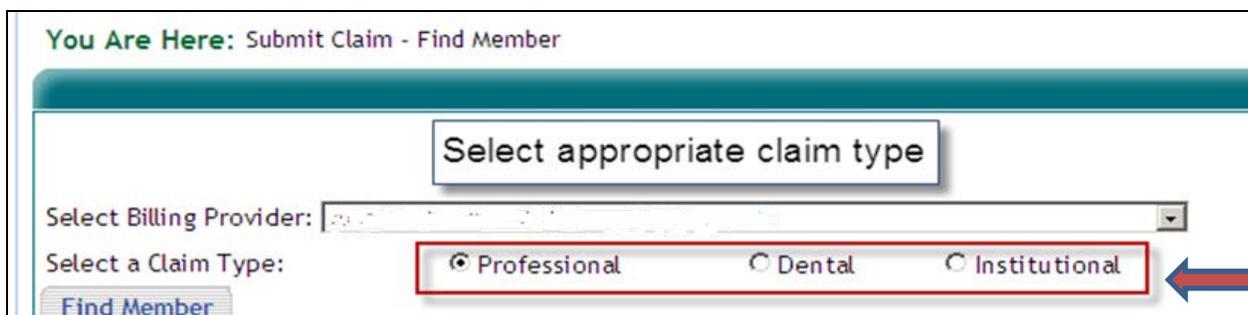


Provider Billing on Incorrect Claim Form - TR 32267

An update to MIHMS was completed to deny claims submitted by providers on the incorrect claim form type when using Direct Data Entry claims submission on the MIHMS Health PAS online portal.

When a claim is initiated using Direct Data Entry, the portal defaults to the “Professional” Claim Type. You must select the “Dental” or “Institutional” claim type if you are not intending to submit a “Professional” claim.

This is how the selection appears in Direct Date Entry on the portal. Please be sure to select the correct claim form type after choosing the billing provider. If not, the Portal defaults to the professional (CMS-1500) claim form.



You Are Here: Submit Claim - Find Member

Select appropriate claim type

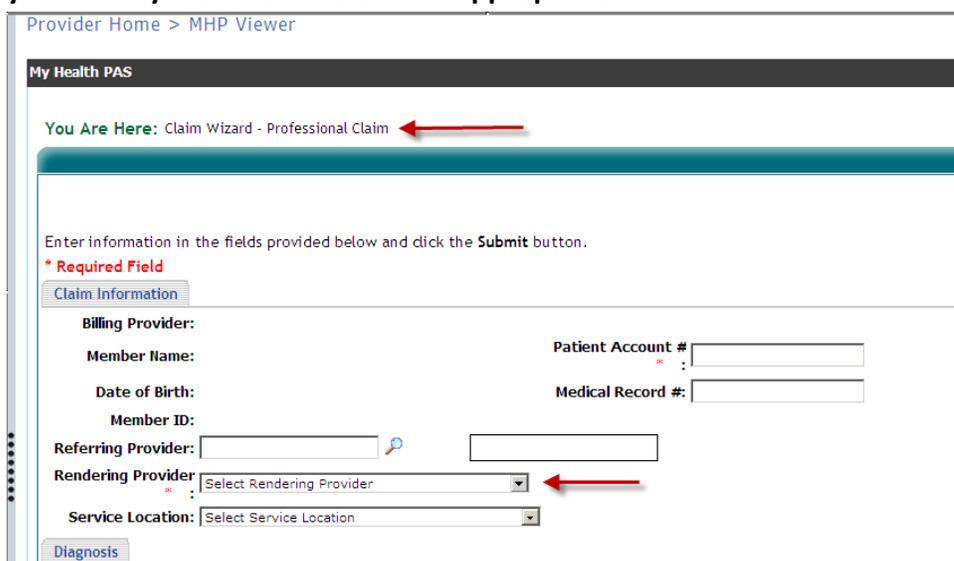
Select Billing Provider: [Dropdown]

Select a Claim Type: Professional Dental Institutional

Find Member

Here are some additional tips to successfully submit Direct Data Entry claims.

- When entering the rendering information on the professional (CMS-1500) form in the Portal, the “Rendering Provider” box at the top of the screen is where you select the provider who rendered the service. The drop down box will show the valid choices for your facility. Be sure to select the appropriate service location.



Provider Home > MHP Viewer

My Health PAS

You Are Here: Claim Wizard - Professional Claim

Enter information in the fields provided below and click the Submit button.

* Required Field

Claim Information

Billing Provider: [Text]

Member Name: [Text] Patient Account #: [Text]

Date of Birth: [Text] Medical Record #: [Text]

Member ID: [Text]

Referring Provider: [Text] [Text]

Rendering Provider: [Select Rendering Provider] [Red Arrow]

Service Location: [Select Service Location]

Diagnosis

- When entering the rendering provider information on the institutional (UB-04) screen, the rendering provider information goes in the “Attending” field. The “Rendering Provider” field is used to select the pay to provider which is automatically populated.

The screenshot shows a web form titled "Claim Wizard - Institutional Claim". The form is divided into sections for "Billing Provider" and "Rendering Provider".

Billing Provider:

- Member Name: [Text Input]
- Date of Birth: [Text Input]
- Member ID: [Text Input]
- Patient Account #: [Text Input]
- Medical Record #: [Text Input]

Rendering Provider:

- Referring Provider: [Text Input]
- Rendering Provider: [Dropdown Menu] (indicated by a red arrow)
- Service Location: [Dropdown Menu] (indicated by a red arrow)
- Bill Type: [Text Input]

Attending/Other:

- Attending: [Text Input] (indicated by a red arrow)
- Other: [Text Input]
- Operating: [Text Input]
- Other: [Text Input]

Covered/Non-Covered Days:

- Covered Days: [Text Input]
- Non-Covered Days: [Text Input]
- Life-time Reserved: [Text Input]
- Co-insured Days: [Text Input]

Note: NOTE: You may enter either the Provider's NPI or Medicaid ID

- For other claims that are submitted, electronic (837) or paper method, please refer to the billing instructions to identify which claim form is appropriate according to provider type and section of policy.

<https://mainecare.maine.gov/Billing%20Instructions/Forms/Publication.aspx>

Not following these steps could result in denial of your claim, or incorrect reimbursement. If you receive a denial, please resubmit your claim with the appropriate claim type and the correct rendering information.

If you received incorrect reimbursement due to using the incorrect claim form or rendering information, you will need to reverse the original claim, and rebill a new claim with the appropriate form, and or rendering information.