

Housing Support Supplemental Services

Revised: March 11, 2024

Review [MHCP Billing Policy](#) for general billing requirements and guidance when submitting claims. Refer to additional billing requirements in the service-specific section of the MHCP Provider Manual before you submit the claim for services.

Log in to MN-ITS

1. [Log in](#) to MN-ITS
2. From the left menu:
 - a. Select **MN-ITS**
 - b. Select Submit DDE Claims (837)
 - c. Select Professional (837P)

Submit the Claim

To submit the claim, follow the instructions in the following tables for each of the following claim screens:

[Billing Provider](#)

[Subscriber](#)

[Claim Information](#)

[Coordination of Benefits \(COB\)](#)

[Services](#)

Billing Provider

The billing provider screen auto-populates with the information in the enrollment profile for the NPI or UMPI used to log in to MN-ITS. If changes are needed, review [Changes to Enrollment](#) to notify MHCP Provider Eligibility and Compliance.

Refer to the following table for instructions and information about each field on this screen.

Field Name* <i>(X12 Loop & element)</i>	Field Instruction
Organization <i>(Loop: 2010AA, NM103 (last or organization) NM104 (first))</i>	The name of the Billing Provider: This could be an organization, business or the name of an individual provider identified by the NPI/UMPI used to log in to MN-ITS.
Taxonomy <i>(Loop: 2000A, PRV03)</i>	This field only displays information when a Health care provider specialty/location code has been added to the provider file. If multiple taxonomy codes have been added, additional information will display. Select the radio button to identify the appropriate location for this claim.
Address 1 <i>(Loop: 2010AA, N301)</i>	The first address line reported on the provider file.
Address 2 <i>(Loop: 2010AA, N302)</i>	The second address line reported on the provider file.
City <i>(Loop: 2010AA, N401)</i>	The city name for the address in address fields 1 and 2.
State <i>(Loop: 2010AA, N402)</i>	The state name for the address in address fields 1 and 2.
Zip	The ZIP Code for the address in address fields 1 and 2.

<i>(Loop: 2010AA, N403)</i>	
Telephone <i>(Loop: 2010AA, PER04)</i>	Telephone number reported on the provider file.
Screen Action Buttons	Select: <ul style="list-style-type: none"> • Cancel to cancel the claim entry • Continue to proceed to the next screen

Subscriber

Use the Subscriber screen to report the member who received the services reported on this claim.

Refer to the following table for instructions and information about each field on this screen.

Field Name* <i>(X12 loop & element)</i>	Field Instruction
Subscriber ID <i>(Loop: 2010BA, NM109)</i>	Enter the 8-digit MHCP ID for the subscriber (member) indicated on the MHCP member identification card.
Birth Date <i>(Loop: 2010BA, DMG02)</i>	Enter the birth date of the subscriber (MMDDYYYY). Select the Search action button.
The following fields auto-populate based on the information entered in the Subscriber ID and Birth Date fields.	
Subscriber First Name <i>(Loop: 2010BA, NM104)</i>	The first name of the subscriber.
Middle Initial <i>(Loop: 2010BA, NM105)</i>	The middle initial of the subscriber.
Last Name <i>(Loop: 2010BA, NM103)</i>	The last name of the subscriber.
Gender <i>(Loop: 2010BA, DMG03)</i>	The gender of the subscriber. Select the Delete action button in this section to remove the subscriber information if not correct.
Screen Action Buttons	Select: <ul style="list-style-type: none"> • Back to go back to the previous screen • Cancel to cancel the claim entry • Continue to proceed to the next screen

Claim Information

Use the Claim Information screens to report claim level information that will identify the type of claim and details about the services.

Refer to the following table for instructions and information about each field on this screen.

Field Name* <i>(X12 Loop & element)</i>	Field Instructions
Claim Frequency Code <i>(Loop: 2300, CLM05-3)</i>	Specifies if the claim is an original, replacement or void. Default is original. If hand keying a claim to be replaced or voided, select the radio button in front of replacement or void.

	If the claim has been retrieved from a submit response or from the request status feature, the claim will display with the option selected.
Payer Claim Control Number (Loop: 2300, REF02)	Identifies the previously processed claim when the claim frequency code is replacement or void. The payer claim control field is protected until replacement or void is selected. After selected, enter the payer claim control number to be replaced or voided. If the claim has been retrieved from a submit response or the request status feature, the claim number will auto-populate.
Place of Service (Loop: 2300, CLM05-1)	The only place of service currently available for Housing Support Supplemental Services is the member's home. From the drop-down menu, select the code 12 - Home.
Patient Control Number (Loop: 2300, CLM01)	Enter a unique identifier to help identify this claim for this member. Enter numbers, letters or a combination. MHCP will report this on your remittance advice (RA).
Assignment/ Plan Participation (Loop: 2300, CLM07)	Select the code indicating whether the provider accepts payment from MHCP. Default is Assigned. Select the correct response if different than the default. <ul style="list-style-type: none"> • Assigned – provider has a participation agreement with MHCP • Assignment Accepted – provider accepts assignment only for clinical lab services • Not Assigned – neither assigned or assignment accepted apply
Benefits Assignment (Loop: 2300, CLM08)	Select the benefit assignment to report the policy holder or person authorized to act on their behalf, gives MHCP permission to pay the provider directly. Default is Yes. Select the correct response if different than the default. <ul style="list-style-type: none"> • Yes – Benefits assigned to the provider • No – Benefits not assigned to the provider • Not Applicable – Patient refuses to assign benefits
Release of Information (Loop: 2300, CLM09)	The determination of whether the provider has a signed statement by the member on file, authorizing the release of medical data to other organizations. Default is Yes. Select the correct response if different than the default. <ul style="list-style-type: none"> • Yes – Signature collected or required • Informed Consent – Signature not collected and not required
Provider Indicator (Loop: 2300, CLM06)	Identifies whether the provider's signature is on file, certifying services were performed by the provider. Default is Signature on File. Select the correct response if different than the default.
Diagnosis Type Code (Loop: 2300, HI01-1)	From the drop-down menu, select the diagnosis code reported on this claim using the ICD-10 classification.
Diagnosis Code	Enter the diagnosis code (ICD) or other industry accepted code(s) that

<i>(Loop: 2300, HI01-2, HI02-2, HI03-2, HI04-2)</i>	<p>best describes the condition or reason the member needed the service(s). Refer to the Housing Support Supplemental Services section of the MHCP Provider Manual for acceptable diagnosis codes.</p> <p>Select the Add button.</p> <p>Select the Delete button next to a diagnosis code to remove it from the claim.</p>
Situational Claim Information	
Prior Authorization Number <i>(Loop: 2300, REF02)</i>	Enter the Service Agreement number for your client.
Medical Record Number <i>(Loop: 2300, REF02)</i>	This field is not required for Housing Support Supplemental Services.
Claim Note <i>(Loop: 2300, NTE02)</i>	<p>Use only when additional information is required.</p> <p>Enter a free-form description to provide additional information about this claim.</p>
Attachment Control Number <i>(Loop: 2300, PWK06)</i>	<p>Use only when submitting a claim with an attachment.</p> <p>Enter a code/number, assigned by the provider, identifying an attachment for this claim. MHCP uses only the first 30 characters when matching the attachments to the claim.</p> <p>Review the Electronic claim attachments webpage for MHCP attachment criteria and additional information.</p>
Type <i>(Loop: 2300, PWK01)</i>	<p>Use only when an attachment is required.</p> <p>From the drop-down, select the code indicating the attachment type ID and the description of the attachment.</p> <p>Select the Add action button in this section to include the attachment information on the claim.</p>
Contact Name <i>(Loop: 2010CA, PER02)</i>	This field is not required for Housing Support Supplemental Services.
Telephone Number <i>(Loop: 2010CA, PER04)</i>	This field is not required for Housing Support Supplemental Services.
Extension <i>(Loop: 2010CA, PER06)</i>	This field is not required for Housing Support Supplemental Services.
Related Causes <i>(Loop: 2300, CLM11-1)</i>	This field is not required for Housing Support Supplemental Services.
Date of Accident <i>(Loop: 2300, DTP03)</i>	This field is not required for Housing Support Supplemental Services.
Certification Condition <i>(Loop: 2300, CRC02)</i>	This field is not required for Housing Support Supplemental Services.
Condition Code <i>(Loop: 2300, CRC03, CRC04, CRC05)</i>	This field is not required for Housing Support Supplemental Services.
Situational Ambulance Information	This collapsed accordion screen is not needed for Housing Support Supplemental Services.
Other Providers (Claim Level) – This collapsed accordion screen is not needed for Housing	

Support Supplemental Services.	
Screen Action Buttons	Select: <ul style="list-style-type: none"> • Back to go back to the previous screen • Cancel to cancel the claim entry • Continue to proceed to the next screen

Coordination of Benefits (COB) – This area is not applicable to Housing Support Supplemental Services

Field Name* <i>(X12 Loop and element)</i>	Field Instruction
Screen Action Buttons	Select: <ul style="list-style-type: none"> • Back to go back to the previous screen • Cancel to cancel the claim entry • Continue to proceed to the next screen

Services

Use the Services screen to describe details for each service being billed. Information reported on a service line will override information reported at the header (claim) level for that line.

Refer to the following table for instructions and information about each field on this screen.

Field Name* <i>(X12 Loop and element)</i>	Field Instruction
Date of Service (From) <i>(Loop: 2400, DTP03)</i>	Enter the date the service was provided (MMDDYYYY).
Date of Service (To) <i>(Loop: 2400, DTP03* RD8* required in DTP02 when TO date is reported)</i>	Enter the date the service was provided (MMDDYYYY). Bill only one day at a time for services provided within the same calendar month.
Place of Service <i>(Loop: 2400, SV105)</i>	This will default to what was entered on the claim information screen.
Procedure Code <i>(Loop: 2400, SV101-2)</i>	Enter H0043
Procedure Code Modifier(s) <i>(Loop: 2400, SV101-3, SV101-4, SV101-5, SV101-6)</i>	Enter U5
Diagnosis Pointer <i>(Loop: 2400, SV107-1, SV107-2, SV107-3, SV107-4)</i>	This will default from the diagnosis code entered on the claim information screen.
Line Item Charge Amount <i>(Loop: 2400, SV102)</i>	Enter the daily amount stipulated in the Service Agreement.
Service Unit Count <i>(Loop: 2400, SV104)</i>	Enter the number of units for the service. One day equals one unit.
Other Payer – This collapsed accordion screen is not needed for Housing Support Supplemental Services.	
Section Action Buttons	Select: <ul style="list-style-type: none"> • Save/View Line(s) to save the service line and view a summary table, displaying information for each line on the claim

	<ul style="list-style-type: none"> • Copy to save and copy the information to a duplicate service line. The information populated in the new service line is identical to what was entered on the copied line. Edit the information in each section of the new service line, as needed • Delete to remove the service line from the claim
Section Action Buttons	<p>Once saved, a summary table will display the following information for each line on the claim:</p> <ul style="list-style-type: none"> • Line number • From and to date • Procedure code • Modifier • Charge • Place of service <p>Select:</p> <ul style="list-style-type: none"> • Edit, next to a line, to change the information for that service line • Add to create a new service line that is blank. Repeat the service line entry steps to add all lines to the claim
Screen Action Buttons	<p>Select:</p> <ul style="list-style-type: none"> • Back to go back to the previous screen • Cancel to cancel the claim entry • Validate to determine if the claim has met the HIPAA-compliant and certain basic requirements at both the claim and line level information. Use the X12 External Code Lists health care codes to identify the claim status category and claim status codes displayed on the validate response • Submit to identify if the claim will be paid, denied or suspended for review at the claim level and the line level of the claim. Use the X12 External Code Lists health care codes lists to identify the claim status category and claim status codes displayed on the claim response

Copy, Replace or Void (take back) the Claim

After submitting the claim and receiving a claim response, an option to Copy, Replace or Void the claim is available.

Use each of these features to do the following:

Copy - To correct an error of a denied claim or to copy information from other similar claims previously submitted

Replace - If the claim paid, but paid incorrectly or a line item was denied. The user may access the claim, correct the information and resubmit. The original paid amount will be taken back and replaced with the correct information on the replacement claim

Void (take back) - If the claim was submitted in error. This reverses the claim and takes the payment back

Review the [Copy, Replace, Void \(take back\), or Reverse a Claim](#) User Guide for step-by-step instructions when completing these transactions.