Charges:	Total Amount Paid:
Service Line: 01					
* Procedure Code:	<input type="text" value="D5750"/>	<a href="#">Search</a>	Place of Service:	<input type="text" value="11"/>	<a href="#">Search</a>
* Date of Services:	<input type="text" value="05/01/2024"/>		Modifier:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Status: Pending Submission
Line Control Number:	<input type="text"/>		Diagnosis Pointer:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	* Charges: <input type="text" value="423.12"/>
Prior Authorization Number:	<input type="text"/>		Oral Cavity:	<input type="text"/>	Paid Amount: 0
Referral Number:	<input type="text"/>		Prosthesis, Crown or Inlay Code:	<input type="text"/>	* Billed Units: <input type="text" value="1"/>
					Paid Units: 0
					<b>8</b> <input type="button" value="ADD"/>

## DENTAL CLAIMS

- The added service appears on a list. The line can be edited, copied, or deleted by clicking the corresponding button (A).
- Repeat the process above to add other services.
- A maximum of 50 service lines can be added.

- * SERVICE DETAILS									
Service Line	*Procedure Code	Place Of Service	*Billed Units	Paid Units	Date Of Service	Charges	Paid Amount	Status	
01	D5750	11	1.000	0	5/1/2024	423.12		Pending Submission	   
								Total Charges:	423.12
								Total Amount Paid:	0

## Additional 'Situational' Sections

To add information to any of the collapsed sections, click the '+' icon to expand. When the section is expanded, enter any necessary information.

- Depending on the claim that is being entered, information may need to be listed in these sections. [Policy requirements](#) related to claim submissions should be followed when completing all sections within the claim.
- Situational fields that are not applicable to the claim submission should be left blank.

+ TOOTH & TOOTH SURFACE INFORMATION  
+ ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL  
+ OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN  
+ OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL  
+ ATTACHMENT  
+ PROVIDER NOTES  
+ REVIEWER NOTES  
+ DELAYED SUBMISSION/RESUBMISSION INFORMATION  
+ CLAIM ADJUDICATION  
+ RELATED ICN SCREEN

## Tooth & Tooth Surface Information

Enter or select the following information:

- Service Line *(required to complete, only if information is added to this section)*
  - The line as it relates to the service detail information entered above.
- Tooth Number *(required to complete, only if information is added to this section)*
  - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 99, A, AS, B, BS, C, CS, D, DS, E, ES, F, FS, G, GS, H, HS, I, IS, J, JS, K, KS, L, LS, M, MS, N, NS, O, OS, P, PS, Q, QS, R, RS, S, SS, T, TS
- Tooth Surface
  - Up to 5 values can be added:
    - B – Buccal
    - D – Distal
    - F – Facial
    - I – Incisal
    - L – Lingual
    - M – Mesial
    - O – Occlusal
- Click **Add** to add the information.
- A maximum of 50 records can be added.

- TOOTH & TOOTH SURFACE INFORMATION						
* Service Line	* Tooth Number	Tooth Surface				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="ADD"/>						



## Additional Provider Information – Service Detail

Enter or select the following information:

- Service Line *(required to complete, only if information is added to this section)*
  - The line as it relates to the service detail information entered above.
- Provider Type *(required to complete, only if information is added to this section)*
  - Rendering Provider
  - Assistant Surgeon
  - Supervising Provider
  - Service Facility
- Provider NPI *(required to complete, only if information is added to this section)*
  - If you do not know the provider’s NPI, click ‘Search’ to lookup the provider.
  - Once the NPI is entered, the Medicaid ID, Last Name, and First Name will auto-populate.
- Click **Add** to add the information.

**- ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL**

<small>* Service Line</small>	<small>* Provider Type</small>	<small>* Provider NPI</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>Search</small>			

## Other Payer Paid Amount – Service Detail Screen

This panel is required if other payer exists, and other payer adjudication level is ‘Detail.’ PNM will display an error message of “Other payer payment information is required” if it is not reported, but the other payer adjudication level is ‘Detail’, and the service line payment record is not reported for the service line.

Enter or select the following information:

- Service Line *(required to complete, only if information is added to this section)*
  - The line as it relates to the service detail information entered above.
- Health Plan ID *(required to complete, only if information is added to this section)*
- Amount Paid *(required to complete, only if information is added to this section)*
- Paid Service Unit Count *(required to complete, only if information is added to this section)*
  - The number of units paid by the other payer.
- Click **Add** to add the information.

**- OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN**

<small>*Service Line</small>	<small>Procedure Code</small>	<small>*Health Plan ID</small>	<small>*Amount Paid</small>	<small>Paid Date</small>	<small>*Paid Service Unit Count</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Other Payer Adjustment Information – Service Detail

Enter the following information:

- Service Line *(required to complete, only if information is added to this section)*
    - The line as it relates to the service detail information entered above.
  - Health Plan ID *(required to complete, only if information is added to this section)*
  - Adjustment Group *(required to complete, only if information is added to this section)*
    - Each Adjustment Group can be repeated up to 6 times for one other payer.
      - CO – Contractual Obligations
      - CR – Correction and Reversals
      - OA – Other adjustments
      - PI – Payor Initiated Reductions
      - PR – Patient Responsibility
  - Reason Code *(required to complete, only if information is added to this section)*
    - If you do not know the Reason Code, click 'Search' to lookup the code.
  - Amount *(required to complete, only if information is added to this section)*
  - Quantity
    - The quantity adjusted by the other payer.
- 
- Click **Add** to add the information.
  - A maximum of 30 records can be added.

- OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL						
*Service Line	Procedure Code	*Health Plan ID	*Adjustment Group	*Reason Code	*Amount	Quantity
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/> <a href="#">Search</a>	<input type="text"/>	<input type="text"/>
						<input type="button" value="Add"/>

## Attachment

**Step 9:** Prior to submitting the claim, make sure to add any necessary attachments by expanding the Attachment section.

**Note:** The maximum file upload size is 10 MB.

**Step 10:** Click **Choose File**, locate the file on your computer you wish to upload and select the Document Type from the drop-down menu.

- Admission Summary
- Certification
- Completed Referral Form
- Dental Models
- Diagnostic Report
- Discharge Summary
- Explanation of Benefits
- Models
- Nursing Notes
- Operative Note
- Physical Therapy Certification
- Physical Therapy Notes
- Physician Order
- Prescription
- Prosthetics or Orthotic Certification
- Radiology Films
- Radiology Reports
- Referral Form ([Ohio 6653](#))
- Report of Tests and Analysis Report
- Support Data for Claim

**Step 11:** Click the **Add** button.

The screenshot shows a user interface for uploading attachments. At the top, a blue header bar contains the text "9 - ATTACHMENT". Below this, there are two main sections. The first section is labeled "\* Upload attachment:" and contains a "Choose File" button and a text input field displaying "Dental Models.pdf". The second section is labeled "\* Document Type:" and contains a dropdown menu with "Dental Models" selected. To the right of the dropdown menu is a blue button labeled "Add". There are red circular callouts with numbers: "9" in the top left, "10" next to the "Choose File" button, and "11" next to the "Add" button.

## DENTAL CLAIMS

- The added attachment appears on a list. Repeat the process above to add other attachments.
- A maximum of 10 documents can be uploaded for each claim submission.

### - ATTACHMENT

Line Item	Document ID	Document Type	
 1	22	Dental Models	<a href="#">Delete</a>

\* Upload attachment:  No file chosen

\* Document Type:

### Acceptable File Types:

- Word: doc, docx
- Excel: xls, xlsx, xlsx, xlsx
- Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
- PDF: pdf
- Other: pi, ec, zip, csv, acrbak, msg

## Provider Notes

Prior to submitting the claim, PNM does provide a space to add a note for the claim reviewer.

Enter any note(s) that you wish to provide:

- A maximum of 80 characters can be typed per note.
- A maximum of 5 notes can be added to the submission.

Enter the note and click **Add**.

### - PROVIDER NOTES

\* Note

The saved note will appear. To make changes, click **Edit**.

### - PROVIDER NOTES

Line	* Note		
01	Patient had previous work completed on this tooth	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

## Notes to Bypass a Timely Filing

Below are instructions for notes to list when submitting a claim over 365 days old to Ohio Medicaid due to an eligibility determination or a hearing decision.

### Hearing Decision (*Claim must be submitted within 180 days of the hearing decision*)

To denote a hearing decision, enter “APPEALS XXXXXXXX CCYYMMDD” for the Note and click **Add**. (XXXXXXX is the hearing number and CCYYMMDD is the date on the hearing decision letter.)

**- PROVIDER NOTES**

\* Note

### Delay in Eligibility Decision (*Claim must be submitted within 180 days of the eligibility determination date*)

To denote a delay in an eligibility decision, enter “DECISION CCYYMMDD” for the Note and click **Add**. (CCYYMMDD is the date on the eligibility determination notice from the county department of job and family services.)

Ex. If there was a delay in eligibility and eligibility was determined April 1, 2024, the Note would need to display “DECISION 20240401”.

**- PROVIDER NOTES**

\* Note

## Medicaid Co-Payment Exclusion

Below are instructions for notes to list when submitting a claim when a Medicaid co-payment exclusion applies.

### Emergency Exclusion

To denote a Medicaid co-payment emergency exclusion, enter “COPAY EMER” for the Note and click **Add**. (There must be a space after the word 'COPAY'.)

**- PROVIDER NOTES**

\* Note

## DENTAL CLAIMS

### Hospice Exclusion

To denote a Medicaid co-payment hospice exclusion, enter "COPAY HSPC" for the Note and click **Add**. (There must be a space after the word 'COPAY'.)

**- PROVIDER NOTES**

\* Note

### Pregnancy Exclusion

To denote a Medicaid co-payment pregnancy exclusion, enter "COPAY PREG" for the Note and click **Add**. (There must be a space after the word 'COPAY'.)

**- PROVIDER NOTES**

\* Note

### Delayed Submission/Resubmission Information

Indicate a reason for a delayed submission or resubmission for the claim.

The reasons listed are from the Electronic Data Interchange (EDI) and may relate to delayed in Managed Care claim submissions. Fee-for-service claims usually indicate delays in the provider notes.

**- DELAYED SUBMISSION/RESUBMISSION INFORMATION**

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

Reason for Delay:

- Proof of Eligibility Unknown or Unavailable
- Litigation
- Authorization Delays
- Delay in Certifying Provider
- Third Party Processing Delay
- Delay in Eligibility Determination
- Administration Delay in the Prior Approval Process
- Other
- Natural Disaster
- Delay In Supplying Billing Forms
- Delay In Delivery Of Custom-made Appliances
- Original Claim Rejected or Denied Due To a Reason Unrelated To The Billing Limitation Rules

## Returned Data Panels

During the claim submission process, no data is entered in the following sections, but upon a claim review and return, data will populate in these sections and can be reviewed.

- Reviewer Notes
- Claim Adjudication
- Related ICN (Internal Control Number) Screen
- CARC and RARC Information
- Adjudication Errors
- [Malicious Attachments](#)

+ TOOTH & TOOTH SURFACE INFORMATION  
+ ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL  
+ OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN  
+ OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL  
+ ATTACHMENT  
+ PROVIDER NOTES  
+ REVIEWER NOTES  
+ DELAYED SUBMISSION/RESUBMISSION INFORMATION  
+ CLAIM ADJUDICATION  
+ RELATED ICN SCREEN  
+CARC AND RARC INFORMATION  
+ADJUDICATION ERRORS  
+MALICIOUS ATTACHMENTS

## Pre-Determination Claim Checkbox

Select the checkbox at the bottom of the page if the claim being submitted is a predetermination claim.

This is a predetermination claim

## Submit the Claim

**Step 12:** When all data has been entered, click **Submit** at the bottom of the page.

Note: If there are any entry errors in PNM preventing submission, error messages will display at the top of the page.

Click on the error message text and PNM will direct you to the section that needs to be reviewed/corrected.



Below errors are created. Please click on the error text to navigate to the panel or field where errors are encountered

- \*Medicaid billing number is required
- \*Missing Recipient date of birth
- \*Patient Control Number is required
- \*Release of Information is required
- \*At least one service detail is required.
- \*Diagnosis code is required.

## DENTAL CLAIMS

Note: Messages that appear in pop-up windows are from the Fiscal Intermediary (FI). Error messages or informational messages may be received from FI.

If error messages are received, please work to correct, or reach out to the contact information provided for assistance.



**Transaction failed transformation**

Response code is

Error Message:

**Error**

ErrorCode	ErrorDescp
ERR106006	Provider does not have Direct affiliation.

Please contact FI support. [support@OMES.com](mailto:support@OMES.com)

**Step 13:** If no errors are present, verify the submission was successful by reviewing the claim status at the top of the page.

- If the claim displays a status other than a 'Pending Submission' status, the transaction was successfully completed.

13 Claim Status PAY

ICN 2022256029317

Paid Amount \$47.19

Adjudication Date 04/15/2024

- Claim adjudication may happen instantly. If a claim receives a 'Deny' status, review the Adjudication Errors section/panel or the CARC and RARC Information section/panel to obtain additional details.

13 Claim Status DENY

ICN 230375000002

Paid Amount \$0.00

Adjudication Date 04/15/2024

<b>-ADJUDICATION ERRORS</b>		
Service Line Number	ErrorCode	ErrorDescp
01	150	NO CONTRACT TERM FOUND FOR SERVICE

## Fiscal Intermediary (FI) ICN Logic

After the claim is submitted, an Internal Control Number (ICN) will be created for the claim. Below outlines the process for how the ICN is created for the claim.

Date Format	Source
YYJJJP	SPBM incoming pharmacy claims
YYJJJX	FI incoming CHC FFS pharmacy claims
YYJJJM	FI MyCare and Managed Care run-out incoming Encounter pharmacy
YYJJJE	FI FFS incoming EDI claims
YYJJJW	FI FFS incoming web portal claims
YYJJJB	FFS incoming Partner State Agency claims
EYYJJJ	FI incoming encounter claim
MYYJJJ	FI Managed Care incoming routed claims

### Example:

If today were 2/25/2024 and the claim received came from the Provider Portal, the ICN would be the following:

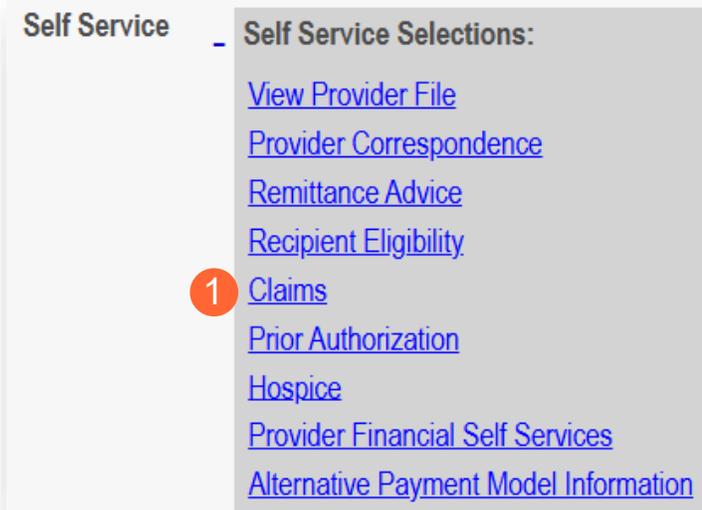
**24056W256347**

Year      Days this Year      Source of Claim      Number of the claim depending on the number of claims received today

## Attachments to a Previously Submitted Claim

This process allows for the upload of attachments to previously submitted claims in Adjudicated, Deny, Open, Pay, or Pend status.

**Step 1:** Click the 'Claims' hyperlink.



**Step 2:** The Claims search panel will appear. Enter any or all the following information:

- Internal Control Number—ICN (*tracking number assigned to the claim*)
- Medicaid Billing Number
- Patient Account Number
- Rendering Provider ID
- Amount Billed
- Payor Name (*required field*)
  - Ohio Department of Medicaid
- Claim Type: Professional
- **Claims Status**
  - **Adjudicated**
  - **Pay**
  - **Open**
  - **Deny**
  - **Pend**
- Remittance Advice (RA) Date
- Date of Service From (*does not allow future date*)
- Date of Service To (*does not allow future date*)
- Prescription Number

**Step 3:** When the criteria is entered, click **Search**.

**Note:** To clear search data and begin a new search, click **Clear**.

Provider Medicaid ID:  Provider NPI:  Provider Name:

### CLAIM SEARCH

Please enter all available information before performing a search for an accurate retrieval. An open-ended search will delay or yield no results.

2

ICN  Claim Type

Medicaid Billing Number  Claim Status

Patient Account Number  RA Date

Rendering Provider ID  Date of Service From  Date of Service To

Amount Billed  Prescription Number

Payor Name \*  Max Records

3

### CLAIM SEARCH RESULT

4

ICN ↓	Medicaid Billing Number	Patient Account Number	Billed Amount	Paid Amount	Claim Type	RA Date	From Date	To Date	Status	Attachment
25085E0049351	<input type="text"/>	MR3PZA0S2	150	95.78	DENTAL	null	03/25/2025	03/25/2025	PAY	<a href="#">Upload</a>
25080E0070558	<input type="text"/>	MR3KZAMUP	150	95.78	DENTAL	null	03/20/2025	03/20/2025	PAY	<a href="#">Upload</a>

5

**Step 4:** View the ICN claim search results displayed at the bottom of the page.

**Note:** For claims in Adjudicated, Deny, Open, Pay, or Pend status, the 'Upload' hyperlink appears in the Attachment column.

**Step 5:** Identify which ICN needs an attachment and click its corresponding 'Upload' hyperlink.

**Note:** Any attachments already listed in the claim will appear and can remain or be deleted by clicking the red Delete button.

Provider Medicaid ID:  Provider NPI:  Provider Name:

\*Transaction Type:  \*Destination Payer Name:  \*Destination Payer ID:

**ATTACHMENT**

ICN	Recipient ID	Document Type	Document ID	
	<input type="text"/>	X-Rays	36597	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	36611	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	69795	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	88194	<input type="button" value="Delete"/>

An asterisk \* indicates a required field

\*Upload attachment:   \*ICN:  \*Recipient ID:  \*Document Type:

**Step 6:** Click 'Choose File' in the **Upload Attachment** area, locate the file on your computer.

**Step 7:** Select **Document Type** from the drop-down menu.

Note: The ICN and Recipient ID fields are non-editable.

**Step 8:** Click the blue **Add** button.

Note: Document attachments and uploads are subject to certain constraints:

- A maximum of 10 documents can be sent to the Destination Payer at a time.
- The maximum file size per document upload is 10 MB.
- The following document types are acceptable:
  - Word: doc, docx
  - Excel: xls,xlsx, xlsx, xlsx
  - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
  - PDF: pdf
  - Other: pi, ec, zip, csv, acrbak, msg

## DENTAL CLAIMS

**Step 9:** After verifying the attachment details, click the **'Send'** button to submit the files for further processing.

- The added attachment appears on a list. Repeat the process above to add other attachments.

**Note:** If the user clicks 'Cancel', no attachments will be sent and will be redirected to the 'Search' page.

Provider Medicaid ID:  Provider NPI:  Provider Name:

\*Transaction Type:  \*Destination Payer Name:  \*Destination Payer ID:

### ATTACHMENT

ICN	Recipient ID	Document Type	Document ID	
	<input type="text"/>	X-Rays	36597	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	36611	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	69795	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	88194	<input type="button" value="Delete"/>

An asterisk \* indicates a required field

\* Upload attachment:  No file chosen \*ICN:  \*Recipient ID:  \*Document Type:

**9**

## Malicious Attachments

If a document uploaded during claim submission is found to contain damaging macros, it will be flagged as a 'malicious attachment'. Any flagged malicious attachments will be listed on the claim submission page in the 'Malicious Attachments' section.

Note: Notifications regarding malicious attachments are not sent from PNM.

**Step 1:** Review the malicious attachments list on the claim submission page in the 'Malicious Attachment' section.

**1**

+ADJUDICATION ERRORS -MALICIOUS ATTACHMENTS		
MemberId	Attachment	Uploaded Date
12155555555	483953productionticket_1.docx	8/7/2024 7:05:56 PM
121204321212	483953productionticket.docx	8/7/2024 3:31:03 PM

+MALICIOUS ATTACHMENTS		
MemberId	Attachment	Uploaded Date
12555555555	483953productionticket_1.docx	8/7/2024 7:05:56 PM
121204321212	483953productionticket.docx	8/7/2024 3:31:03 PM

**Step 2:** Use virus scanning software on your computer to review the document for any malicious data.

**Step 3:** Upload a 'clean' version of the document by clicking the 'Claims' hyperlink.

Self Service - Self Service Selections:

- [View Provider File](#)
- [Provider Correspondence](#)
- [Remittance Advice](#)
- [Recipient Eligibility](#)
- 3** [Claims](#)
- [Prior Authorization](#)
- [Hospice](#)
- [Provider Financial Self Services](#)
- [Alternative Payment Model Information](#)

## DENTAL CLAIMS

**Step 4:** The Claims search panel will appear. Enter any or all the following information:

- Internal Control Number—ICN (*tracking number assigned to the claim*)
- Medicaid Billing Number
- Patient Account Number
- Rendering Provider ID
- Amount Billed
- Payor Name (*required field*)
  - Ohio Department of Medicaid
- Claim Type: Professional
- Claims Status
  - Adjudicated
  - Pay
  - Open
  - Deny
  - Pend
- Remittance Advice (RA) Date
- Date of Service From (*does not allow future date*)
- Date of Service To (*does not allow future date*)
- Prescription Number

**Step 5:** When the criteria is entered, click **Search**.

Note: To clear search data and begin a new search, click **Clear**.

**Step 6:** View the ICN search results displayed at the bottom of the page. For claims in Adjudicated, Deny, Open, Pay, or Pend status, the 'Upload' hyperlink appears in the **Attachment** column.

**Step 7:** Identify which ICN needs an attachment and click its corresponding '**Upload**' hyperlink.

### CLAIM SEARCH

Please enter all available information before performing a search for an accurate retrieval. An open-ended search will delay or yield no results.

ICN	Claim Type	
<input type="text"/>	<input type="text"/>	
Medicaid Billing Number	Claim Status	
<input type="text"/>	PAY	
Patient Account Number	RA Date	
<input type="text"/>	mm/dd/yyyy	
Rendering Provider ID	Date of Service From	Date of Service To
<input type="text"/>	mm/dd/yyyy	mm/dd/yyyy
Amount Billed	Prescription Number	
<input type="text"/>	<input type="text"/>	
Payor Name *	Max Records	
Ohio Department of Medicaid	20	

**5** Search Clear

### CLAIM SEARCH RESULT

ICN ↓	Medicaid Billing Number	Patient Account Number	Billed Amount	Paid Amount	Claim Type	RA Date	From Date	To Date	Status	Attachment
25085E0049351		MR3PZA0S2	150	95.78	DENTAL	null	03/25/2025	03/25/2025	PAY	Upload <b>7</b>
25080E0070558		MR3KZAMUP	150	95.78	DENTAL	null	03/20/2025	03/20/2025	PAY	Upload

**6**

**Note:** Any attachments already listed in the claim will appear and can remain or be deleted by clicking the red Delete button.

Provider Medicaid ID: [Redacted]      Provider NPI: [Redacted]      Provider Name: [Redacted]

\*Transaction Type: Dental Claim      \*Destination Payer Name: Ohio Department of Medicaid      \*Destination Payer ID: MMISODJFS - Ohio Department of Medicaid

ATTACHMENT				
ICN	Recipient ID	Document Type	Document ID	
[Redacted]	[Redacted]	X-Rays	36597	Delete
[Redacted]	[Redacted]	X-Rays	36611	Delete
[Redacted]	[Redacted]	X-Rays	69795	Delete
[Redacted]	[Redacted]	X-Rays	88194	Delete

An asterisk \* indicates a required field

\*Upload attachment: Choose File [No files chosen]      \*ICN: 25085E0049351      \*Recipient ID: [Redacted]      \*Document Type: [Dropdown]      Add

Send      Cancel

**Step 8:** Click 'Choose File' in the **Upload Attachment** area, locate the file on your computer.

**Step 9:** Select **Document Type** from the drop-down menu.

**Note:** Recipient ID is the recipient's Medicaid number.

**Note:** The ICN and Recipient ID fields are non-editable.

**Step 10:** Click the blue **Add** button.

**Note:** Document attachments and uploads are subject to certain constraints:

- A maximum of 10 documents can be sent to the Destination Payer at a time.
- The maximum file size per document upload is 10 MB.
- The following document types are acceptable:
  - Word: doc, docx
  - Excel: xls, xlsx, xlsm, xlsx
  - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
  - PDF: pdf
  - Other: pi, ec, zip, csv, acrbak, msg

## DENTAL CLAIMS

**Step 11:** After verifying the attachment details, click the **'Send'** button to submit the files for further processing.

- The added attachment appears on a list. Repeat the process above to add other attachments.

**Note:** If the user clicks 'Cancel', no attachments will be sent and will be redirected to the 'Search' page.

Provider Medicaid ID:  Provider NPI:  Provider Name:

\*Transaction Type:  \*Destination Payer Name:  \*Destination Payer ID:

### ATTACHMENT

ICN	Recipient ID	Document Type	Document ID	
	<input type="text"/>	X-Rays	36597	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	36611	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	69795	<input type="button" value="Delete"/>
	<input type="text"/>	X-Rays	88194	<input type="button" value="Delete"/>

An asterisk \* indicates a required field

\* Upload attachment:  No file chosen \*ICN:  \*Recipient ID:  \*Document Type:

**11**