



<b>Objective</b>	Completing a MN-ITS Interactive Professional (837P) claim for Medication Therapy Management Services (MTMS) claims
<b>Performed by</b>	MN-ITS Interactive users
<b>Background</b>	This User Guide lists which MN-ITS Interactive fields you must complete when requesting MHCP reimbursement for MTMS
<b>Claim Form</b>	MN-ITS Interactive Professional (837P)

**Effective January 2, 2012, MN-ITS screens will reflect 5010 compliant field values. Non-compliant field values and certain sections of the screens have been removed. Continue to complete all bolded fields when completing the transaction.**

### **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, including 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 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
- When reporting Medicare coverage provided through a Medicare Advantage Health Plan or a private insurance recognized as a Medicare replacement policy, complete the coordination of benefits (COB) tab as a Medicare claim

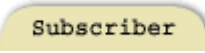
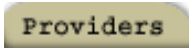
### **Entering an Online Claim**

1. Log in to MN-ITS (refer to the [Login](#) process, if necessary).
2. From the left menu:
  - Select MN-ITS.
  - Select Submit Interactive Claims (837)
  - Select Professional (837P)

The MN-ITS Interactive Professional claim contains the following five tabs:

- Subscriber
- Providers
- COB
- Claim Information
- Services

## Completing the Subscriber Tab

1. Enter recipient (member) information on the  tab.
2. Enter the member number from the recipient's MHCP identification card in the **Subscriber ID** field.
3. Enter the recipient's birth date in the **Birth Date** field. The birth date must match the birth date on the MHCP file. The format for entering the birth date is 2-digit month, 2-digit day, and 4-digit year (MMDDYYYY).
4. Enter the recipient's last name in the **Last Name** field.
5. Enter the recipient's first name in the **First Name** field.
6. Click the down-arrow in the **Gender** field to select appropriate option.
7. Enter the recipient's street address in the **Address** field.
8. Enter the city/town where the recipient lives in the **City** field.
9. Enter the state where the recipient lives in the **State** field (this should be "MN").
10. Enter the recipient's zip code in the **Zip Code** field.  
The Address, City, State and Zip Code fields can be the recipient's current address, last known address or Post Office box. The zip code must be a valid zip code.
11. Select the  tab.

## Completing the Providers Tab

This tab contains two main sections:

1. **Billing Provider**  
MN-ITS Interactive auto-populates the required fields in the Billing Provider section with data on file. The Address fields auto-populate information in either Line 1, Line 2 or both. If you see the LOOK UP button, refer to the [837P Consolidated Provider user guide](#) for further instructions. For MTMS this would be the pharmacy, clinic or hospital who employs the pharmacist performing the service.
2. **Other Provider Type**  
Complete this section to identify the MTMS pharmacist that performed the service.

### Completing Other Provider Type Section

MTMS providers are required to enter rendering provider information on all claims.

Information from the OTHER PROVIDER TYPES section of the Providers tab is used to populate fields on the Claim Information and/or Services tabs.

Scroll down to the **OTHER PROVIDER TYPES** section of the Providers tab.

1. Select **Rendering** from the **Provider Type** drop-down menu.
2. Enter the **NPI** of the MTMS pharmacist in the appropriate field.
3. After you click out of the NPI field MN-ITS auto-populates the provider information for the entered NPI or UMPI. The auto-populated information in the Address field will appear in either Line 1, Line 2 or both fields. The provider information will immediately appear to the right of the blue dot.

4. Verify the name and location of the other provider.
5. Click the **Save** button located at the top of the OTHER PROVIDER TYPES section to save the rendering provider information. If you do not save this information, it will be lost.

### Deleting Entries

Click on the number of the line (L1) if you want to delete. The blue dot will move to that line. Verify this is the information you want to delete, and then click the Delete button.

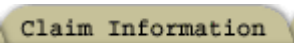
Complete all other fields as needed and select the  tab.

### Completing the COB Tab

Completing the COB Tab is not required for MTMS.

If the subscriber has Medicare coverage bill Medicare, MTMS is a 100% Medicare covered service.

If the subscriber has other insurance (TPL), you do not have to bill the TPL. Bill MHCP.

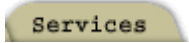
Select the  tab to continue.

### Completing the Claim Information Tab

The Claim Information tab contains claim level information. Many of the required fields on this tab are defaulted to the most common responses. The Total Submitted Charges field is displayed and cannot be altered. This field will populate after the submitted charge is entered on the Services tab.

1. The **Place of Service** field defaults to 11 (office) and can be changed as needed to reflect the appropriate Place of Service code that applies to the claim (click the down arrow and select the appropriate code). If you will be reporting multiple line items with different places of service, change the place of service code for a line item on the Services tab (click the down arrow and select the appropriate code).
2. Enter the unique 1-38 character alpha/numeric code you assign to this claim in the **Patient Account Number** field of the same name. This number will appear on your RA.
3. The following are required fields with generally accepted defaults. Review each defaulted section for accuracy and adjust as needed:
  - a. **Medicare Assignment** field indicates whether or not you accept assignment. The default is Option A, because MHCP requires you to accept assignment.
  - b. **Submission Code** indicates if you are filing an original (1) or replacement (7) claim. The default is 1 – original.
  - c. **Benefits Assignment** field indicates whether or not you have a third party payer authorization on file allowing you to bill for the recipient. The default is Yes.
  - d. **Release of Information** field indicates whether or not you have a release of information on file from the recipient. The default is A for appropriate release of information is on file.
  - e. **Provider Signature** on File field indicates whether or not you have a signature on file acknowledging the performance of the service and authorizing you to bill for those services. The default is Yes.
4. Enter the highest level of specificity ICD-CM-9 code in the **Diagnosis Code** field.

5. Click the **A** button to add the diagnosis code. Codes will not be visible unless you click the down arrow in the second diagnosis code field to see your entry.
6. Add any additional diagnosis codes in order of importance, up to eight diagnosis codes.
7. Enter the service agreement or authorization number in the **Authorization Number** field, as appropriate.
8. The **Claim Notes** field is situational. Use this field only when required for claim adjudication to report claim information about the product or service provided for the entire claim (up to 72 characters.) Adding a note causes the claim to become complex and allows 90 days to process.
9. Scroll down to the **CLAIM LEVEL PROVIDERS** section to add the rendering provider information to the entire claim.
10. Select the down-arrow in the **Rendering** field to select the rendering provider entered in the Other Provider Types field of the Provider tab.
11. Click on the name of the **Rendering** provider from the drop down list to report only one provider for all services on this claim.

Select the  tab.

## Completing the Services Tab

The Services tab contains line item information.

1. Enter the actual date services were provided in the **From Date** field in MMDDYYYY format. The To Date is only required if you are billing consecutive days. You may bill only for services provided within the same calendar month.
2. The **Place of Service** was reported the Claim Information tab there is no need to complete this field on the Services Tab.
3. Enter the appropriate code in the **Procedure** field. Review the [Medication Therapy Management Services](#) section of the MHCP Provider Manual for correct procedure codes.
4. Enter the modifier GT if the service is delivered via interactive video
5. Complete the **Diagnosis Pointers** field by relating the diagnosis to the procedure code with a Diagnosis Pointer when appropriate. This enables MN-ITS to read the diagnosis code entered on the Claim Information tab. The Diagnosis Pointer reflects the order of the diagnosis codes on the Claim Information tab. If you entered multiple codes, select the appropriate pointer here. You may have more than one Diagnosis Pointer per entry. Enter the most relevant diagnosis first in the Diagnosis Pointers field.
  - a. Click the down-arrow in the Diagnosis Pointers field.
  - b. Select the appropriate pointer number (1-8).
  - c. Click the A button to add the pointer number. The pointer number is not visible unless you select the down arrow in the second Diagnosis Pointer field.
6. Enter the dollar amount for the line item in the **Charge** field. Multiply your usual and customary charge by the number of units if you are billing for multiple units. The decimal point will right-justify after the number you enter. For example, if you enter “10” the charge would be \$10.00; if you enter 1000, the charge would be \$1,000.00.
7. Enter the number of units charged in the first **Units** field just below the field title. Enter the type of units (default is UN for units) charged in the second Units field. Review the

[Medication Therapy Management Services](#) section of the MHCP Provider Manual to determine the number of units to bill.

8. When required, enter a statement of clarification for the line item in the **Notes** field (up to 72 characters). Move to the top and review to ensure you completed all required fields.
9. Click the **Save** button to save the line item. Saved line information is visible next to the blue dot (P1). You may enter a maximum of 50 lines of service per professional claim transaction.
  - To add additional lines: click the New button to add an additional line (P2) and clear the fields on the screen
  - To delete a line: select the line to be deleted and click the Delete button. The line item next to the blue dot will delete
11. Repeat Steps 1 – 10 for each line item you wish to bill for on this claim.

## Validating and Submitting Your Claim

Validate your claim after completing the necessary tabs to:

- Ensure you have completed all required HIPAA-compliant fields
- Verify with DHS your claim information will be submitted and returned to you with the appropriate edits

### To Validate Your Claim

1. Click the **Validate** button.
2. Review the validate response to ensure the claim information is correct. Check the [Claim Status Category Codes](#) and [Claim Status Codes](#) for edits at the claim and service line levels to determine if any corrections are needed.
3. Close the validate response and make any necessary changes based on your validation response and click on Save.
4. If you made changes, click the Validate button again for your new validate response. Repeat the above steps as necessary.

### To Submit Your Claim to DHS

1. Close the validate response.
2. Click the **Submit** button. Within seconds, you will receive a Claim Response similar to the Validate with the claims Payer Claim Control (PCN) number at the top.

Your claim is now complete. You have the option of copying the claim, beginning a new claim or logging out of MN-ITS.

## Copying a Claim

After you submit a claim, you may choose to copy a portion or an entire claim. This can save you time if you have multiple claims for the same individual or the same claim for multiple recipients.

1. Click the **Copy Claim** button from the Claim Detail or Claim Response screen.
2. Select the appropriate button to choose the screens you want to copy. You may choose all tab screens or individual tab screens to copy.
3. Click the **Submit button** at the bottom of the Copy Claim Options screen to return to the Subscriber tab to begin the next claim.

4. Complete all updates to the claim and complete the validate and submit process.