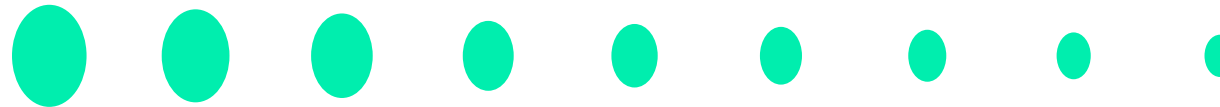


Web Portal Training

Professional Claims



Purpose of this eLearning Tutorial



The purpose of the Professional Claims eLearning Tutorial is to explain the general procedures for billing claims in the Georgia Medicaid Program.

What's Covered?

- How to complete a professional claim properly using the secure Web Portal.
- Information on where to send paper claims.
- How to access Web Portal Billing manuals and resources.

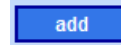
Helpful hints to assist in completing your claim



The panel help icon displays an overall narrative, navigation information, field descriptions, and panel edits assigned to the panel. 

Field help (click on a label of a field) provides information specific to that field.

The add button is used to create additional records for the panel. Users only need to click add again if additional records are needed on the claim. Otherwise, continue to the next panel.



Fields marked with an asterisk are always required.

Last Name* 

Fields with [search] links allow users to easily search for related values.

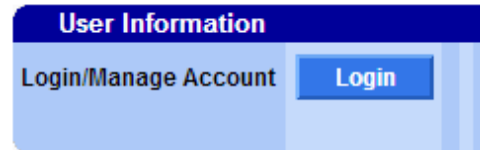
Diagnosis* [\[Search\]](#)

NOTE: The screenshots used in this module are based on one example.

Logging into the secure Web Portal

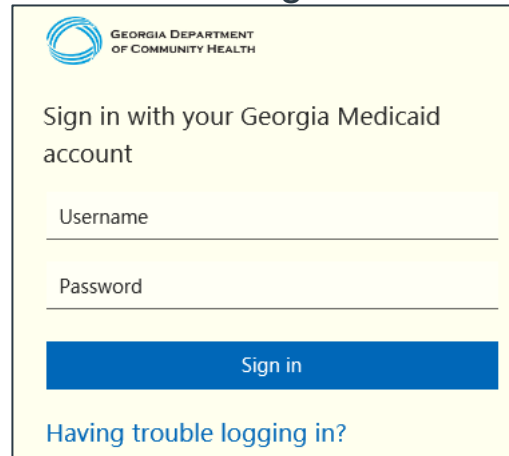
To get started, login to the secure GAMMIS Web Portal at www.mmis.georgia.gov.

Click the Login button.



A screenshot of a 'User Information' panel. It has a dark blue header with the text 'User Information'. Below the header, there are two buttons: 'Login/Manage Account' and 'Login'. The 'Login' button is highlighted with a blue border.

Enter your Username and Password and click the Sign In button.



A screenshot of the Georgia Medicaid login form. At the top left is the Georgia Department of Community Health logo. The text reads 'Sign in with your Georgia Medicaid account'. Below this are two input fields: 'Username' and 'Password'. At the bottom is a blue 'Sign in' button. Below the button is a link that says 'Having trouble logging in?'.

Click the Web Portal link.



Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal Production

NOTE: If acting as a billing agent, please select the appropriate provider ID from the Switch Provider panel to begin navigating on behalf of that provider.

Navigating to a New Professional Claim

Select New Professional Claim from the Claims menu.

The screenshot displays the top navigation bar of the GAMMIS (Georgia Medicaid Management Information System) web application. The page header includes the Georgia Department of Community Health logo, the GAMMIS logo, and the Gainwell logo. A blue navigation bar contains a 'Welcome,' message, a search button, and a session expiration notice: 'Refresh session | You have approximately 19 minutes until your session will expire.' The date 'Thursday, February 4, 2021' is also visible. Below the navigation bar is a horizontal menu with links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, and Trade Files. The 'Claims' menu is expanded, showing options for Search (Void, Adjust) Claims, Institutional Claim, New Professional Claim, Locum Tenens, New Dental Claim, New Institutional Claim, New Professional Claim, and Locum Tenens. A blue arrow points to the 'New Professional Claim' option in the expanded menu. The 'New Professional Claim' option is highlighted in the menu.

Answering CAPTCHA

To verify you are an authorized user, answer the CAPTCHA image as provided and click Submit.

If the image is unclear, press the recycle button to retrieve a new image.



The image shows a CAPTCHA interface with a blue header bar containing the text "Enter characters from CAPTCHA". Below the header is a rectangular area containing a CAPTCHA image of a door with the number "14609". To the right of the image is a large, empty light blue rectangular area for entering the answer. Below the CAPTCHA image is a white input field with a blue arrow pointing to it from the left. To the right of the input field are three icons: a refresh button, a speaker icon, and the reCAPTCHA logo. Below the input field is a link for "Privacy & Terms". At the bottom left of the interface is a blue "Submit" button.

Completing the Professional Claim (header) panel

STEP 1 – Enter information on the Professional Claim header.
All fields marked with an asterisk (*) are required.

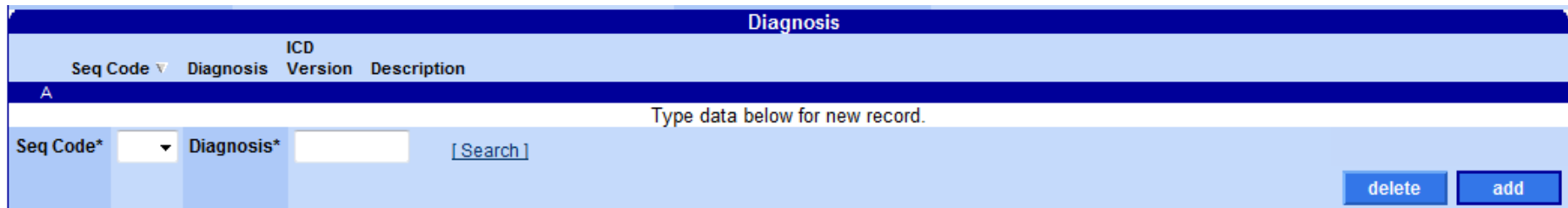
Professional Claim	
Adjudication Information	
ICN/TCN	<input type="text" value="DMA520 Inquiry"/>
RA Date	<input type="text"/>
Billing Information	
Rendering Provider ID	00
Rendering Taxonomy	<input type="text"/>
Member ID*	<input type="text"/>
Last Name*	<input type="text"/>
First Name, MI*	<input type="text"/>
Date of Birth*	<input type="text"/>
Gender*	<input type="text"/>
Patient Account #	<input type="text"/>
Medical Record #	<input type="text"/>
Service Facility ID	<input type="text"/>
EPSDT Referral Indicator	<input type="text"/>
EPSDT Referral Code 1	<input type="text"/>
EPSDT Referral Code 2	<input type="text"/>
EPSDT Referral Code 3	<input type="text"/>
ICD Version*	ICD-9
Claim Status	
Total Paid Amount	\$0.00
Release of Information*	<input type="text"/>
Related Causes Code 1	<input type="text"/>
Related Causes Code 2	<input type="text"/>
Accident State	<input type="text"/>
Accident Date	<input type="text"/>
Admit Date	<input type="text"/>
Discharge Date	<input type="text"/>
Date of Death	<input type="text"/>
Patient Responsibility	\$0.00
PA/Precert Number	<input type="text"/>
Referral Number	<input type="text"/>
Referring Provider ID	<input type="text"/>
Referring Provider Name (Last, First, MI)	<input type="text"/>
Primary Care Provider ID	<input type="text"/>
Primary Care Provider Name (Last, First, MI)	<input type="text"/>
Amount Totals	
Total Charges	\$0.00
Total TPL Amount	<input type="text"/>

The **DMA520 Inquiry** button will remain disabled on a new claim. Once the claim has been assigned an RA (Remittance Advice) date, the button will be enabled.

NOTE: The ICD Version field will continue to be disabled and defaulted to ICD-9 until the ICD-10 go-live date has been reached.

Completing the Diagnosis panel

Click the add button to activate the panel and enter the patient's initial diagnosis/condition.



The screenshot shows a software interface for entering patient diagnoses. At the top, a dark blue header bar contains the word "Diagnosis" in white. Below this is a light blue header bar with the text "ICD" centered. Underneath, a dark blue bar contains the column headers "Seq Code", "Diagnosis", "Version", and "Description". A small "A" is visible in the top left corner of the main area. The main area has a light blue background and contains the text "Type data below for new record." centered. On the left, there are two input fields: "Seq Code*" with a dropdown arrow and "Diagnosis*" with a text box. To the right of the "Diagnosis*" field is a "[Search]" link. In the bottom right corner, there are two blue buttons labeled "delete" and "add".

Click the add button again if additional diagnoses are needed. Otherwise, continue to the next panel.

Completing the Other Payer Claims Data panel

If other insurance applies, such as a Third Party Liability (TPL) or Medicare insurance, click the add button to activate the panel and enter the other insurance information. Otherwise, continue to the next panel.

Select the appropriate Claim Filing indicator from the drop-down field and complete the remaining fields that apply.

Other Payer Claims Data				
A	Claim Filing	MEDICARE PART B	Payer Identifier	12345
	Relationship	SELF	Insurance Co Name	MEDICARE
	Other Insured Identifier	123456789	Group Name	GROUP NAME
	Last Name	LAST	Group or Policy #	
	First Name, MI Name	FIRST	Insurance Type Code	
	Payer Resp	PRIMARY	Paid Date	08/01/2014
	Authorization Number		Paid Amount	\$30.33

Type data below for new record.

Claim Filing*	MB - MEDICARE PART B	Payer Identifier*	12345
Relationship*	18 - SELF	Insurance Company Name*	MEDICARE
Other Insured Identifier*	123456789	Group Name	GROUP NAME
Last Name*	LAST	Group or Policy Number	
First Name, MI*	FIRST	Insurance Type Code	
Payer Resp*	P - PRIMARY	Paid Date	08/01/2014
Authorization Number		Paid Amount	\$30.33

[delete](#) [add](#)

Click the add button again if additional other insurance entities apply. Otherwise, continue to the next panel.

Completing the Other Payer Adjustment Information panel

If TPL and/or Medicare coinsurance, deductibles, etc., apply at the claim header level, click the add button to activate the panel and enter the appropriate other insurance adjustment values. Otherwise, continue to the next panel.

Click the field "Adjustment Reason Code" field label for a list of common adjustment reason codes and their definitions. Otherwise, click [search].

Other Payer Adjustment Information- The data below is for the row selected above.

Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity	
A	Patient Responsibility	1	\$7.77	0.00

Type data below for new record.

Claim Adjustment Group Code*	PR - Patient Responsibility	Adjustment Reason Code*	1	[Search]
Adjustment Amount	\$7.77	Adjustment Quantity	0.00	

delete add

Other Payer Adjustment Information Summary

Payer ID	Insurance Company Name	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
12345	MEDICARE	Patient Responsibility	1	\$7.77	0.00

A **summary** of the adjustment indicators entered will be provided.

Click the add button again if additional other insurance adjustment information applies. Otherwise, continue to the next panel.

Completing the Detail panel

Click the add button to activate the panel and enter the service(s) being billed.

A Item		Detail	
From DOS	06/01/2014	Emergency	
To DOS	06/01/2014	EPSDT/Fam Plan	
POS	11	PA/Precert Number	
Procedure	99213	Mammogram Certification Number	
Procedure Description	OFFICE/OUTPATIENT VISIT EST	DME Serial Number	
Modifiers	...	Ordering Provider ID	
Diagnosis Pointers	1	Ordering Provider Name	
Units	1.00	NDC	
Charges	\$150.00	Drug Name	
Rendering Provider ID		Drug Unit Count	0
Referring Provider ID		Drug Unit of Measure	
Referring Provider Name		Status	
Primary Care Provider ID		Allowed Amount	\$0.00
Primary Care Provider Name		CoPay Amount	\$0.00
		Paid Amount	\$0.00

Type data below for new record.

Item	1	Emergency	<input type="text"/>
From DOS*	06/01/2014	EPSDT/Fam Plan	<input type="text"/>
To DOS	06/01/2014	PA/Precert Number	<input type="text"/>
POS*	11 <input type="button" value="[Search]"/>	Mammogram Certification Number	<input type="text"/>
Procedure*	99213 <input type="button" value="[Search]"/>	DME Serial Number	<input type="text"/>
Procedure Description	OFFICE/OUTPATIENT VISIT EST	Ordering Provider ID	<input type="text"/>
Modifier 1	<input type="text"/> <input type="button" value="[Search]"/>	Ordering Provider Name (Last, First, MI)	<input type="text"/>
Modifier 2	<input type="text"/> <input type="button" value="[Search]"/>	<u>Drug Rebate Information</u>	
Modifier 3	<input type="text"/> <input type="button" value="[Search]"/>	NDC	<input type="text"/> <input type="button" value="[Search]"/>
Modifier 4	<input type="text"/> <input type="button" value="[Search]"/>	Drug Name	
Diagnosis Pointer*	1 <input type="text"/>	Drug Unit Count	<input type="text"/> 0
Units*	1.00	Drug Unit of Measure	<input type="text"/>
Charges*	\$150.00	<u>Adjudication Information</u>	
Rendering Provider ID	<input type="text"/>	Status	
Referring Provider ID	<input type="text"/>	Allowed Amount	\$0.00
Referring Provider Name (Last, First, MI)	<input type="text"/>	CoPay Amount	\$0.00
Primary Care Provider ID	<input type="text"/>	Paid Amount	\$0.00
Primary Care Provider Name (Last, First, MI)	<input type="text"/>		

If other insurance applies towards the detail, continue to the next panel.

Click the add or copy button again if additional services are needed. Otherwise, continue to the Hard-Copy Attachments panel.

Completing the Detail Other Payer Information panel

For each detail added, complete this panel to indicate TPL and/or Medicare information as it applies towards the **detail** selected. To do so, click add to activate the panel and choose the Payer ID from the drop-down list. Otherwise, continue to the next panel.

-Detail Other Payer Information-

The data below is for the row selected above.

Detail Item	Payer ID	Paid Amount	Paid Date
A 1	12345	\$30.33	08/01/2014

Type data below for new record.

Detail Item		Payer ID*	12345	
Paid Amount	\$30.33	Paid Date	08/01/2014	

delete add

The **Payer ID** drop-down displays the value(s) entered in the Payer Identifier field from the Other Payer Claims Data panel.

Click the add button again if additional other insurance entities apply toward the detail selected. Otherwise, continue to the next panel.

Completing the Detail Other Payer Adjustment Information panel

If TPL and/or Medicare coinsurance, deductibles, etc..., apply towards the detail selected, click the add button to activate the panel and enter the appropriate detail other insurance adjustment values. Otherwise, continue to the next panel.

When the Payer ID selected is Medicare Part B, select the row(s) that appear to enter the appropriate Medicare Coinsurance or Deductible amounts, if applicable.

---Detail Other Payer Adjustment Information-

The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A 1	Patient Responsibility	1	\$7.77	0.00
A 1	Patient Responsibility	2	\$0.00	0.00

Type data below for new record.

Detail Item	1	
Claim Adjustment Group Code*	PR - Patient Responsibility	Adjustment Reason Code* 1 [Search]
Adjustment Amount	\$7.77	Adjustment Quantity 0.00

[delete](#) [add](#)

Detail Other Payer Information Summary

Detail Item	Payer ID	Paid Amount	Paid Date
1	12345	\$30.33	08/01/2014

Detail Other Payer Adjustment Information Summary

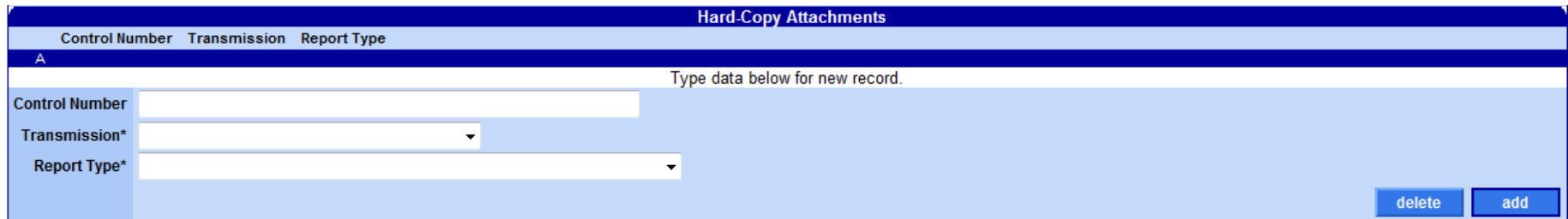
Detail Item	Payer ID	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
1	12345	Patient Responsibility	2	\$0.00	0.00
1	12345	Patient Responsibility	1	\$7.77	0.00

A **summary** of the adjustment indicators entered will be provided.

Click the add button again if additional other insurance adjustment information applies towards the detail selected. Otherwise, continue to the next panel.

Completing the Hard-Copy Attachments panel

If attachments are required, click the add button to activate the panel and enter the Hard-Copy Attachment information. Otherwise, continue to the next panel.



The screenshot shows a software interface titled "Hard-Copy Attachments". At the top, there is a header bar with the title. Below it, a table header lists "Control Number", "Transmission", and "Report Type". A small "A" icon is visible in the top left corner of the table area. The main content area contains a text input field with the placeholder text "Type data below for new record." Below this, there are three rows of input fields: "Control Number" (a text box), "Transmission*" (a dropdown menu), and "Report Type*" (a dropdown menu). In the bottom right corner of the form area, there are two buttons: "delete" and "add".

The ability to upload an electronic attachment is provided once the user **submits** the claim with a transmission type of electronic upload or file transfer.

- If the claim status response indicates the claim will be suspended for attachments, the upload ability will be provided for the user to attach their electronic file with the claim.
- Each attachment must be in a .pdf, .jpeg, .jpg, or .tiff format and less than 20 megabytes.

Where to send Paper Claim Forms

Although paper claims are accepted, providers are encouraged to submit claims electronically through the Georgia Medicaid Web Portal or through the [PES \(Provider Electronic Solutions\) application](#).

HP Enterprise Services Forms	City, State	PO Box Number	Zip Code + 4
CMS 1500 Claims	Tucker, Georgia	PO BOX 105202	30085-5202
Crossover Claims	Tucker, Georgia	PO BOX 105203	30085-5203

How to access Manuals

All billing or Web related manuals are available on the public GAMMIS Web Portal at www.mmis.georgia.gov.

Navigate to Provider Information > [Provider Manuals](#).

Billing Manuals:

- ADA Dental Billing Manual
- CMS 1500 Billing Manual
- UB 04 Billing Manual

Policy regarding crossovers:

- Policies and Procedures for Medicaid PeachCare for Kids Part I

Web Portal Manuals:

- Web Portal User Account Management Guide
- Web Portal Navigational Manual for Providers

