Objective Check the Status of a Submitted Claim

Performed by MN–ITS Users

Background The 276 transaction allows providers to retrieve and check the status of previously submitted claims within a three year period. If your claim was originally submitted through MN–ITS Interactive, you will have the options to copy, replace or void the claim.

Limitations **The copy, replace, or void buttons are currently available only for claims submitted before 1/1/12 and for claims submitted after 1/27/12.**

Refer to the MHCP Provider Manual Billing Policy Replacement and Void Claims section for additional situations that require separate instructions.

There are some limitations to the Request Claim Status function, which include:

- Claims submitted through X-12 Batch may take up to 72 hours before they are available and only have the option to print or close
- Claims over three years old cannot be viewed
- Claims submitted through MN–ITS Interactive may be accessed the next business day using the Quick Search tab or immediately by completing the **bolded** fields on the Detail Search tab

Using MN–ITS Interactive

- Complete all **bolded** (required) fields
- Complete other (non-bolded, situational) fields as appropriate for your claim
- Underlined items are linked to definitions and additional information about that item, including information about completing a field, code definitions for fields, or instructional information
- Some fields are grouped together in "boxes" of associated information. Field titles with an asterisk (*) indicate that the information is "situational." If you complete one asterisked field within a boxed section of a screen, you must complete all asterisked fields in that section of the screen

1. Login to MN–ITS to reach the MN–ITS Welcome page. (Refer to the Login process, if necessary.)

2. From the left menu:

    - Select MN-ITS

- Select Request Claim Status (276) to reach the Claim Status Request screen.

The Request Claim Status feature has two areas: **Quick Search** and **Detail Search**. **Quick Search** allows you to look up claims using a minimal amount of information. **Detail Search** is a HIPAA-compliant tab that requires you to enter more fields than the Quick Search tab. Instructions are included for both search mechanisms.

Finding a Claim Using Quick Search

1. Enter the 17-digit payer claim control number in the **Payer Claim Control Number** field. This must be the first date of service on your original claim. If you do not have the payer claim control number:

   a. Enter the date of service in the **Service Date (From)** field using MMDDYYYY format.

   b. Enter the 8-digit MHCP recipient number in the **Subscriber ID** field.

2. Select the Search button located on the left side of the screen to display the auto-populated Detailed Search tab.

   If you have completed a Quick Search request without the PCN, you may see multiple subscriber numbers listed at the top of the Quick Search tab. You can review each claim by selecting the underlined PCN, which will display the Detail Search tab information for that PCN.

3. Review the information on the Detail Search tab to ensure you have the correct claim.

4. Select the Submit button located on the left side of the screen to view your Claim Status Response (277).

Finding a Claim Using Detail Search

1. Select the **Detail Search** tab. The RECEIVER section of the Detail Search tab will be auto-populated based upon your login.

2. The bolded fields in the PAY-TO PROVIDER section will be auto-populated based upon your login.

3. Complete the SUBSCRIBER section of the screen:

   a. Enter the 8-digit MHCP recipient number in the **Subscriber ID** field.

   b. Enter the recipient’s last name in the **Last Name** field.

   c. Enter the recipient’s birth date in MMDDYYYY format in the **Birth Date** field.

d. Select the down arrow in the **Gender** field to select the appropriate gender.

4. Complete the Claim Information section of the screen:

   a. Enter the **Payer Claim Control Number**

   b. Enter the **Total Claim Charge**

5. Select the Submit button on the left side of the screen to view your Claim Status Response (277).

Understanding Your Claim Status Response (277)

The 277 Claim Status Response contains the current status of your claim and provides the Remittance Advice date if the claim has been paid or denied. This feature is not available if the claim was submitted on paper or using MN–ITS Batch.

If a claim was denied or is in a to-be-denied status, you must re-submit the claim as an original claim. To replace or void claims using the MN–ITS DDS Submit Interactive Claims 837 review the section below.)

Replace a MN–ITS Interactive Batch or Paper Claim

If the original claim was submitted through MN–ITS Interactive, Batch or a paper claim form, follow the steps below:

1. Log in to MN–ITS.

2. From the left menu:

   - Select **MN–ITS**

   - Select **Submit Interactive Claims (837)**

3. Select the appropriate claim type and complete the bolded fields or appropriate situational field(s) on each tab.

4. When you select the Claim Information tab, change the **Submission Code** on the 837D and 837P, or **Type of Bill** (TOB) Frequency Codes in the 837I to indicate a replacement (7) claim. You may replace a paid claim (even if the claim pays at zero) or a denied claim.

Note: Replacing denied claims may result in a processing delay (up to 90 days). To avoid a possible delay, either enter a new claim or copy a denied claim, make corrections, and submit as a new claim.

5. Enter the PCN of the claim you are replacing in the **Original Reference number** field.

6. Validate the claim to ensure you have completed all required fields. Your claim information will be submitted and returned to you with the appropriate edits. Refer to 837 instructions if necessary.

7. Submit the claim. Within seconds, you will receive a Claim Response similar to the Validate with the claims Payer Claim Control (PCN) number at the top. Refer to 837 instructions if necessary.

Refer to the appropriate 837 User Guide if you need instructions to complete your specific claim type.

Void a MN–ITS Interactive, Batch or Paper Claim

If the original claim was submitted through MN–ITS Batch or a paper claim form, follow the steps below:

1. Log in to MN–ITS.

2. From the left menu:

    - Select **MN–ITS**

    - Select **Submit Interactive Claims (837)**

3. Select the appropriate claim type and complete the bolded fields or appropriate situational field(s) on each tab.

4. When you select the Claim Information tab, change the **Submission Code** on the 837D and 837P, or **Type of Bill** (TOB) Frequency Codes in the 837I to indicate a void (8) claim. You may void only a paid claim. If a previous claim denies, re-submit the claim as an original claim.

5. Enter the PCN of the claim you are voiding in the **Original Reference number** field.

6. On the Services tab, enter first line of your claim to void the entire claim.

7. Submit the claim. Within seconds, you will receive a Claim Response showing the negative amount that will be on your next remittance advice in the reversal section. Refer to 837 instructions if necessary.

Refer to the appropriate User Guide if you need instructions to complete your specific claim type.