This handout is intended to accompany the MN–ITS DDE Institutional (837I) 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) Institutional (837I) claim screens. The screenshots below show examples of each 837I screens and the individual sections within each screen. Screens are shown in the order they will appear while entering an institutional claim.

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

**The Institutional 837I 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; or if provided at a non-affiliated location they must select the location that represents the recipients or providers main location.

Institutional(837I): Billing Provider

If the Billing Provider information is inaccurate, complete the appropriate profile change form and fax to Provider Enrollment.

Billing Provider Information:
- Organization: MHCP Provider
- Taxonomy:
- Address1: 1234 MAIN STREET
- Address2:
- City: ANYTOWN
- State: MN
- Zip: 55155
- Telephone: 651-431-2700

Select Location:

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Provider Type</th>
<th>Taxonomy Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHCP CLINIC 1</td>
<td>1234 MAIN STREET ANYTOWN MN 55155</td>
<td>OPTICIAN</td>
<td>332h0000x Eyewear Supplier Active</td>
</tr>
<tr>
<td>MHCP CLINIC 2</td>
<td>1234 MAIN STREET ANYTOWN MN 55155</td>
<td>CHEMICAL HEALTH</td>
<td>2510R0405X Rehabilitation, Substance use Disorder Active</td>
</tr>
<tr>
<td>MHCP HOSPITAL</td>
<td>1234 MAIN STREET ANYTOWN MN 55155</td>
<td>HOSPITAL</td>
<td>282N0000X general Acute Care Hospital Active</td>
</tr>
</tbody>
</table>
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 four sections:
  • Claim Information
  • Situational Claim Information
  • Situational (Continued) Claim Information
  • Other Providers (Claim Level)

Claim Information Section
Use this section to report general required claim information, including:
  • Type of Bill
  • Payer Claim Control Number (if the type of bill suffix is 7- Replacement or 8-Void)
  • Patient Control Number
  • Assignment and Release Information
  • Admission information
  • Diagnosis Information
**Claim Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider</td>
<td>MHCPC PROVIDER</td>
</tr>
<tr>
<td>Subscriber</td>
<td>01346054: FIFTYENG TESTREGP01</td>
</tr>
<tr>
<td>Type of Bill</td>
<td></td>
</tr>
<tr>
<td>Statement Date (From):</td>
<td></td>
</tr>
<tr>
<td>Statement Date (To):</td>
<td></td>
</tr>
<tr>
<td>Patient Control Number</td>
<td></td>
</tr>
<tr>
<td>Assignment/Plan Participation</td>
<td></td>
</tr>
<tr>
<td>Benefits Assignment</td>
<td></td>
</tr>
<tr>
<td>Release of Information</td>
<td></td>
</tr>
<tr>
<td>Admission Information</td>
<td></td>
</tr>
<tr>
<td>Admission Type</td>
<td></td>
</tr>
<tr>
<td>Admission Source</td>
<td></td>
</tr>
<tr>
<td>Admission Date**</td>
<td></td>
</tr>
<tr>
<td>Admission Time**</td>
<td></td>
</tr>
<tr>
<td>Discharge Time</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Information</td>
<td></td>
</tr>
<tr>
<td>Principal Diagnosis Code</td>
<td></td>
</tr>
<tr>
<td>POA</td>
<td></td>
</tr>
<tr>
<td>Admitting Diagnosis Code</td>
<td></td>
</tr>
<tr>
<td>Patient Reason For Visit</td>
<td>Add</td>
</tr>
<tr>
<td>External Cause of Injury**</td>
<td>Add</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td></td>
</tr>
<tr>
<td>POA</td>
<td>Add</td>
</tr>
</tbody>
</table>

**Situational Claim Information**

**Situational (Continued) Claim Information**

**Other Providers (Claim Level)**
**Situational Claim Information Section**

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

- Principal Procedure Code/Date
- Other Procedure Code(s)
- Prior Authorization Number
- Medical Record Number
- Claim Note
- Attachment Control Number/Type

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### Claim Information

#### Situational Claim Information

- **Principal Procedure Code**
- **Date**

- **Other Procedure**
  - **Code**
  - **Date**

- **Prior Authorization Number**

- **Medical Record Number**

- **Claim Notes**
  - **Reference**
  - **Text**

- **Attachment Control Number**
  - **Type**

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**Situational (Continued) Claim Information**

**Other Providers (Claim Level)**
Situational (Continued) Claim Information Section

- Occurrence Code/Occurrence Span Code
- Value Code
- Condition Code
- Property/Casualty and Accident Information
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.
Additional fields for Commercial Insurance:

- Other Payer Subscriber
- Claim Level Adjustments
- Other Payer Amounts
- Other Insurance Information
Additional fields for Medicare Part A:
- Other Payer Subscriber
- Claim Level Adjustments
- Other Payer Amounts
- Other Insurance Information
- Inpatient Adjudication Information (MIA)
COB
Additional fields for Medicare Part B:
- Other Payer Subscriber
- Claim Level Adjustments
- Other Payer Amounts
- Other Insurance Information
- Outpatient Adjudication Information (MOA)
**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 two sections (Services and Other Payer) used to report information at the line level.

**Services**

Use this section to report service specific information, including:

- Date of Service From/To
- Revenue Code
- Line Item Charge Amount/Service Unit Count
- Procedure Code/Procedure Code Modifiers, if applicable
- NDC Information

![Services Screen](https://example.com/services_screen.png)
Service Line

Service line(s) that are saved will be compiled in a service line table.

<table>
<thead>
<tr>
<th>Line</th>
<th>From</th>
<th>To</th>
<th>Rev Code</th>
<th>Proc</th>
<th>Mod</th>
<th>Units</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01/01/2013</td>
<td>01/01/2013</td>
<td>250</td>
<td>1</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Payer Section
Use this section to report TPL/Medicare Part B line level information, including:

- Other Payer Primary Identifier
- Service Line Paid Amount
- Adjudication or Payment Date
- Paid Unit Count
- COB Line Adjustment Entry
**Validate Response**

Once the claim screens are completed, 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 if any errors are found on the claim.

### Claim Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID</td>
<td>013486864</td>
</tr>
<tr>
<td>Patient Name/Callsign</td>
<td>FIFTYFIVE TSTTRECIP01</td>
</tr>
<tr>
<td>Patient Control Number</td>
<td>123455</td>
</tr>
<tr>
<td>Hospital ID/Payer</td>
<td>1234567890</td>
</tr>
<tr>
<td>Name</td>
<td>MHCP PROVIDER</td>
</tr>
<tr>
<td>Status Code</td>
<td>A1</td>
</tr>
<tr>
<td>Claim Status Category Code</td>
<td>456</td>
</tr>
<tr>
<td>Claim Status Code</td>
<td>116</td>
</tr>
<tr>
<td>Service Code</td>
<td>A1</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>100.00</td>
</tr>
<tr>
<td>Revenue Code</td>
<td>255</td>
</tr>
<tr>
<td>Service Dates</td>
<td>01/01/2013-01/01/2013</td>
</tr>
<tr>
<td>Status Information Effective Date</td>
<td>01/01/2001</td>
</tr>
<tr>
<td>Claim Payment Amount</td>
<td>0.00</td>
</tr>
<tr>
<td>Adjudication Date</td>
<td></td>
</tr>
<tr>
<td>Remittance Date</td>
<td></td>
</tr>
<tr>
<td>Tracers Number</td>
<td>00000000.00</td>
</tr>
</tbody>
</table>

**Related Links**

- [MN-ITS User Guides](#)
- [Provider Website](#)
- [Electronic Claim Attachments](#)
- [MHCP Payment Claim Calendars](#)
- [Fee Schedules](#)
- [Provider Training](#)
- [MHCP Provider Profile Change Forms](#)
  - [Individual Provider](#)
  - [Organization](#)
- [Provider Enrollment](#)
- [NPI Search](#)
- [Washington Publishing Company](#)

**Questions or Comments?**

- [Contact Us](#)