New MN–ITS Direct Data Entry (DDE) Screens
Professional (837P)

This handout is intended to accompany the MN–ITS DDE Professional 837P Training Webinar session. It is not intended to replace the MN-ITS User Guides or specific billing instructions in the MHCP Provider Manual.

The document reflects the new layout and functionality of the MN–ITS Direct Data Entry (DDE) Professional (837P) claim screens. The screenshots below show examples of each 837P screen and the individual sections within each screen. Screens are shown in the order they will appear while entering a professional claim.

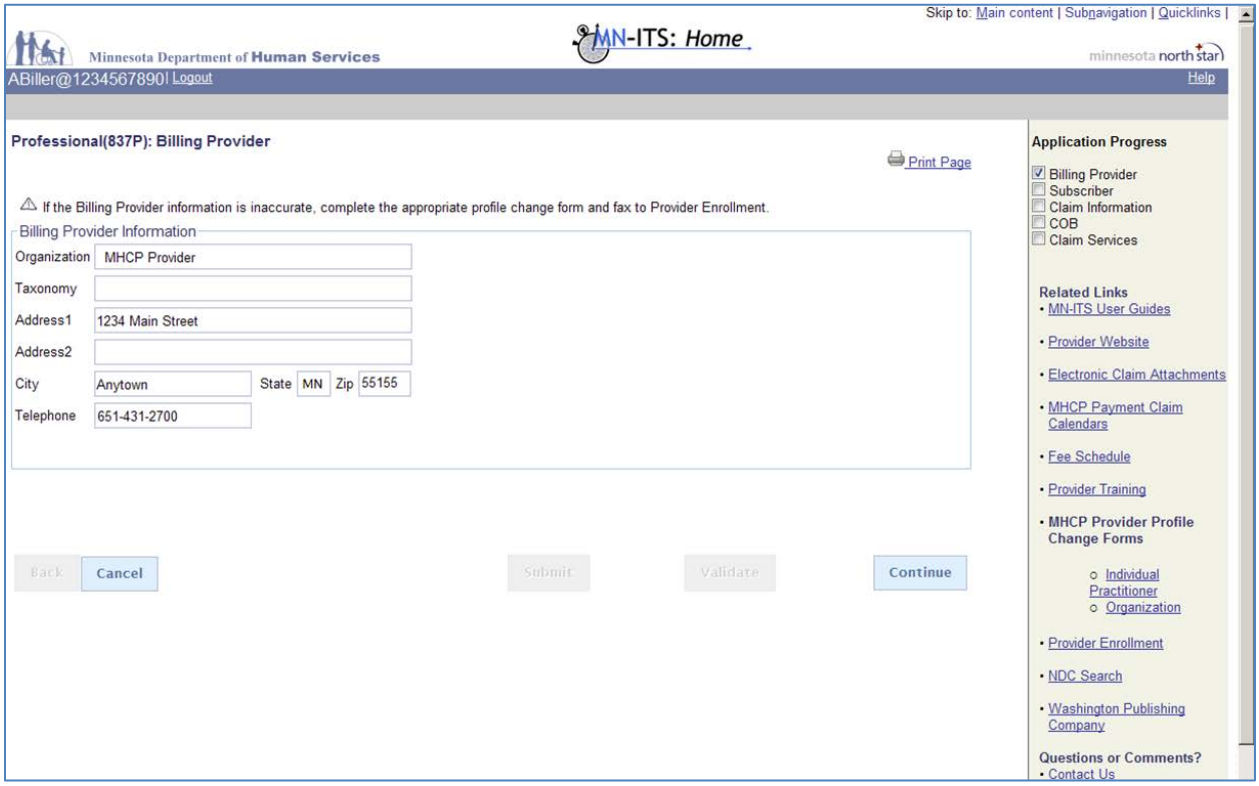
Refer to the appropriate MN–ITS User Guide for detailed instructions on completing a claim for a specific service.

The Professional 837P claim contains these five screens:

- Billing Provider
- Subscriber
- Claim Information
- COB – Coordination of Benefits
- Services

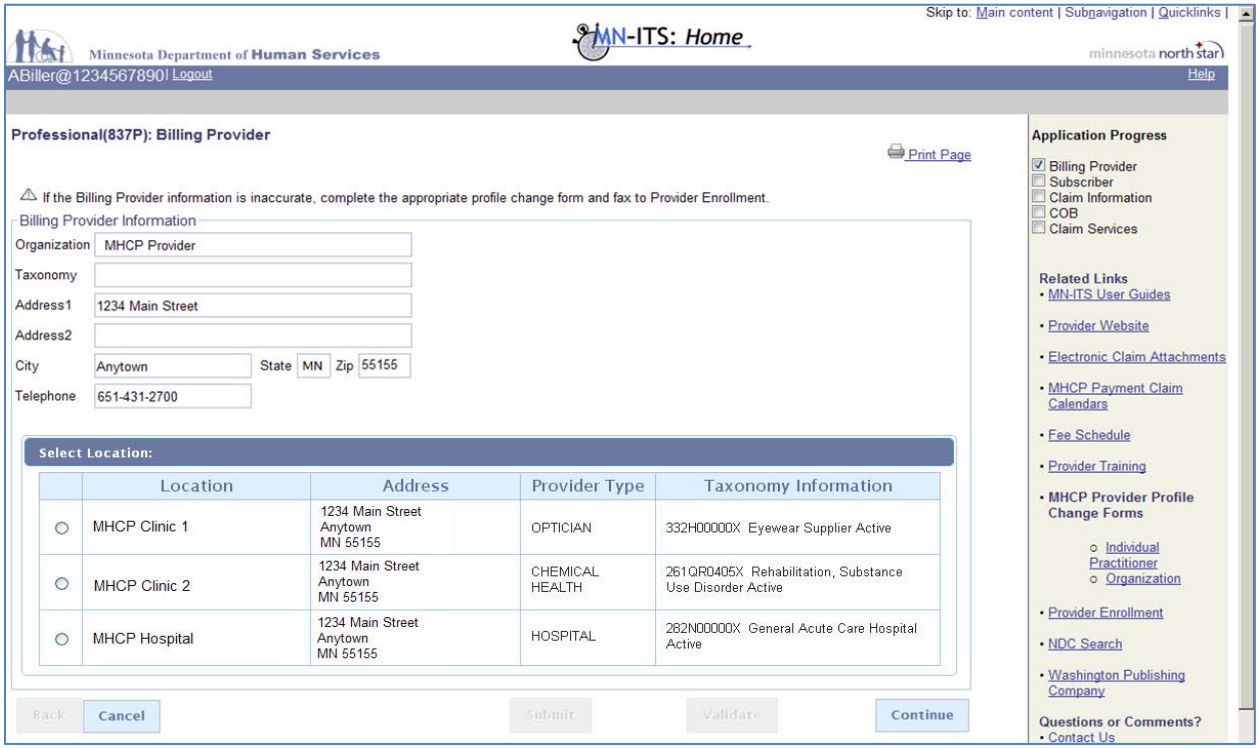
Billing Provider

The Billing Provider screen auto-populates with the information in the enrollment profile for the NPI/UMPI used to log in to MN–ITS.



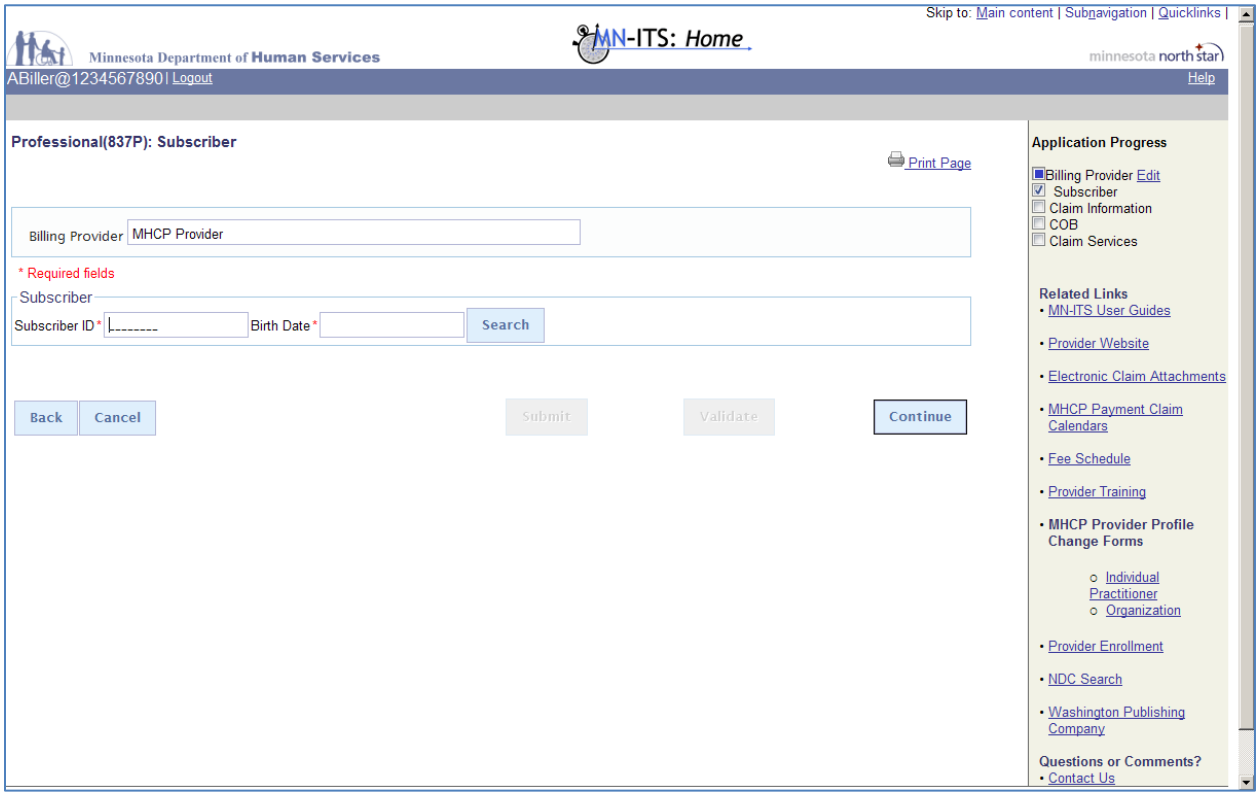
Billing Provider *Continued* - Consolidated Providers

Consolidated providers must select the appropriate location where the service was provided.



Subscriber

Use the Subscriber screen to indicate the recipient who received the service(s) reported on this claim. Only the subscriber ID and birth date are required.



Claim Information

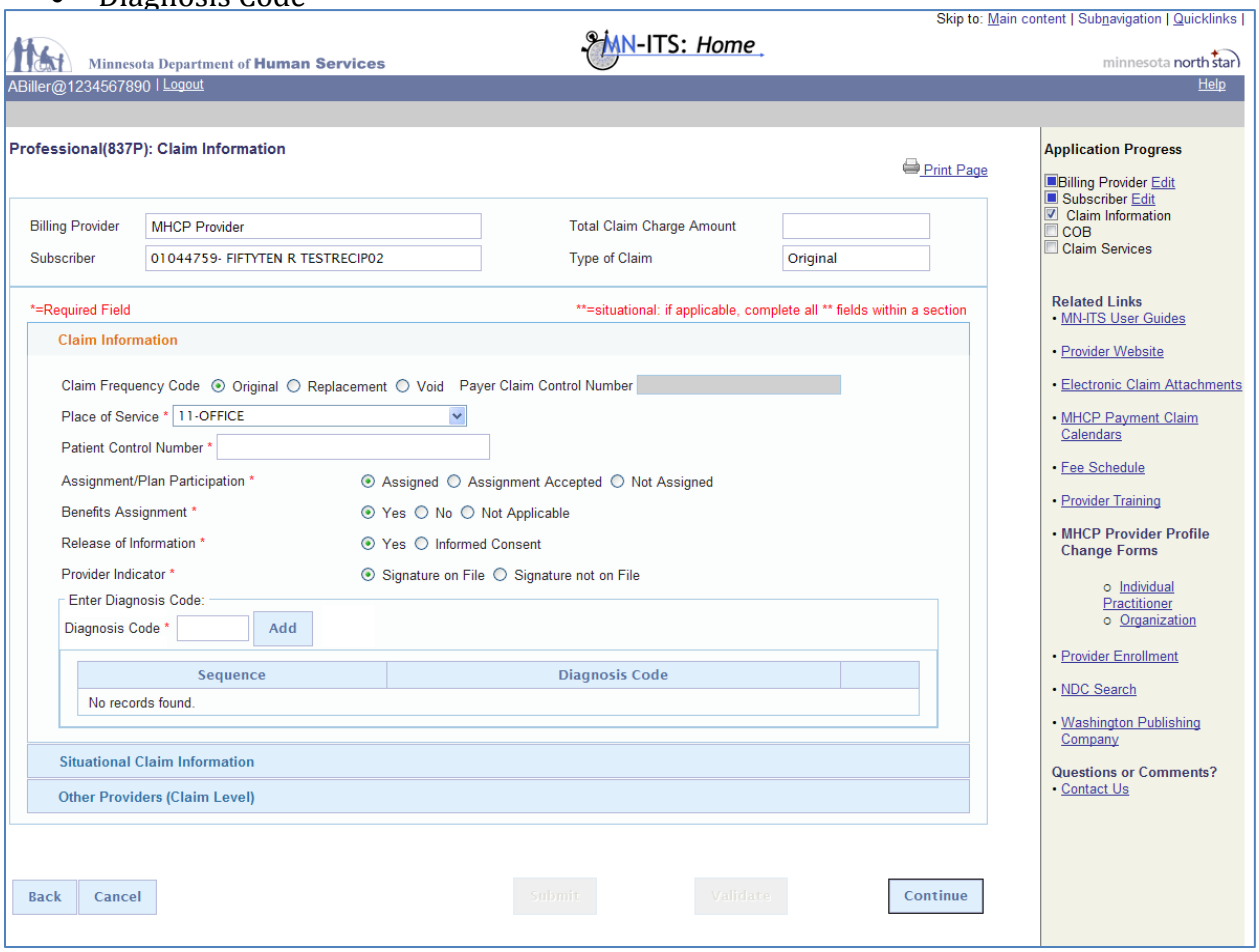
Use the Claim Information screen to report header (claim) level information that will identify the type of claim and details about the service(s). The Claim Information screen contains three sections:

- Claim Information
- Situational Claim Information
- Other Providers (Claim Level)

Claim Information Section

Use this section to report general required claim information, including:

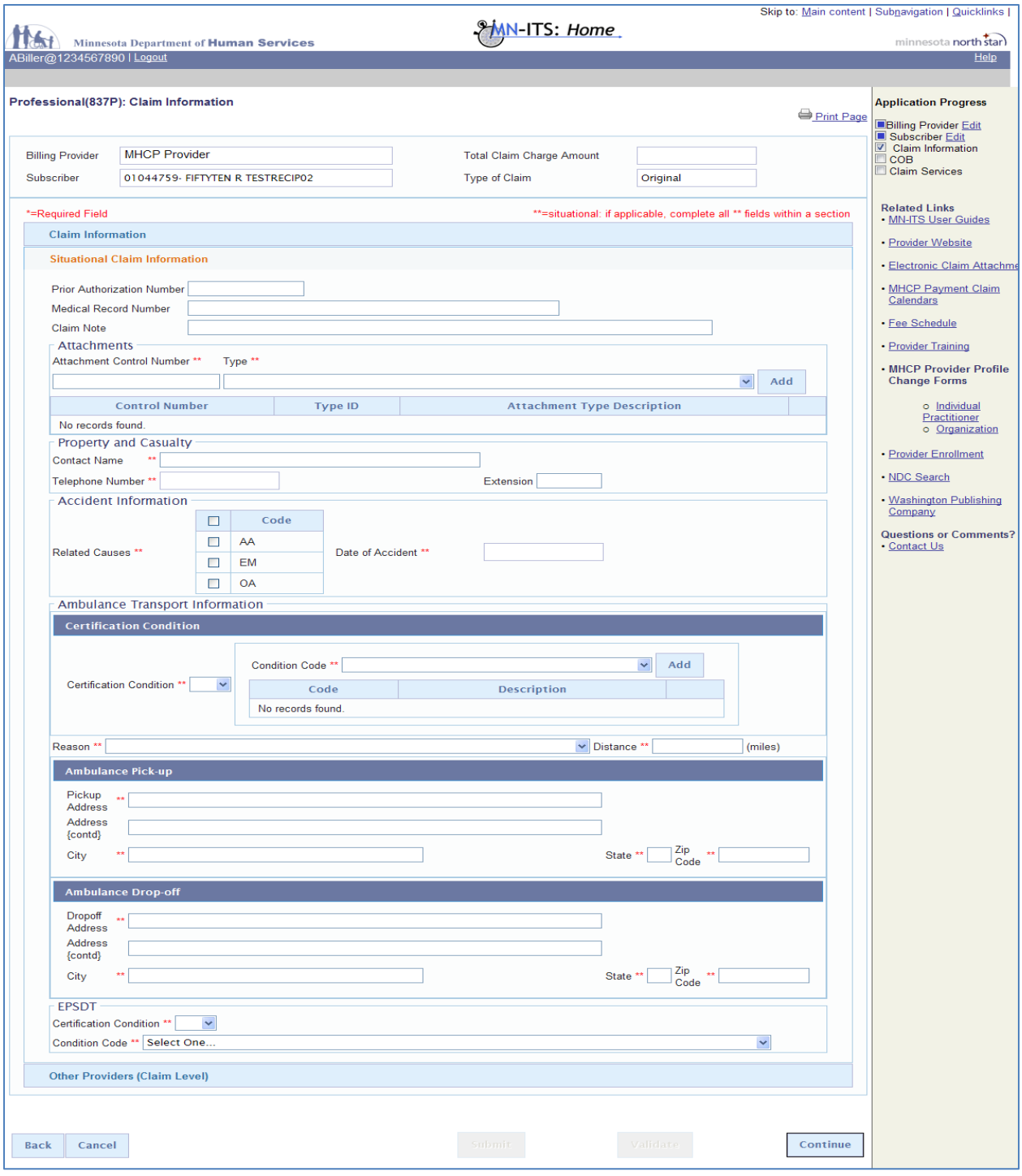
- Claim Frequency Code (Original is default)
- Payer Claim Control Number (required for replacement or void [take back] claims)
- Place of Service (Office is default)
- Patient Control Number
- Assignment and Release Information
- Diagnosis Code



Situational Claim Information Section

Use this section to report additional claim information, when required. This may include:

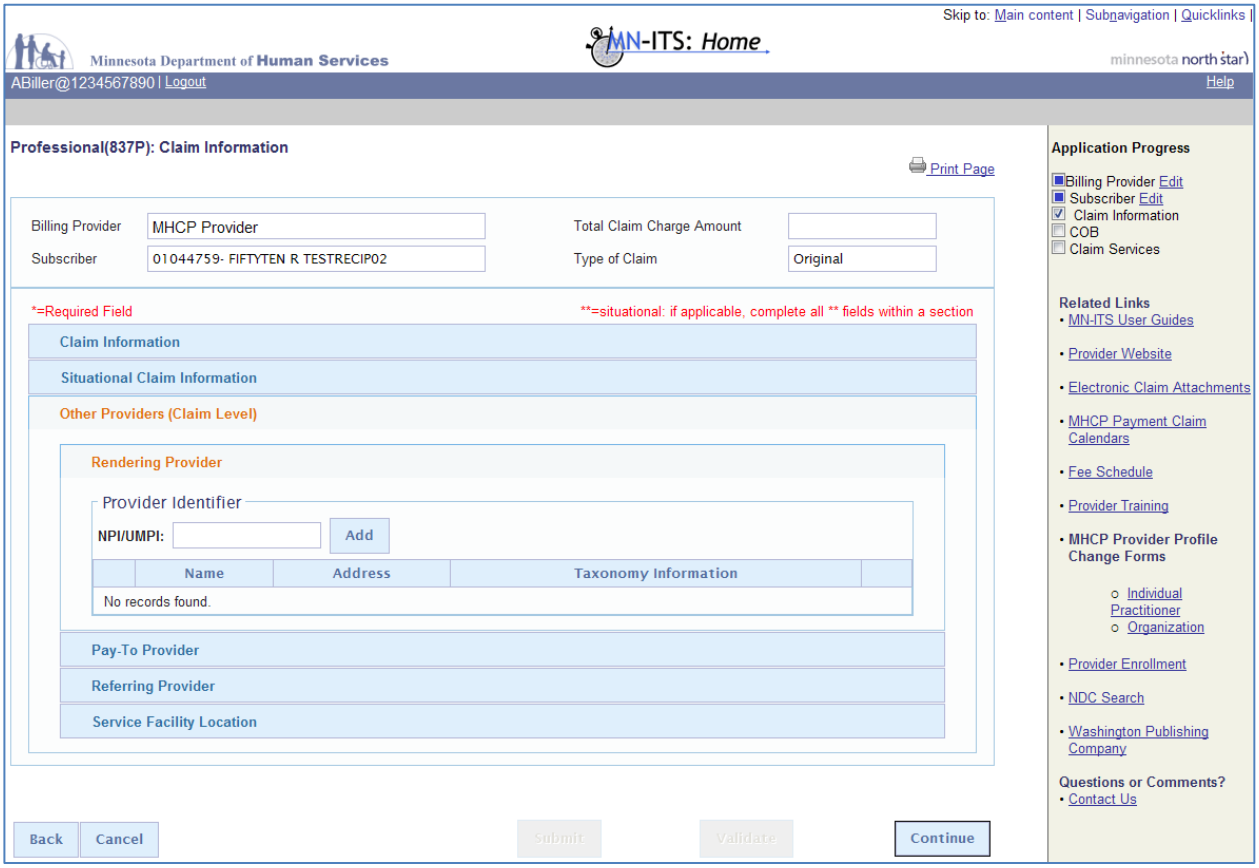
- Prior Authorization Number
- Medical Record Number
- Claim Note
- Attachment Control Number/Type
- Property/Casualty and Accident Information
- Ambulance Transport Information
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (C&TC Referral Code)



Other Providers (Claim Level) Section

Use this section to report the NPI of other providers associated with the claim or to report a service location. These may include the:

- Rendering provider
- Pay-to-provider
- Referring provider
- Service Facility Location



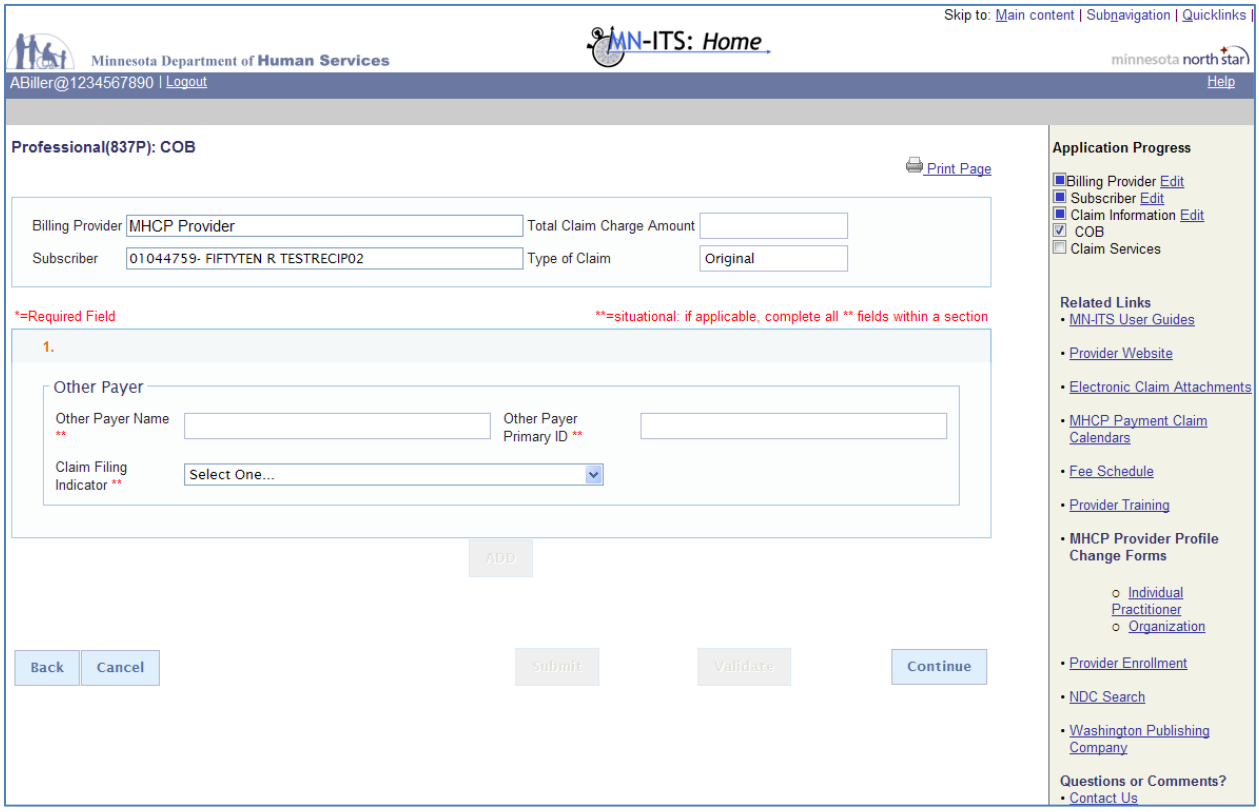
COB

Use the COB screen to report other payers, such as private insurance or Medicare, when they pay for all or a portion of the claim. This includes:

- Other Payer Name
- Other Payer Primary ID (Carrier ID, displays on eligibility response: Other Insurance)
- Claim Filing Indicator

Refer to Medicare and Other Insurance sections in Billing Policy of the MHCP Provider Manual for instruction on billing TPL at header/claim level.

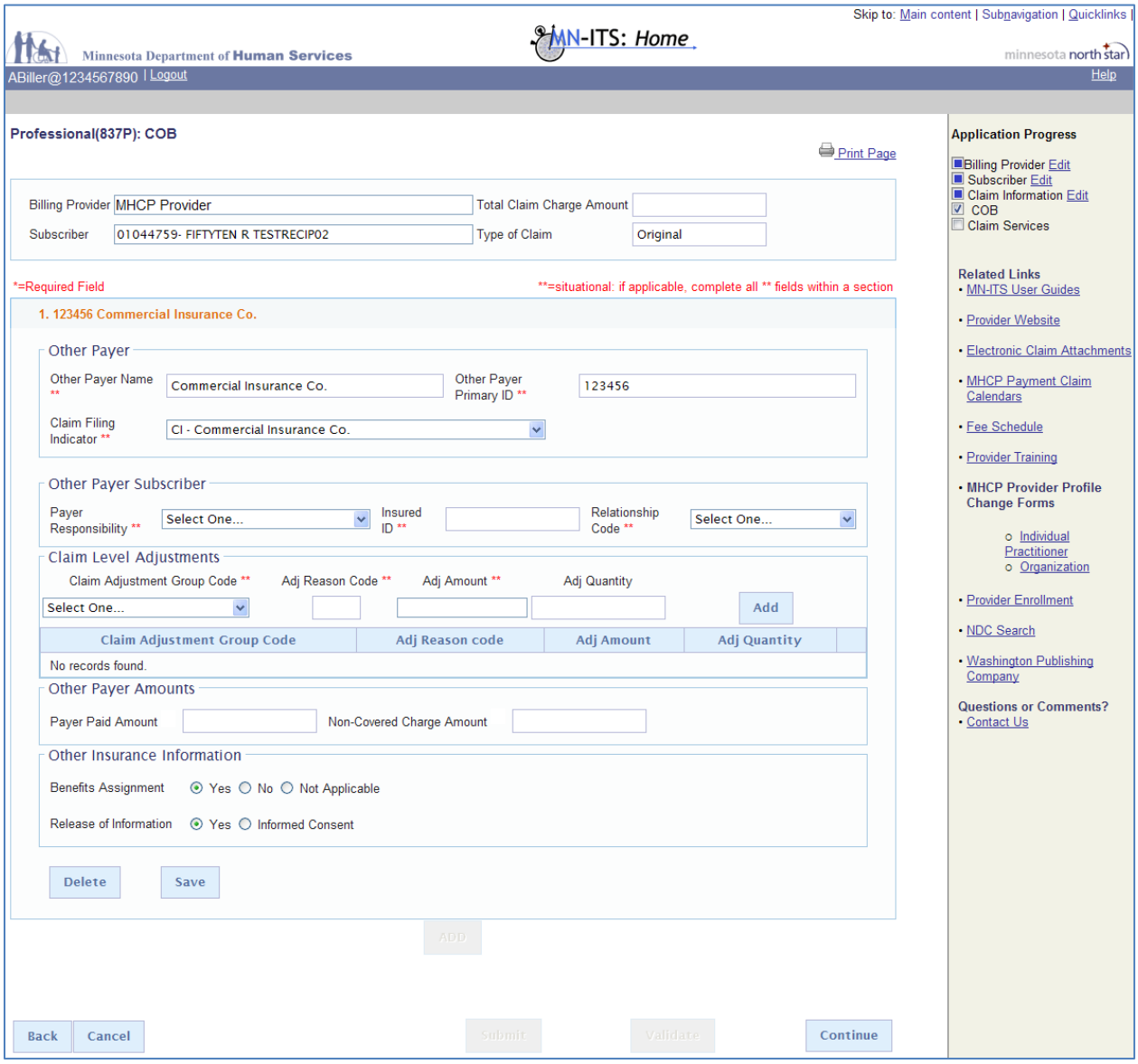
Additional fields display based on the Claim Filing Indicator selection.



Commercial Insurance

Additional fields for commercial insurance:

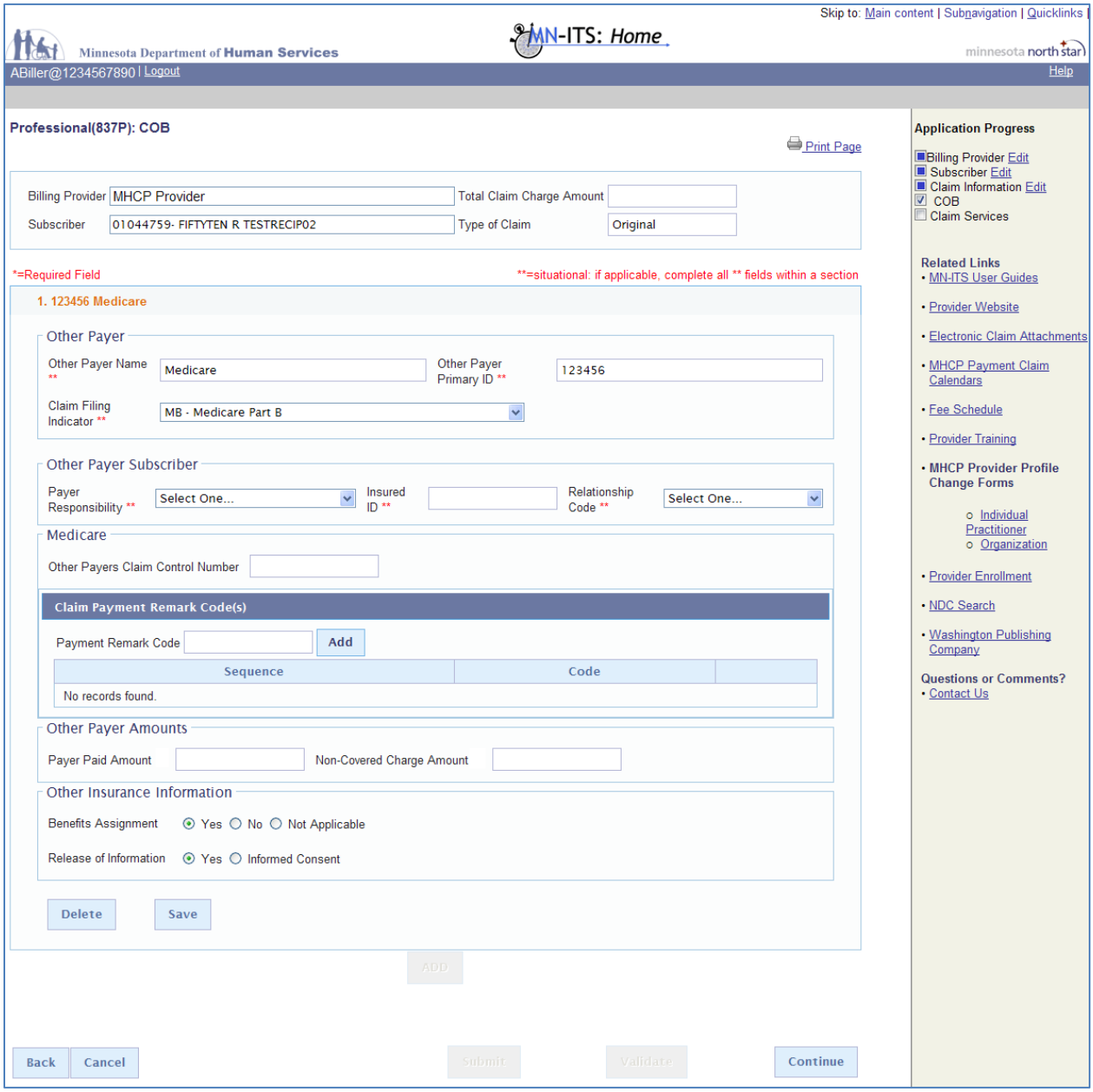
- Other Payer Subscriber
- Claim Level Adjustments
- Other Payer Amounts
- Other Insurance Information



Medicare Insurance

Additional fields for Medicare insurance:

- Other Payer Subscriber
- Medicare ICN and Payment Remark Codes
- Other Payer Amounts
- Other Insurance Information



Services

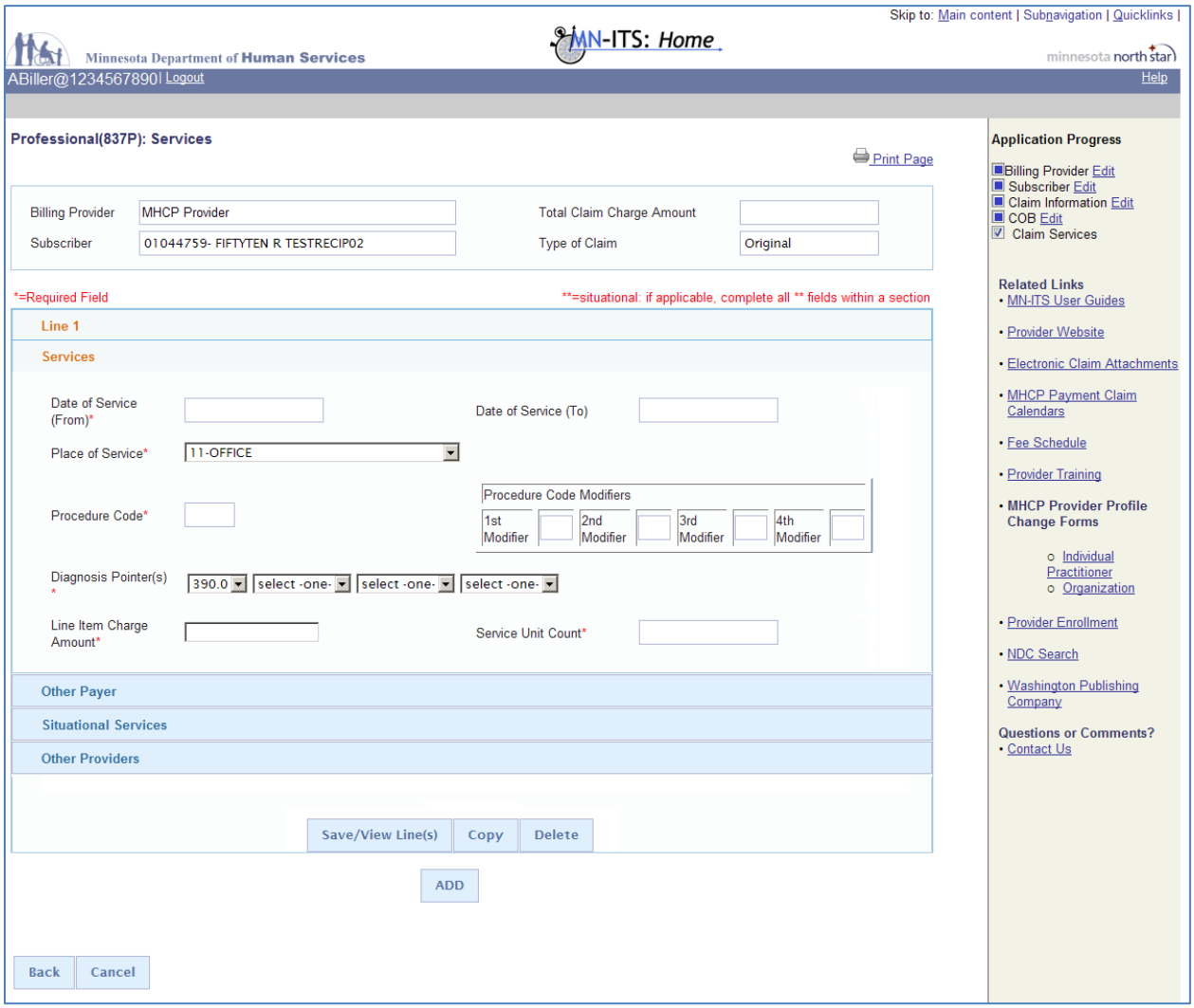
Use the Services screen to report details for each service being billed. Information reported on a service line will override information reported at the header (claim) level for that line. The Services screen has four different sections used to report information at the line level:

- Services
- Other Payer
- Situational Services
- Other Providers

Services

Use this section to report service specific information, including:

- Date of Service From/To
- Place of Service
- Procedure Code
- Procedure Code Modifiers, if applicable
- Diagnosis Pointers
- Line Item Charge Amount
- Service Unit Count

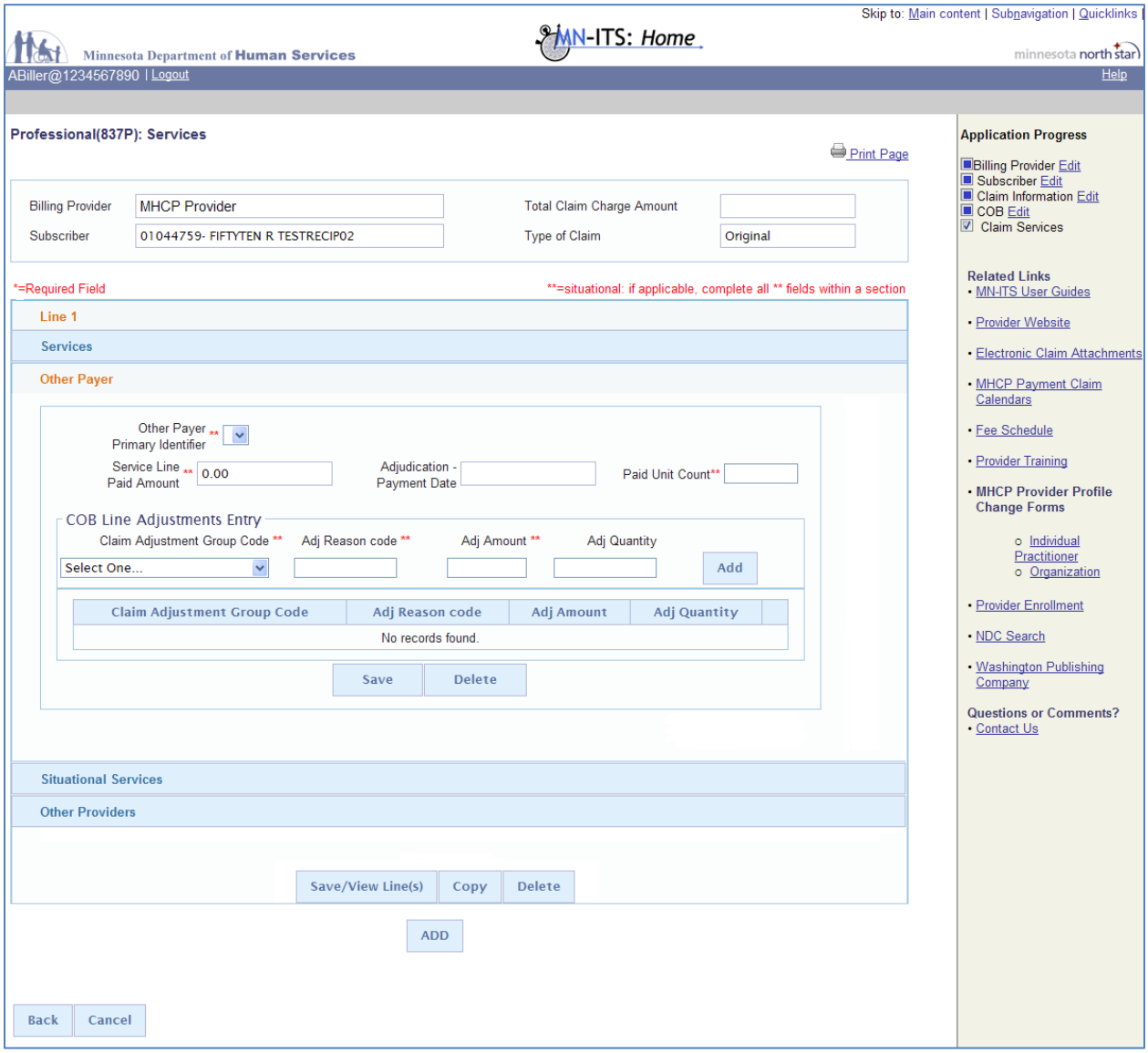


Other Payer Section

Use this section to report other payer information for the service line:

- Other Payer Primary Identifier
- Service Line Paid Amount
- Adjudication Payment Date
- Paid Unit Count
- COB Line Adjustment Group Code
- Adjustment Reason Code
- Adjustment Amount
- Adjustment Quantity

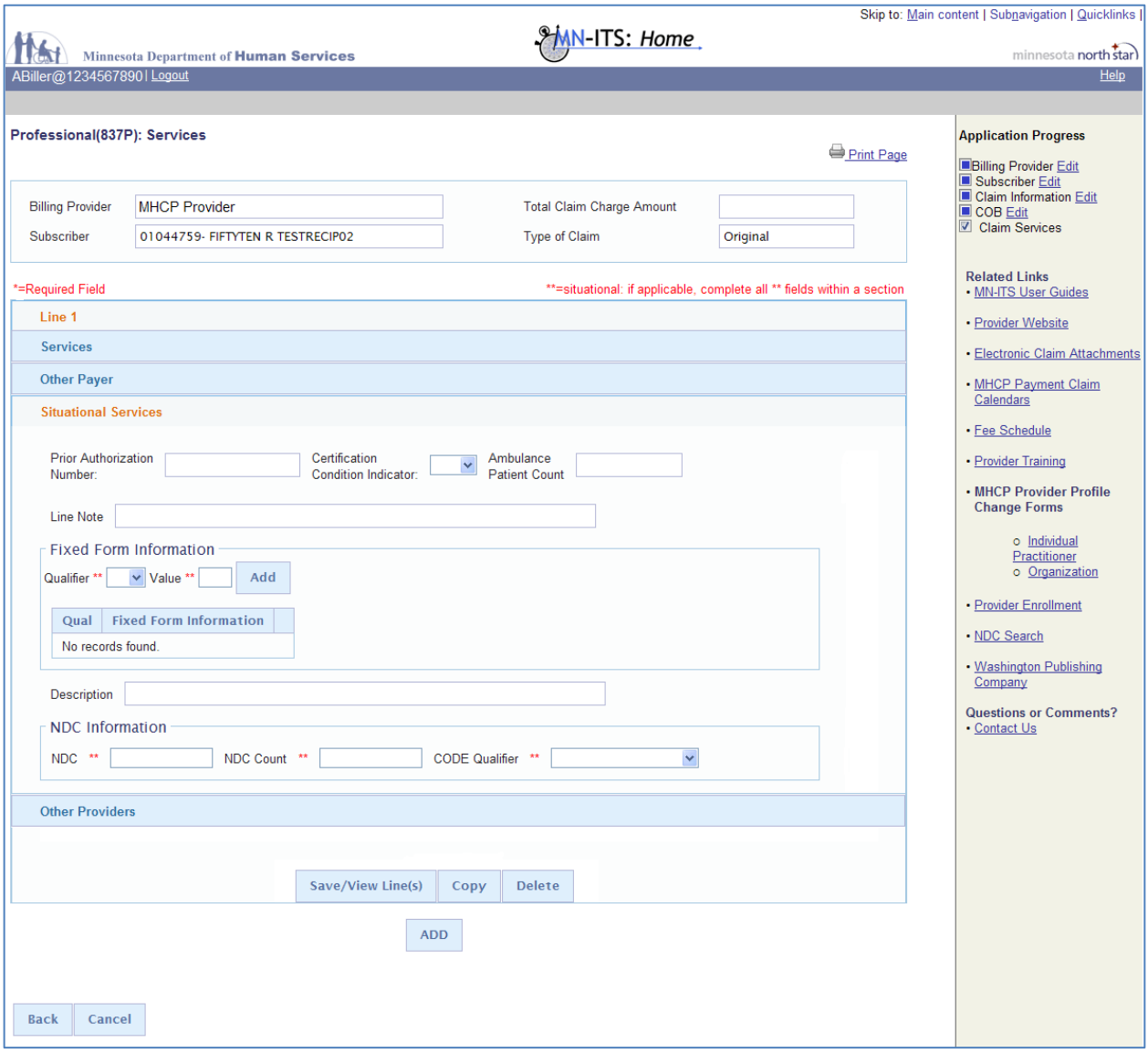
Refer to Medicare and Other Insurance section in Billing Policy of the MHCP Provider Manual for instruction on billing TPL at the service/line level.



Situational Services Section

Use this section to report additional claim information, if needed. This may include:

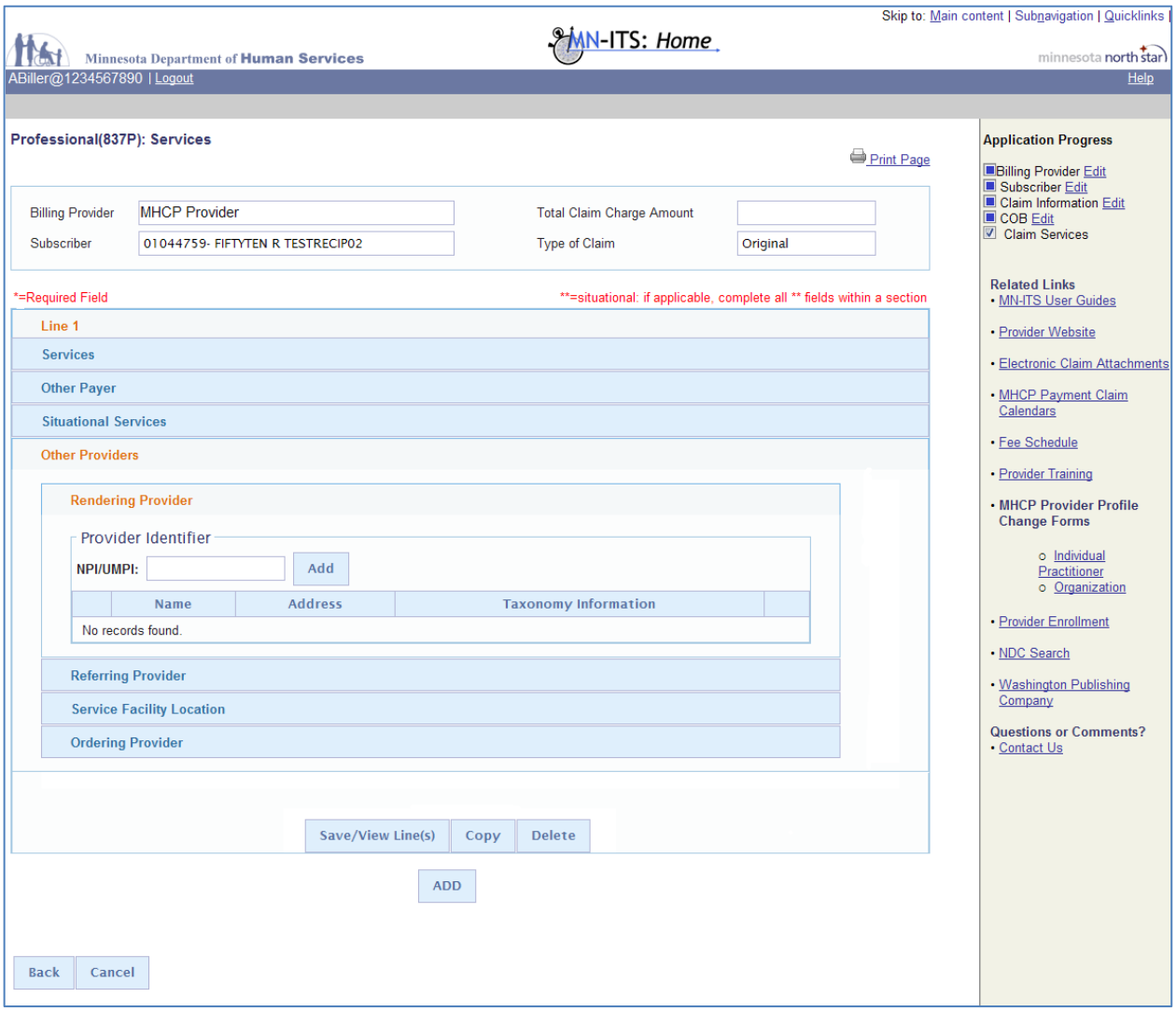
- Prior Authorization Number (or Service Agreement Number)
- Ambulance Certification Condition Indicator and Ambulance Patient Count
- Line Note
- Fixed Form Information (tooth number, tooth surface or oral cavity designation)
- Description
- NDC Information reporting



Other Providers Section

Use this section to report the NPI of other providers associated with the service line, or to report a service location, if different than reported on the Claim Information screen. These may include:

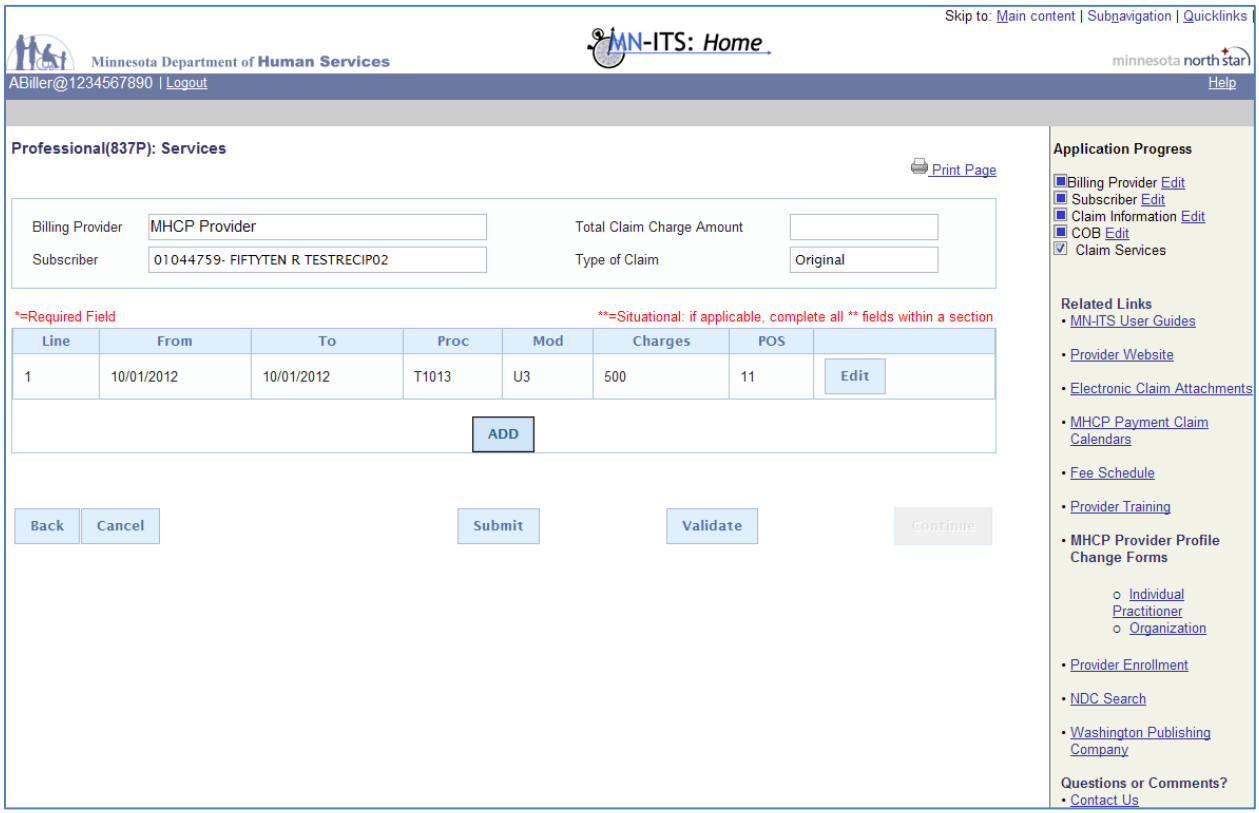
- Rendering Provider
- Referring Provider
- Service Facility Location
- Ordering Provider



Service Line Table

After a service line is saved, a summary table will display the following information for each line on the claim:

- Line number
- From and to date
- Procedure code
- Modifier
- Charge
- Place of service

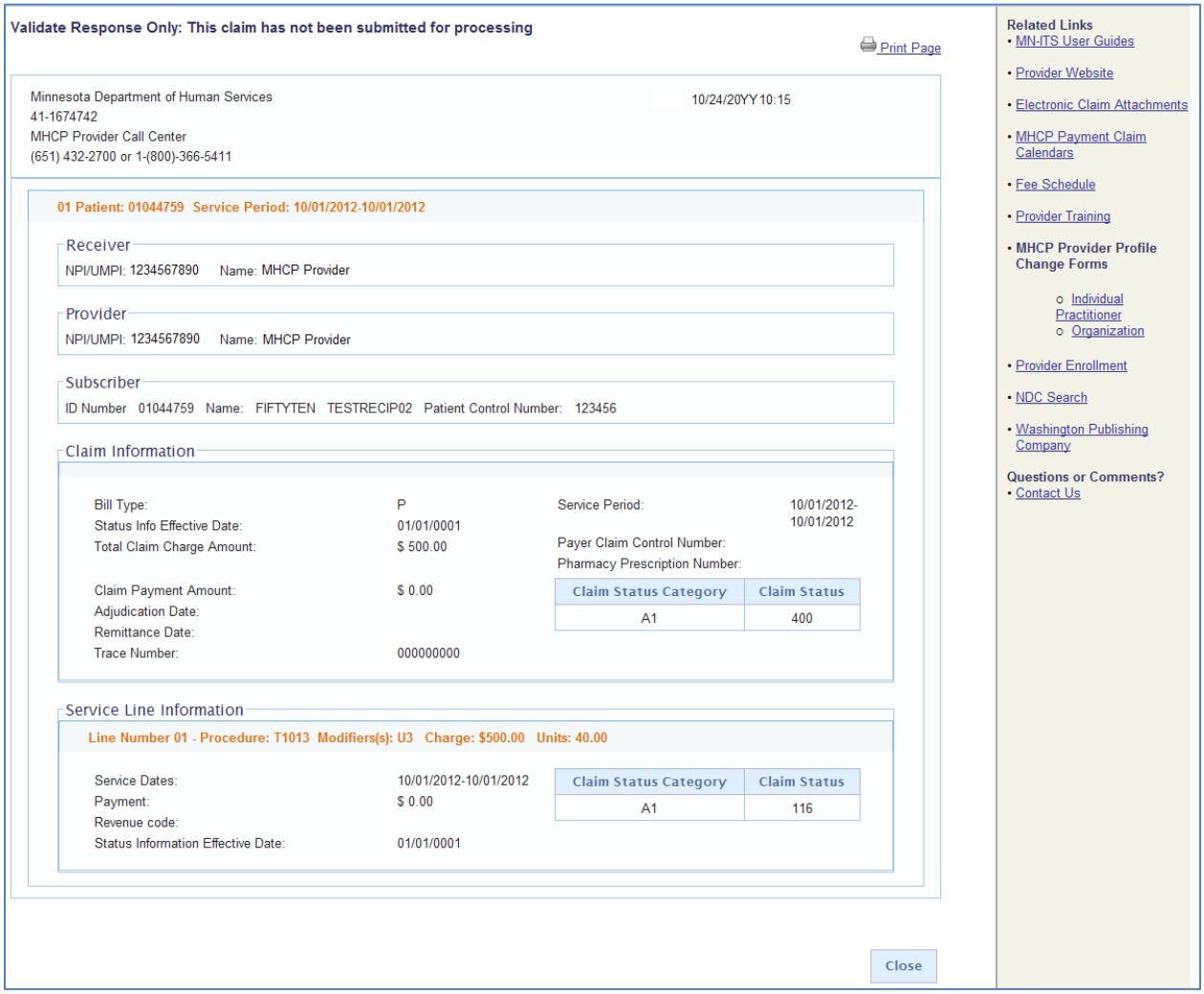


Validate Response

After completing the claim screens, select the "Validate" option before submitting.

Use the Validate Response to:

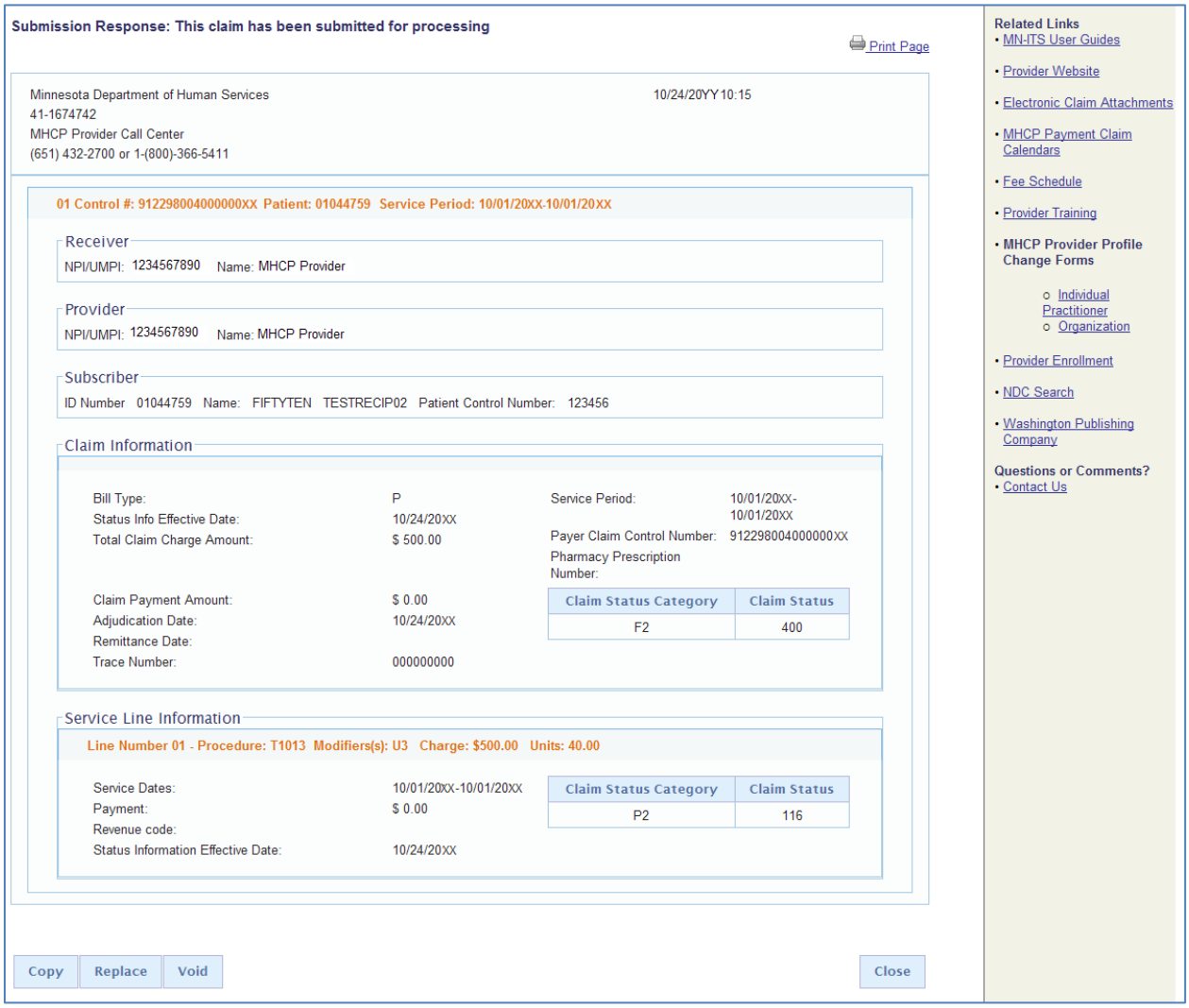
- Ensure you have completed all required HIPAA-compliant fields
- Verify with MHCP that your claim information will be submitted and returned to you with the appropriate edits, allowing changes or corrections to be made. Use the Washington Publishing Company link to the right to look up the HIPAA compliant codes
- Review the Claim Status Category and Claim Status codes to determine any errors on the claim



Submission Response

Use the Submission Response to:

- Confirm your claim was successfully submitted for processing
- Obtain a claim number
- Review the Claim Status Category and Claim Status codes to determine any errors on the claim using the Washington Publishing Company link to the right to look up the HIPAA compliant codes



Submission Response: This claim has been submitted for processing

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Minnesota Department of Human Services
41-1674742
MHCP Provider Call Center
(651) 432-2700 or 1-(800)-366-5411

10/24/20YY 10:15

01 Control #: 912298004000000XX Patient: 01044759 Service Period: 10/01/20XX-10/01/20XX

Receiver
NPI/UMPI: 1234567890 Name: MHCP Provider

Provider
NPI/UMPI: 1234567890 Name: MHCP Provider

Subscriber
ID Number 01044759 Name: FIFTYTEN TESTRECIP02 Patient Control Number: 123456

Claim Information

Bill Type:	P	Service Period:	10/01/20XX-10/01/20XX
Status Info Effective Date:	10/24/20XX		
Total Claim Charge Amount:	$ 500.00	Payer Claim Control Number:	912298004000000XX
		Pharmacy Prescription Number:	
Claim Payment Amount:	$ 0.00		
Adjudication Date:	10/24/20XX		
Remittance Date:			
Trace Number:	000000000		

Claim Status Category	Claim Status
F2	400

Service Line Information

Line Number 01 - Procedure: T1013 Modifiers(s): U3 Charge: $500.00 Units: 40.00

Service Dates:	10/01/20XX-10/01/20XX
Payment:	$ 0.00
Revenue code:	
Status Information Effective Date:	10/24/20XX

Claim Status Category	Claim Status
P2	116

Copy Replace Void Close

Related Links
- MN-ITS User Guides
- Provider Website
- Electronic Claim Attachments
- MHCP Payment Claim Calendars
- Fee Schedule
- Provider Training
- MHCP Provider Profile Change Forms
  - Individual Practitioner
  - Organization
- Provider Enrollment
- NDC Search
- Washington Publishing Company

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