

The screenshot shows a Mozilla Firefox browser window with the address bar displaying jfs.ohio.gov/ohp/provider.stm. The page header features the Ohio Department of Job and Family Services logo and a navigation menu with links for Job Training, Unemployment, Medicaid, Food Assistance, Cash Assistance, Child Support, Protective Services, Foster Care & Adoption, and Child Care. Below the header is a search bar and a social media bar with icons for Twitter, Facebook, and YouTube.

The main content area is titled "Job & Family Services Ohio Medicaid" and includes a "Welcome Providers" section with the text "Resources for Ohio Medicaid Providers" and "Are you a provider in need of technical assistance? Call the IVR: 1-800-686-1516".

The page is organized into several sections:

- Billing:** Includes links for Direct Deposit, Billing Instructions, EDI, HIPAA & Code Sets, Trading Partners & EDI Claims, How to Refund Overpayments, Remittance Advice - (Pre MITS ONLY), Answer Keys: Problems while submitting claims in MITS, and 5010 Implementation.
- Enrollment & Support:** Includes links for Provider Enrollment, Provider Assistance, Sanctioned/Terminated Providers, and Federal Requirement for Revalidation/Re-enrollment.
- News:** Features updates on Medicaid Family Planning Eligibility, PERM Webinars Coming Soon, Behavioral Health Provider Integration Project, and MITS Provider Training.
- Provider Types:** Lists links for Clinic (FQHC, RHC, OHF), HME/DME, Home Care, Hospital, Long-Term Care, Managed Care, Pharmacy, and Home Health Services.
- Other Resources:** Includes links for Benefit Recovery & Coordination, Fee Schedules/Rates, Forms (with a sub-link for MITS EDMS Cover Page), Healthcheck Screening Forms, e-Manuals, Helpful Links, Get an NPI, and Transmittal Letter Notification.
- Important Notices:** A notice dated 6/19/2012 regarding ICF-MR December Payments.

A sidebar on the left contains a navigation menu with links for Medicaid Home, MITS, Consumer Info, Provider Info, Resources, About Us, Latest News, Acronyms, ADA Compliance, External Link Disclaimer, Contact Us, Feedback/Case-Specific Concerns, Help/FAQs, Media Inquiries, Privacy Statement, Recent Additions, Site Index, and Site Map.

Providers - Mozilla Firefox

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ODJFS Online | Helping Ohioans Ohio MITS Logout Page - (Unauthenticated... Providers

ohmits.com https://portal.ohmits.com/public/Providers/tabid/43/Default.aspx

Google



Ohio.gov | Department of Job and Family Services

About JFS | Our Services | Info Center | News & Events

Tuesday 06/26/2012 11:50:16 AM

Home Consumers **Providers** Trading Partners Public Information Publications

enrollment enrollment tracking search long-term care account setup

Job & Family Services Ohio Medicaid

Provider Home

Using the Provider Enrollment wizard, applicants are guided through the necessary steps to complete and submit an enrollment application to become a Medicaid provider. After logging in to the Secured Site, providers can use self-service tools to manage their account, access their mailbox, update demographic information, exchange data files, request eligibility verification, and process claims, prior authorizations, and referrals.

Search Provider Directory

Allow a user to perform searches for providers and community resources by different search criteria such as county, city, state, or zip code.

Fee Schedules

View schedules based on provider types in PDF/HTML/CSV

Search Publications

Allow a user to perform a search for a publication and view the document.

Managed Care

Ohio Medicaid contracts with Managed Care Plans (MCPs) to provide quality health care to many Ohio Medicaid consumers.

Login to secure site

- Click Here to Login

Provider Enrollment

To enroll as a new Medicaid Provider:

- Provider Enrollment Application
- Check Enrollment Application
- Enrollment FAQ's

Provider Setup/Registration

If you have a 7 digit Ohio Medicaid Provider Number: Click here to register for MITS access.

- Click here to setup your account

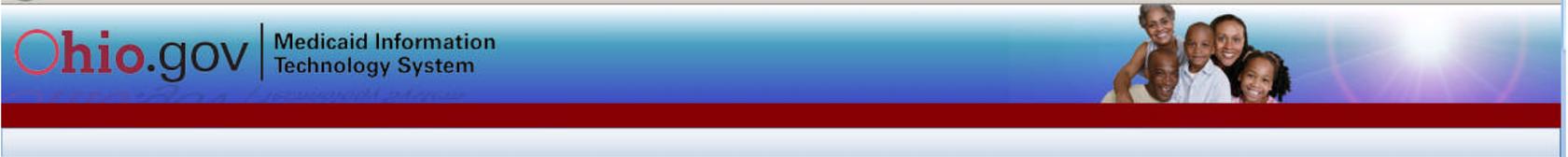
Agent Setup

If you are a provider employee or doing work on behalf of a provider

- Click here to setup your agent account

Note: Provider must approve.

Quick Links



Sign In
Medicaid Information Technology System

To sign in, please enter your User ID and Password

User ID:

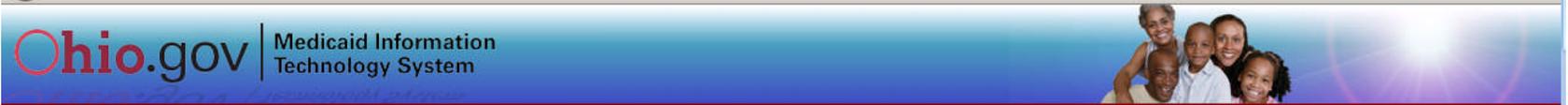
Password:

Whoever knowingly, or intentionally accesses a computer or a computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately notify the site administrator

Yes, I have read the agreement

[Help FAQ](#)
[Help Reset Password?](#)
[Forgot Your User ID?](#)



Landing Page

Welcome

Applications

Links

- [MMIS](#)
- [Secure Provider Portal](#)

[Privacy](#) | [Disclaimer](#)

Providers - Mozilla Firefox

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state.oh.us https://icuitst2.odjfs.state.oh.us/Portal/Providers/tabid/40/Default.aspx

Most Visited Getting Started Latest Headlines

Ohio MITS Landing Page - (Provider) Providers



Ohio.gov Medicaid Information Technology System

Welcome, DR DENTAL GROUP UAT Thursday 03/29/2012 11:30:20 AM

Providers Account Claims Eligibility Prior Authorization Reports Publications
 demographic maintenance 1099 information provider faq correspondence

Name DENTAL TEST GROUP
 Provider ID 05/03/2006-12/31/2299 NPI
 Taxonomies 122300000X - DENTIST
 Zip Code 44304 - 1432

You can view your Remittance Advices, your 835 transactions, by clicking Reports on the menu bar.

Messages

*** No rows found ***

Claim Activity Summary

Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	574
Amount Paid in Past 12 Months	\$88,238.64
Number of Claims Denied in Past 12 Months	416
Number of Suspended Claims	0
Number of Claims in Final Disposition	22
Date of Most Recent Payment	11/22/2011
Type of Most Recent Payment	Check
Amount of Most Recent Payment	\$260.90
Total Credit Balance Amount	\$0.00
Amount Applied Toward Credit Balance	\$0.00

Quick Links

- Medicaid Remittance Advice (Pre-MITS)
- 1099 Information
- Provider FAQ
- ODJFS Provider e-Manuals
- JFS Provider Forms Central
- Managed Care
- Fee Schedules

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Done

Providers - Mozilla Firefox

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Ohio MITS Landing Page - (Provider) Providers

Ohio.gov Medicaid Information Technology System Search

UAT Thursday 03/29/2012 11:30:20 AM

Providers Account Claims Eligibility Prior Authorization Reports Publications

demographic maintenance Eligibility Search Provider faq correspondence

Name DENTAL TEST GROUP
 Provider ID 05/03/2006-12/31/2299 NPI
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Medicaid Information Technology System



Search

Welcome, DR DENTAL GROUP UAT Thursday 03/29/2012 11:34:34 AM

Providers Account Claims Eligibility Prior Authorization Reports Publications

eligibility search

Eligibility Verification Request

Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text" value="01011981"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY
Procedure Code	<input type="text"/>	From DOS	<input type="text" value="03/29/2012"/>
		To DOS	<input type="text" value="03/29/2012"/>

search clear

1386856235 NPI - DENTAL TEST GROUP - Eligibility Search - Mozilla Firefox

state.oh.us https://icuitst2.odjfs.state.oh.us/Portal/Eligibility/Eligibility Search/tabId/68/Default.aspx

Ohio.gov Medicaid Information Technology System

Welcome, DR DENTAL GROUP UAT Thursday 03/29/2012 11:34:58 AM

Providers Account Claims Eligibility Prior Authorization Reports Publications

eligibility search

Eligibility Verification Request

Medicaid Billing Number Birth Date 01/01/1981
 SSN DOS Date Format MM/DD/YYYY
 Procedure Code From DOS 03/29/2012
 To DOS 03/29/2012

search clear

Recipient Information

Medicaid Billing Number SSN
 Last Name SMITH County of Residence FRANKLIN
 First Name JOHN County of Eligibility
 Gender MALE County Office <http://jfs.ohio.gov/county/cntydir.stm>
 Date of Birth 01/01/1981 Number Bed Hold Days Used Paid CY
 Date of Death

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	03/29/2012	03/29/2012		\$0.00	\$0.00
MRDD Targeted Case Mgmt	03/29/2012	03/29/2012		\$0.00	\$0.00
ODADAS - Ohio Dept of Alcohol/Drug Addiction Svcs	03/29/2012	03/29/2012		\$0.00	\$0.00
Ohio Mental health	03/29/2012	03/29/2012		\$0.00	\$0.00

Case/Cat/Seq Spenddown
 *** No rows found ***

TPL
 *** No rows found ***

Managed Care
 *** No rows found ***

Lock-In
 *** No rows found ***

Medicare
 *** No rows found ***

Service Limitation

Procedure Code	Description	Service Limitation
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Done

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Providers
Account Claims Eligibility
Prior Authorization Reports Publications

demographic maintenance 1099 i

Name DENTAL TEST GROUP

Provider ID 05/03/2006-12/31/2299

Zip Code 44304 - 1432

NPI

Taxonomies 122300000X - DENTIST

correspondence

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Medicaid Information Technology System

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Providers Account Claims Eligibility Prior Authorization Reports Publications

search **new**

Base Information

Provider NPI

Base Information ?

*Assignment	37 - PSYCHIATRIC INPATIENT	*Service Provider	<input type="text"/> [Search]
*Authorization Type	39 - PHYSICIAN SERVICES	*Contact Name	<input type="text"/>
*Medicaid Billing Number	37 - PSYCHIATRIC INPATIENT	*Contact Number/Ext	<input type="text"/> <input type="text"/>
*Date of Birth	12 - REPAIRS	Special Indicator	<input type="text"/>
Last Name	13 - RESPIRATORY (MTA)	LTCF Discharge Date	<input type="text"/>
First Name, MI	14 - RESPIRATORY (NURSES)	Admission Date	<input type="text"/>
Diagnosis Codes-	15 - SPEECH GENERATING DEVICES		
	16 - SUPPLIES (MISCELLANEOUS)		
	17 - THERAPIES		
	18 - TRANSPORTATION		
	19 - WHEELCHAIRS		
*** No rows found ***			

delete
add

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**Ohio.gov** Medicaid Information Technology System 

Welcome, EDHCE EDHCELNAME UAT Monday 06/25/2012 3:46:59 PM

Providers Account Claims Eligibility Prior Authorization Reports Publications

search **new**

Base Information > Line Item

Provider NPI -

Base Information

*Assignment	37 - PSYCHIATRIC INPATIENT	*Service Provider	<input type="text"/> NPI [Search]
*Authorization Type	Pre-certification - Hospital	*Contact Name	JOHN SMITH
*Medicaid Billing Number	<input type="text"/>	*Contact Number/Ext	(614)555-1212 <input type="text"/>
*Date of Birth	07/23/1997	Special Indicator	<input type="text"/>
Last Name	J <input type="text"/>	LTCF Discharge Date	<input type="text"/>
First Name, MI	R <input type="text"/> R <input type="text"/>	Admission Date	<input type="text"/>

Diagnosis Codes- Primary Diagnosis is sequence number 1.
*** No rows found ***

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Medicaid Information Technology System

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search **new**

Base Information > Line Item

Provider NPI -

Base Information ?

*Assignment 37 - PSYCHIATRIC INPATIENT	*Service Provider <input type="text"/> NPI [Search]
*Authorization Type Pre-certification - Hospital	*Contact Name JOHN SMITH
*Medicaid Billing Number <input type="text"/>	*Contact Number/Ext (614)555-1212 <input type="text"/>
*Date of Birth 07/23/1997	Special Indicator Personal Residence
Last Name J <input type="text"/>	LTCF Discharge Date Healthcek/EPSDT (Age 0-20)
First Name, MI R <input type="text"/> R <input type="text"/>	Admission Date LTCF Resident
Diagnosis Codes- Primary Diagnosis is sequence number 1.	PDN
*** No rows found ***	PDN Recertification
<input type="button" value="delete"/> <input type="button" value="add"/>	Personal Residence
	Waiver

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Medicaid Information Technology System

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search **new**

Base Information > Line Item

Provider NPI

Base Information ?

<p>*Assignment <input type="text" value="37 - PSYCHIATRIC INPATIENT"/></p> <p>*Authorization Type <input type="text" value="Pre-certification - Hospital"/></p> <p>*Medicaid Billing Number <input type="text"/></p> <p>*Date of Birth <input type="text" value="07/23/1997"/></p> <p>Last Name <input type="text" value="J"/></p> <p>First Name, MI <input type="text" value="R"/></p>	<p>*Service Provider <input type="text"/> NPI <input type="text"/> [Search]</p> <p>*Contact Name <input type="text" value="JOHN SMITH"/></p> <p>*Contact Number/Ext <input type="text" value="(614)555-1212"/> <input type="text"/></p> <p>Special Indicator <input type="text" value="Personal Residence"/></p> <p>LTCF Discharge Date <input type="text"/></p> <p>Admission Date <input type="text" value="06/15/2012"/></p>
---	--

-Diagnosis Codes- Primary Diagnosis is sequence number 1.

Sequence	Diagnosis	Description
A	0	

Select row above to update -or- click Add button below.

*Sequence *Diagnosis [Search]

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search **new**

Base Information > **Line Item**

Provider NPI

Line Item ?

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 01	1	\$0.00	0	\$0.00	Revenue Code	160		PENDING REVIEW

Line Item *Requested Eff Date Requested Units

Service Type Code *Requested End Date Requested Dollars

Revenue Code [Search] Revenue Code Thru [Search]

Associated PA Number

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search **new**

Base Information > **Line Item**

Provider NPI

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A 01	1	\$0.00	0	\$0.00	Revenue Code	160		PENDING REVIEW

Line Item *Requested Eff Date Requested Units

Service Type Code *Requested End Date Requested Dollars

Revenue Code [Search] Revenue Code Thru [Search]

Associated PA Number

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Welcome, EDHCE EDHCELNAME UAT Thursday 06/28/2012 8:24:31 AM

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search new

Base Information > [Line Item](#)

The following messages were generated:

Message Description	Panel	Field	Row	Action
Warning: This service may not require PA. Please ensure the requested service or supply requires PA.	Line Item		1	<input type="checkbox"/> Ignore
Warning: Consumer is Medicare eligible during the requested timeframe. Please verify that Medicare does not cover this procedure, service or supply. Please correct the PA or provide reason for submission.	Line Item		1	<input type="checkbox"/> Ignore

[Continue](#)

Provider NPI -

Line Item ?

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 01	1	\$0.00	0	\$0.00	Revenue Code	160		PENDING REVIEW

Line Item *Requested Eff Date Requested Units

Service Type Code *Requested End Date Requested Dollars

Revenue Code [Search] Revenue Code Thru [Search]

Associated PA Number

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Providers Account Claims Eligibility **Prior Authorization** Reports Publications

search **new**

Base Information > Line Item > **Provider Notes**

Provider NPI - DENTAL TEST GROUP

Provider Notes ?

*** No rows found ***

Click Add button below.

delete add

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Providers Account Claims Eligibility **Prior Authorization** Reports Publications

search **new**

Base Information > Line Item > **Provider Notes**

Provider [] NPI - DENTAL TEST GROUP

Provider Notes ?

Date Entered	Description
A 03/29/2012	

Select row above to update -or- click Add button below.

delete add

*Description

THIS IS WHERE YOU CAN GIVE THE REVIEWER SPECIFIC COMMENTS ABOUT THIS CASE.

previous next

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search **new**

Base Information > Line Item > Provider Notes > **Attachments**

Provider NPI - DENTAL TEST GROUP

Attachments ?

*** No rows found ***

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Ohio MITS Landing Page - (Provider) New

Ohio.gov | Medicaid Information Technology System

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Providers [Account](#) [Claims](#) [Eligibility](#) Prior Authorization [Reports](#) [Publications](#)

search new

[Base Information](#) > [Line Item](#) > [Provider Notes](#) > **Attachments**

Provider NPI - DENTAL TEST GROUP

Attachments ?

Type of Document	Transmission Type	Description
A		
Select row above to update -or- click Add button below.		
<input type="button" value="delete"/> <input type="button" value="add"/>		
<p>For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing address will appear after the Prior Authorization has been submitted.</p> <p>For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.</p>		
<p>*Type of Document <input style="width: 100%;" type="text"/></p> <p>*Transmission Type <input style="width: 100%;" type="text"/></p> <p>*Description <input style="width: 100%;" type="text"/></p>		
<input type="button" value="previous"/> <input type="button" value="save"/> <input type="button" value="cancel"/>		

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Ohio MITS Landing Page - (Provider) New

Ohio.gov Medicaid Information Technology System Search

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search **new**

Base Information > Line Item > Provider Notes > **Attachments**

Provider NPI - DENTAL TEST GROUP

Attachments ?

Type of Document	Transmission Type	Description
A		

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*Type of Document

*Transmission Type

*Description

- ABORTION FORM 3197
- ADJUSTMENT FORM 6766
- ADJUSTMENT FORM 6767
- ADJUSTMENT FORM 6768
- CERTIFICATE OF MEDICAL NECESSITY (CMS)
- CONSULTATIONS
- CONSULTATIONS FOR SURGICAL CLEARANCE
- DIAGNOSTIC TESTING
- DISCHARGE SUMMARY
- EXTENDED BED HOLD DAY(S) PRIOR AUTHORIZATION (9402)
- HISTORY AND PHYSICAL
- HYSTERECTOMY FORM 3199
- LABORATORY TESTS
- MEDICAL REVIEW FORM 6653
- MEDICATION LIST
- OPERATIVE REPORT
- OTHER
- OTHER RELATED PROGRESS NOTES
- PHOTOGRAPHS

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**Medicaid Information
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Providers Account Claims Eligibility
Prior Authorization
Reports Publications

search new

Base Information > Line Item > Provider Notes > **Attachments**

Provider

Attachments ?

Type of Document	Transmission Type	Description
A		
<p>Select row above to update -or- click Add button below.</p> <p><input type="button" value="delete"/> <input type="button" value="add"/></p> <p>For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing address will appear after the Prior Authorization has been submitted.</p> <p>For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.</p>		
<p>*Type of Document <input type="text" value="OTHER"/></p> <p>*Transmission Type <input type="text"/></p> <p>*Description <input type="text" value="MAIL"/></p>		
<input type="button" value="previous"/> <input type="button" value="save"/> <input type="button" value="cancel"/>		

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Prior Authorization
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Base Information > Line Item > Provider Notes > **Attachments**

Provider

Attachments ?

Type of Document	Transmission Type	Description
A		

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*Type of Document

*Transmission Type

*Description

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Providers Account Claims Eligibility **Prior Authorization** Reports Publications

search **new**

The following messages were generated:

Message Description	Panel	Field	Row
Prior Authorization Status: SUCCESSFUL	Base Information		
Prior Authorization Number is 2012089001	Base Information		

Provider NPI - DENTAL TEST GROUP

Attachments ?

Type of Document	Transmission Type	Description
OTHER	UPLOAD	X-RAYS

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Done

PA Submit - Mozilla Firefox

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Ohio MITS Landing Page - (Provider) PA Submit

Procedure [Search]
 Modifier 1 [Search]
 PROSTHODONTICS
Modifier 2 [Search]
Initial Placement
Modifier 3 [Search]
Prior Placement
Modifier 4 [Search]
Date of Extraction
Tooth [Search]
Quad [Search]

Associated PA Number
Bill Direct From Date
Service/Rental From Date
Bill Direct To Date
Service/Rental To Date

Authorized Units
Authorized Dollars
Authorized Eff Date
Quantity Used Units
Quantity Used Dollars
Authorized End Date
Balance Units
Balance Dollars
Status

Provider Notes

*** No rows found ***

Click Add button below.

delete add

Attachments

Type of Document	Transmission Type	Description
OTHER	UPLOAD	X-RAYS

Select row above to update -or- click Add button below.

delete add upload print cover page mailing address

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Type of Document
Transmission Type
Description

External Notes

*** No rows found ***

None.

save cancel void

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PA Submit - Mozilla Firefox

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Ohio MITS Landing Page - (Provider) PA Submit

Procedure [Search]
 Modifier 1 [Search]
 PROSTHODONTICS
Modifier 2 [Search]
Initial Placement
Modifier 3 [Search]
Prior Placement
Modifier 4 [Search]
Date of Extraction
Tooth [Search]
Quad [Search]

Associated PA Number
Bill Direct From Date
Service/Rental From Date
Bill Direct To Date
Service/Rental To Date

Authorized Units
Authorized Dollars
Authorized Eff Date
Quantity Used Units
Quantity Used Dollars
Authorized End Date
Balance Units
Balance Dollars
Status

Provider Notes

*** No rows found ***

Click Add button below.

delete add

Attachments

Type of Document	Transmission Type	Description
OTHER	UPLOAD	X-RAYS

Select row above to update -or- click Add button below.

delete add upload print cover page mailing address

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Type of Document OTHER
Transmission Type UPLOAD
Description X-RAYS

External Notes

*** No rows found ***

None.

save cancel void

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Ohio MITS Landing Page - (Provider) Attachment Uploads

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Providers Account Claims Eligibility Prior Authorization Reports Publications

Attachment Upload

Type of Document	Reference
OTHER	2012089002 X-RAYS

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.
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Attachment Upload

upload attachment

*File to Upload

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Attachment Upload

Type of Document	Reference
OTHER	2012089002 X-RAYS

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Attachment Upload ? ↕

upload attachment

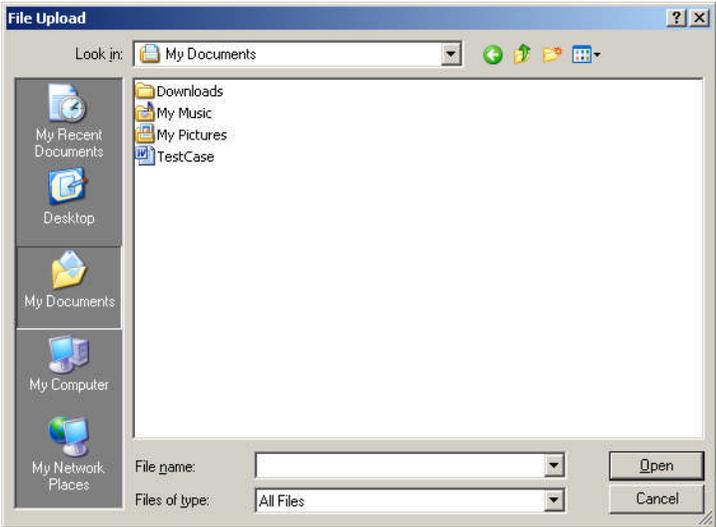
*File to Upload Browse...

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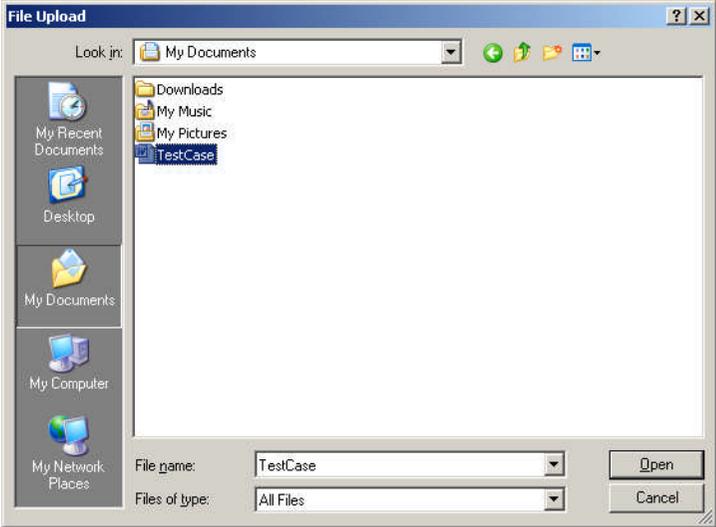
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Done



Screen # 1 (Before selecting a file)



Screen # 2 (After selecting a file to upload)

 Search

Attachment Upload	
Type of Document	Reference
OTHER	2012089002 X-RAYS

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
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- For Prior Authorization attachments: Select row from the list above and then use the below panel to select the file for upload.

Attachment Upload ?

upload attachment

*File to Upload C:\Documents and Settings\ORTOPE\My Documents\TestCase. Browse...



Search

Welcome, DR DENTAL GROUP UAT Thursday 03/29/2012 11:42:20 AM

Providers Account Claims Eligibility **Prior Authorization** Reports Publications

search new

Base Information > Line Item > Provider Notes

The following messages were generated:

Message Description	Panel	Field	Row
Procedure Code not valid for PA Assignment.	Line Item		1
Procedure Code not valid for PA Assignment.	Line Item		2

Provider [] NPI - DENTAL TEST GROUP

Line Item [?]

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 02	1	\$500.00	0	\$0.00	Procedure Code	D5120		PENDING REVIEW
A 01	1	\$500.00	0	\$0.00	Procedure Code	D5110		PENDING REVIEW

Select row above to update -or- click Add button below.

delete add

Line Item 02 *Requested Eff Date 03/29/2012 *Requested Units 1
 *Service Type Code Procedure Code *Requested End Date 03/29/2012 *Requested Dollars \$500.00

*Procedure D5120 [Search] Modifier 1 [Search] PROSTHODONTICS
 Modifier 2 [Search] Initial Placement [v]
 Tooth [Search] Modifier 3 [Search] Prior Placement [v]
 Quad [Search] Modifier 4 [Search] Date of Extraction []

Associated PA Number [] Bill Direct From Date []
 Bill Direct To Date []

previous next



Search

search new

Base Information > Line Item > Provider Notes

The following messages were generated:

Message Description	Panel	Field	Row
Consumer is enrolled in Managed Care during the requested timeframe.		Line Item	2
Consumer is enrolled in Managed Care during the authorized timeframe.		Line Item	2

Provider [] NPI - DENTAL TEST GROUP

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 02	1	\$500.00	0	\$0.00	Procedure Code	D5120		PENDING REVIEW
A 01	1	\$500.00	0	\$0.00	Procedure Code	D5110		PENDING REVIEW

Select row above to update -or- click Add button below.

delete add

Line Item 01 *Requested Eff Date 03/29/2012 *Requested Units 1

*Service Type Code Procedure Code *Requested End Date 03/29/2012 *Requested Dollars \$500.00

*Procedure D5110 [Search] Modifier 1 [Search] PROSTHODONTICS

Modifier 2 [Search] Initial Placement []

Tooth [Search] Modifier 3 [Search] Prior Placement []

Quad [Search] Modifier 4 [Search] Date of Extraction []

Associated PA Number 2012089000 Bill Direct From Date []

Bill Direct To Date []

previous next



Search

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UAT Thursday 03/29/2012 11:40:33 AM

Providers Account Claims Eligibility **Prior Authorization** Reports Publications

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Base Information > Line Item > Provider Notes

The following messages were generated:

Message Description	Panel	Field	Row
Consumer not eligible for Medicaid services on the requested service date indicated on the PA.	Line Item		2
Consumer not eligible for Medicaid services on the authorized service date indicated on the PA.	Line Item		2

Provider [] NPI - DENTAL TEST GROUP

Line Item

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 02	1	\$500.00	0	\$0.00	Procedure Code	D5120		PENDING REVIEW
A 01	1	\$500.00	0	\$0.00	Procedure Code	D5110		PENDING REVIEW

Select row above to update -or- click Add button below.

delete

add

Line Item 02 *Requested Eff Date 12/01/2011 *Requested Units 1
 *Service Type Code Procedure Code *Requested End Date 12/31/2011 *Requested Dollars \$500.00

*Procedure D5120 [Search] Modifier 1 [Search] PROSTHODONTICS
 Modifier 2 [Search] Initial Placement [v]
 Tooth [Search] Modifier 3 [Search] Prior Placement [v]
 Quad [Search] Modifier 4 [Search] Date of Extraction []

Associated PA Number [] Bill Direct From Date []
 Bill Direct To Date []

previous

next



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UAT Thursday 03/29/2012 11:41:13 AM

Providers Account Claims Eligibility **Prior Authorization** Reports Publications

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Base Information > Line Item > Provider Notes

The following messages were generated:

Message Description	Panel	Field	Row
Warning: This service may not require PA. Please ensure the requested service or supply requires PA. Provider not eligible to provide the service for the requested timeframe.	Line Item		1
Warning: This service may not require PA. Please ensure the requested service or supply requires PA. Provider not eligible to provide the service for the requested timeframe.	Line Item		1
Warning: This service may not require PA. Please ensure the requested service or supply requires PA. Provider not eligible to provide the service for the requested timeframe.	Line Item		2
Warning: This service may not require PA. Please ensure the requested service or supply requires PA. Provider not eligible to provide the service for the requested timeframe.	Line Item		2

Provider: [] NPI - DENTAL TEST GROUP

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 02	1	\$500.00	0	\$0.00	Procedure Code	D5120		PENDING REVIEW
A 01	1	\$500.00	0	\$0.00	Procedure Code	D5110		PENDING REVIEW

Select row above to update -or- click Add button below.

delete add

Line Item 02 *Requested Eff Date 03/29/2012 *Requested Units 1

*Service Type Code Procedure Code *Requested End Date 03/29/2012 *Requested Dollars \$500.00

*Procedure D5120 [Search] Modifier 1 [Search] PROSTHODONTICS

Modifier 2 [Search] Initial Placement []

Tooth [Search] Modifier 3 [Search] Prior Placement []

Quad [Search] Modifier 4 [Search] Date of Extraction []

Associated PA Number [] Bill Direct From Date []

Bill Direct To Date []

previous next



Search

Welcome, DR DENTAL GROUP

UAT Thursday 03/29/2012 11:56:01 AM

Providers Account Claims Eligibility **Prior Authorization** Reports Publications

search **new**

Base Information > **Line Item**

The following messages were generated:

Message Description	Panel	Field	Row
Exact duplicate of previously submitted request.	Line Item		1

Provider NPI - DENTAL TEST GROUP

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 02	1	\$750.00	0	\$0.00	Procedure Code	D5214		PENDING REVIEW
A 01	1	\$500.00	0	\$0.00	Procedure Code	D5110		PENDING REVIEW

Select row above to update -or- click Add button below.

Line Item 01

*Requested Eff Date *Requested Units

*Service Type Code Procedure Code *Requested End Date *Requested Dollars

*Procedure [Search] Modifier 1 [Search] PROSTHODONTICS

Modifier 2 [Search] Initial Placement

Tooth [Search] Modifier 3 [Search] Prior Placement

Quad [Search] Modifier 4 [Search] Date of Extraction

Associated PA Number Bill Direct From Date

Bill Direct To Date

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demographic maintenance 1099 i correspondence

Name DENTAL TEST GROUP
 Provider ID 05/03/2006-12/31/2299 NPI
 Taxonomies 122300000X - DENTIST
 Zip Code 44304 - 1432

You can view your Remittance Advices, your 835 transactions, by clicking Reports on the menu bar.

Messages
 *** No rows found ***

Claim Activity Summary

Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	574
Amount Paid in Past 12 Months	\$88,238.64
Number of Claims Denied in Past 12 Months	416
Number of Suspended Claims	0
Number of Claims in Final Disposition	22
Date of Most Recent Payment	11/22/2011
Type of Most Recent Payment	Check
Amount of Most Recent Payment	\$260.90
Total Credit Balance Amount	\$0.00
Amount Applied Toward Credit Balance	\$0.00

Quick Links

- Medicaid Remittance Advice (Pre-MITS)
- 1099 Information
- Provider FAQ
- ODJFS Provider e-Manuals
- JFS Provider Forms Central
- Managed Care
- Fee Schedules

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search **new**

Prior Authorization Search: NPI - DENTAL TEST GROUP ? ^

Prior Authorization	<input type="text"/>	Medicaid Billing Number	<input type="text"/>
Submission Date	<input type="text"/>	Date Of Birth	<input type="text"/>
ICD-9 Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Procedure	<input type="text"/> [Search]	Procedure Code Thru	<input type="text"/> [Search]
Revenue Code	<input type="text"/> [Search]	Revenue Code Thru	<input type="text"/> [Search]
Status	<input type="text"/>	Diagnosis	<input type="text"/> [Search]
Assignment Code	<input type="text"/>		

Records 20

search **new**

Prior Authorization Search: NPI - DENTAL TEST GROUP ? ^

Prior Authorization <input type="text" value="2012089001"/>	Medicaid Billing Number <input type="text"/>
Submission Date <input type="text"/>	Date Of Birth <input type="text"/>
ICD-9 Procedure <input type="text"/> [Search]	Name <input type="text"/>
Procedure <input type="text"/> [Search]	Procedure Code Thru <input type="text"/> [Search]
Revenue Code <input type="text"/> [Search]	Revenue Code Thru <input type="text"/> [Search]
Status <input type="text"/>	Diagnosis <input type="text"/> [Search]
Assignment Code <input type="text"/>	

Records 20

search new

Prior Authorization Search: NPI - DENTAL TEST GROUP ? ^

Prior Authorization	<input type="text"/>	Medicaid Billing Number	<input type="text"/>
Submission Date	<input type="text"/>	Date Of Birth	<input type="text"/>
ICD-9 Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Procedure	<input type="text"/> [Search]	Procedure Code Thru	<input type="text"/> [Search]
Revenue Code	<input type="text"/> [Search]	Revenue Code Thru	<input type="text"/> [Search]
Status	<input type="text"/>	Diagnosis	<input type="text"/> [Search]
Assignment Code	<input type="text"/>		

Records 20

search new

Prior Authorization Search:

Prior Authorization <input type="text"/>	Medicaid Billing Number <input type="text"/>
Submission Date <input type="text"/>	Date Of Birth <input type="text"/>
ICD-9 Procedure <input type="text"/> [Search]	Name <input type="text"/>
Procedure <input type="text"/> [Search]	Procedure Code Thru <input type="text"/> [Search]
Revenue Code <input type="text"/> [Search]	Revenue Code Thru <input type="text"/> [Search]
Status <input type="text"/>	Diagnosis <input type="text"/> [Search]
Assignment Code <input type="text"/>	

Records 20

Search Results

Prior Authorization	Medicaid Billing Number	Last Name	First Name	Status	PA Assignment	Service Type Code	Service Code	Service Code Thru	Primary Diagnosis	Auth Eff	Auth End	Auth Units	Auth Dollars
119122		V	SARAH	D	03	Procedure Code	D5110	D5110		0	0	0	0
161894		G	RUTH	A	03	Procedure Code	D5110	D5110		01/12/2010	01/12/2011	1	400
161894		G	RUTH	A	03	Procedure Code	D5120	D5120		01/12/2010	01/12/2011	1	400
162089		L	PATRICK	A	03	Procedure Code	D5213	D5213		12/21/2009	02/28/2010	1	540.25
203527		M	SANDRA	D	03	Procedure Code	D2752	D2752		0	0	0	0
200425		M	BARBARA	D	03	Procedure Code	D5110	D5110		0	0	0	0
169501		F	AGNES	A	03	Procedure Code	D5110	D5110		04/09/2010	04/09/2011	1	400
166640		M	WILLIAM	A	03	Procedure Code	D5110	D5110		01/19/2010	01/31/2010	1	400
168083		A	CODY	D	03	Procedure Code	D2954	D2954		0	0	0	0
209884		M	JUDY	D	03	Procedure Code	D5110	D5110		0	0	0	0
01357894		V	CYNTHIA	D	03	Procedure Code	D5214	D5214		0	0	0	0
433816		L	LOUISE	A	03	Procedure Code	D5110	D5110		04/25/2011	04/24/2012	1	0
616266		N	TRACY	A	03	Procedure Code	D5213	D5213		01/22/2010	01/22/2011	1	540.25
617125		B	JAMES	A	03	Procedure Code	D5120	D5120		10/15/2009	10/31/2009	1	400
531493		L	NORMA	D	03	Procedure Code	D2954	D2954		0	0	0	0
604767		M	SHERMAN	A	03	Procedure Code	D5120	D5120		08/18/2009	08/18/2010	1	400
047700		V	VICKY	A	03	Procedure Code	D5120	D5120		06/23/2009	06/30/2009	1	400
087685		B	LINDA	A	03	Procedure Code	D5214	D5214		10/29/2010	10/29/2011	1	0
213291		A	DALE	D	03	Procedure Code	D5213	D5213		0	0	0	0
317403		F	CLINTON	D	03	Procedure Code	D3310	D3310		0	0	0	0

1 2 3 4 5 6 Next >

search new

Prior Authorization Search: NPI - DENTAL TEST GROUP ? ^

Prior Authorization	<input type="text"/>	Medicaid Billing Number	<input type="text"/>
Submission Date	<input type="text"/>	Date Of Birth	<input type="text"/>
ICD-9 Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Procedure	<input type="text"/> [Search]	Procedure Code Thru	<input type="text"/> [Search]
Revenue Code	<input type="text"/> [Search]	Revenue Code Thru	<input type="text"/> [Search]
Status	<input type="text"/>	Diagnosis	<input type="text"/> [Search]
Assignment Code	<input type="text"/>		

Records 20

Search Results

Prior Authorization	Medicaid Billing Number	Last Name ^	First Name	Status	PA Assignment	Service Type Code	Service Code	Service Code Thru	Primary Diagnosis	Auth Eff	Auth End	Auth Units	Auth Dollars
202359		A		A	03	Procedure Code	D5110	D5110		05/05/2009	05/05/2010	1	400
202359		A		A	03	Procedure Code	D5120	D5120		05/05/2009	05/05/2010	1	400
168083		A		D	03	Procedure Code	D2752	D2752		0	0	0	0
168083		A		D	03	Procedure Code	D2954	D2954		0	0	0	0
213291		A		D	03	Procedure Code	D5213	D5213		0	0	0	0
213291		A		D	03	Procedure Code	D5214	D5214		0	0	0	0
089031		A		A	03	Procedure Code	D5214	D5214		12/08/2010	12/08/2011	1	0
089031		A		A	03	Procedure Code	D5213	D5213		12/08/2010	12/08/2011	1	0
325720		A		A	03	Procedure Code	D5120	D5120		06/17/2010	06/17/2011	1	400
325720		A		A	03	Procedure Code	D5110	D5110		06/17/2010	06/17/2011	1	400
616219		A		A	03	Procedure Code	D5110	D5110		09/29/2009	09/29/2010	1	400
616219		A		A	03	Procedure Code	D5120	D5120		09/29/2009	09/29/2010	1	400
182450		A		A	03	Procedure Code	D5120	D5120		05/09/2011	05/08/2012	1	0
182450		A		A	03	Procedure Code	D5110	D5110		05/09/2011	05/08/2012	1	0
238325		A		A	03	Procedure Code	D5110	D5110		06/29/2011	06/28/2012	1	0
238327		A		D	03	Procedure Code	D7472	D7472		0	0	0	0
066015		B		D	03	Procedure Code	D5214	D5214		0	0	0	0
066015		B		D	03	Procedure Code	D5213	D5213		0	0	0	0
735849		B		D	03	Procedure Code	D5120	D5120		0	0	0	0
735849		B		D	03	Procedure Code	D5110	D5110		0	0	0	0

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Prior Authorization Search: ? ^

Prior Authorization	<input type="text"/>	Medicaid Billing Number	<input type="text"/>
Submission Date	<input type="text"/>	Date Of Birth	<input type="text"/>
ICD-9 Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Procedure	<input type="text"/> [Search]	Procedure Code Thru	<input type="text"/> [Search]
Revenue Code	<input type="text"/> [Search]	Revenue Code Thru	<input type="text"/> [Search]
Status	<input type="text"/>	Diagnosis	<input type="text"/> [Search]
Assignment Code	<input type="text"/>		

Records 20 ▾

Search Results

Prior Authorization	Medicaid Billing Number	Last Name	First Name	Status	PA Assignment	Service Type Code	Service Code	Service Code Thru	Primary Diagnosis	Auth Eff	Auth End	Auth Units	Auth Dollars
922296		Y.	MARIA	A	03	Procedure Code	D5120	D5120		04/08/2009	04/08/2010	1	400
922296		Y.	MARIA	A	03	Procedure Code	D5110	D5110		04/08/2009	04/08/2010	1	400
412863		Y.	JANE	A	03	Procedure Code	D5110	D5110		01/20/2011	01/31/2011	1	400
412863		Y.	JANE	A	03	Procedure Code	D5214	D5214		01/20/2011	01/31/2011	1	540.25
636441		W	MARY LOU	A	03	Procedure Code	D5120	D5120		11/01/2010	11/30/2010	1	400
636441		W	MARY LOU	A	03	Procedure Code	D5110	D5110		11/01/2010	11/30/2010	1	400
061634		W	SHARON	A	03	Procedure Code	D5110	D5110		03/19/2010	03/19/2011	1	400
061634		W	SHARON	A	03	Procedure Code	D5120	D5120		03/19/2010	03/19/2011	1	400
510021		W	ROBERT	A	03	Procedure Code	D5120	D5120		02/16/2011	02/16/2012	1	0
510021		W	ROBERT	A	03	Procedure Code	D5110	D5110		02/16/2011	02/16/2012	1	0
636097		W	NAOMI	A	03	Procedure Code	D5110	D5110		11/26/2010	11/26/2011	1	0
635558		W	ERIC	D	03	Procedure Code	D7230	D7230		0	0	0	0
636097		W	NAOMI	A	03	Procedure Code	D5214	D5214		11/26/2010	11/26/2011	1	0
119855		W	TONI	A	03	Procedure Code	D5110	D5110		03/21/2011	03/20/2012	1	0
119855		W	TONI	A	03	Procedure Code	D5214	D5214		03/21/2011	03/20/2012	1	0
206077		W	BETTY	D	03	Procedure Code	D5214	D5214		0	0	0	0
632444		W	JERREL	D	03	Procedure Code	D5120	D5120		0	0	0	0
632444		W	JERREL	D	03	Procedure Code	D5110	D5110		0	0	0	0
206077		W	BETTY	D	03	Procedure Code	D5213	D5213		0	0	0	0
745843		W	STEVEN	A	03	Procedure Code	D5110	D5110		01/26/2011	01/26/2012	1	0

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Prior Authorization Search: NPI - DENTAL TEST GROUP

Prior Authorization Medicaid Billing Number

Submission Date Date Of Birth

ICD-9 Procedure [Search] Name

Procedure [Search] Procedure Code Thru [Search]

Revenue Code [Search] Revenue Code Thru [Search]

Status Diagnosis [Search]

Assignment Code

Records 20

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Search Results

Prior Authorization	Medicaid Billing Number	Last Name	First Name	Status	PA Assignment	Service Type Code	Service Code	Service Code Thru	Primary Diagnosis	Auth Eff	Auth End	Auth Units	Auth Dollars
2012089001		SMITH	JOHN	D	03	Procedure Code	D5110		1234	03/29/2012	03/29/2012	0	0
2012089002		SMITH	JOHN	P	03	Procedure Code	D5214		1234	03/29/2012	03/29/2012	0	0
2012089002		SMITH	JOHN	P	03	Procedure Code	D5213		1234	03/29/2012	03/29/2012	0	0
2012089001		SMITH	JOHN	D	03	Procedure Code	D5120		1234	03/29/2012	03/29/2012	0	0
206355			CHRISTINA	A	03	Procedure Code	D5214	D5214		05/22/2009	05/31/2009	1	540.25
206355			CHRISTINA	A	03	Procedure Code	D5213	D5213		05/22/2009	05/31/2009	1	540.25
166788			NANCY	D	03	Procedure Code	D5213	D5213		0	0	0	0
01301533			JACKIE	A	03	Procedure Code	D5214	D5214		03/17/2010	03/17/2011	1	540.25
01301533			JACKIE	A	03	Procedure Code	D5110	D5110		03/17/2010	03/17/2011	1	400
062389			JEANETTE	A	03	Procedure Code	D5120	D5120		04/28/2010	04/28/2011	1	400
062389			JEANETTE	A	03	Procedure Code	D5110	D5110		04/28/2010	04/28/2011	1	400
438484			ELVIRA	A	03	Procedure Code	D5214	D5214		11/23/2009	11/30/2009	1	540.25
527266			SANDRA	A	03	Procedure Code	D5213	D5213		11/03/2009	11/03/2010	1	540.25
067674			SANDRA	D	03	Procedure Code	D5110	D5110		0	0	0	0
527266			SANDRA	A	03	Procedure Code	D5214	D5214		11/03/2009	11/03/2010	1	540.25
911662			DOROTHEA	A	03	Procedure Code	D5213	D5213		06/08/2009	06/08/2010	1	540.25
911662			DOROTHEA	A	03	Procedure Code	D5214	D5214		06/08/2009	06/08/2010	1	540.25
713676		R	ADRA	A	03	Procedure Code	D5110	D5110		10/22/2010	12/31/2010	1	400
713676		R	ADRA	A	03	Procedure Code	D5120	D5120		10/22/2010	12/31/2010	1	400
216748		R	TERRY	A	03	Procedure Code	D5214	D5214		01/11/2010	03/31/2010	1	540.25

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Ohio.gov Medicaid Information Technology System

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Provider NPI - DENTAL TEST GROUP

Base Information

Prior Authorization 2012089001

Assignment DENTAL Service Provider NPI

*Authorization Type *Contact Name JANE DOE

Medicaid Billing Number *Contact Number/Ext (614)555-1212 100

Date of Birth 01/01/1981 Special Indicator

Last Name SMITH LTCF Discharge Date

First Name, MI JOHN Admission Date

-Diagnosis Codes- Primary Diagnosis is sequence number 1.

Sequence	Diagnosis	Description
1	1234	DIPHYLLOBOTHRIAS INTEST

Line Item

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
01	1	\$500.00	0	\$0.00	Procedure Code	D5110		DENIED
02	1	\$500.00	0	\$0.00	Procedure Code	D5120		DENIED

Select row above to view complete description.

Line Item Requested Eff Date Requested Units

Service Type Code Requested End Date Requested Dollars

Procedure [Search] Modifier 1 [Search] PROSTHODONTICS

Tooth [Search] Modifier 2 [Search] Initial Placement

Quad [Search] Modifier 3 [Search] Prior Placement

Modifier 4 [Search] Date of Extraction

Associated PA Number Bill Direct From Date Service/Rental From Date

Bill Direct To Date Service/Rental To Date

Authorized Units Authorized Dollars Authorized Eff Date

Quantity Used Units Quantity Used Dollars Authorized End Date

Balance Units Balance Dollars Status

Provider Notes

Date Entered	Description
03/29/2012	THIS IS WHERE YOU CAN GIVE THE REVIEWER SPECIFIC COMMENTS ABOUT THIS CASE

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Providers Account Claims Eligibility **Prior Authorization** Reports Publications

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 Provider NPI - DENTAL TEST GROUP

Base Information ?

Prior Authorization 2012089001
 Assignment DENTAL
 *Authorization Type Prior Authorization
 Medicaid Billing Number
 Date of Birth 01/01/1981
 Last Name SMITH
 First Name, MI JOHN
 Service Provider NPI
 *Contact Name JANE DOE
 *Contact Number/Ext (614)555-1212 100
 Special Indicator
 LTCF Discharge Date
 Admission Date

-Diagnosis Codes- Primary Diagnosis is sequence number 1.

Sequence	Diagnosis	Description
1	1234	DIPHYLLOBOTHRIAS INTEST

Line Item

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
01	1	\$500.00	0	\$0.00	Procedure Code	D5110		DENIED
02	1	\$500.00	0	\$0.00	Procedure Code	D5120		DENIED

Select row above to view complete description.

Line Item 01
 *Requested Eff Date 03/29/2012
 *Requested End Date 03/29/2012
 *Requested Units 1
 *Requested Dollars \$500.00
 *Service Type Code Procedure Code
 *Procedure D5110 [Search]
 Modifier 1 [Search] PROSTHODONTICS
 Modifier 2 [Search]
 Modifier 3 [Search]
 Modifier 4 [Search]
 Initial Placement
 Prior Placement
 Date of Extraction
 Tooth [Search]
 Quad [Search]
 Associated PA Number 2012089000
 Bill Direct From Date
 Bill Direct To Date
 Authorized Units 0
 Authorized Dollars \$0.00
 Authorized Eff Date 03/29/2012
 Quantity Used Units 0
 Quantity Used Dollars \$0.00
 Authorized End Date 03/29/2012
 Balance Units 0
 Balance Dollars \$0.00
 Status DENIED

-Reason Code-

Reason Code	Reason Description
032	ILLEGIBLE X-RAY OR PANORAMIC FILM SUBMITTED.
031	SUBMIT MOUNTED FULL MOUTH X-RAYS WITH PRIOR AUTHOR

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Type of Document

Transmission Type

Description

External Notes

Line Item	Date	Description
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Line Item	Date	Description
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Attachments

Type of Document	Transmission Type	Description
OTHER	UPLOAD	X-RAYS

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Type of Document

Transmission Type

Description

External Notes

Line Item	Date	Description
1	03/30/2012	THIS IS WHERE YOU WILL FIND COMMENTS FROM THE REVIEWER.. IF YOU DID NOT OPEN

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Line Item Date

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