Commonwealth of Kentucky
KY Medicaid

KyHealth Net Dental
Companion Guide

Version 6.2

Revised October 8, 2010

Revision History

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1.0	12/27/2006	Patti George	Created.
2.0	12/27/2006	Ron Chandler	Review and format.
2.1	01/29/2007	Patti George	Updates per DMS walkthrough.
3.0	02/09/2007	Lize Deane	Formatted according to KY standards.
3.1	02/26/2007	Michelle Goins	Updated with latest information.
4.0	02/26/2007	Patti George	Updates.
5.0	03/06/2007	Ann Murray	Updated according to comments.
6.0	10/20/2008	Cathy Hill	Updated screens and text as directed.
6.0	3/12/2009	Cathy Hill	Changed text references from KyHealth Choices to KY Medicaid
6.1	4/28/2010	EDI	Revised per EDI.
6.2	10/6/2010	Martha Senn Marilyn Surratt Stayce Towles	Revised per EDI.
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1 To Create a New Provider user account for KYHealthnet.

The user creating the KY Healthnet account should be the office manager or someone deem responsible for accessing provider information. A pin number is required to create a user account. The EDI Helpdesk will assign a pin number to each KY Medicaid provider id.

1.1 How to receive your Pin number:

1. Go to KY Medicaid Website www.kymmis.com ;
2. Click on **Electronic Claims**;
3. Click on **Frequently Asked Questions**;
4. Click on the hyperlink at the bottom of page last paragraph first sentence for pin release form (user instructions included);
5. Complete the attached **PIN Release form** and return to EDI Helpdesk **along with a copy of a valid driver's license** via e-mail or fax. Include your phone # and e-mail address and someone will contact you with your **PIN** and website information;
6. Fax your PIN Release form to: 502-209-3242 or 502-209-3200
7. E-mail your form to: ky_edi_helpdesk@hp.com
8. The HP EDI department will respond within 2 business days via email:
9. The Pin release email example is below :

From: Jane.doe@hp.com

Sent: Monday, August 9, 2010 10:30 AM

To: Daisy.Duck@anywhere.com

Subject: KY Medicaid pin release request

To create a KY Health Net account user the following information:

Provider id = XXXXXXXXXX

PIN # = XXXXXXXXX

To create a KYHealth Net account, access https://public.kymmis.com/pinletter/
To access the user account: http://home.kymmis.com/
The password expires every 30 days. A reminder is sent on the 20th day to update the password.
To change your password click on Account Management, Change my password.

In the future you can do the following:

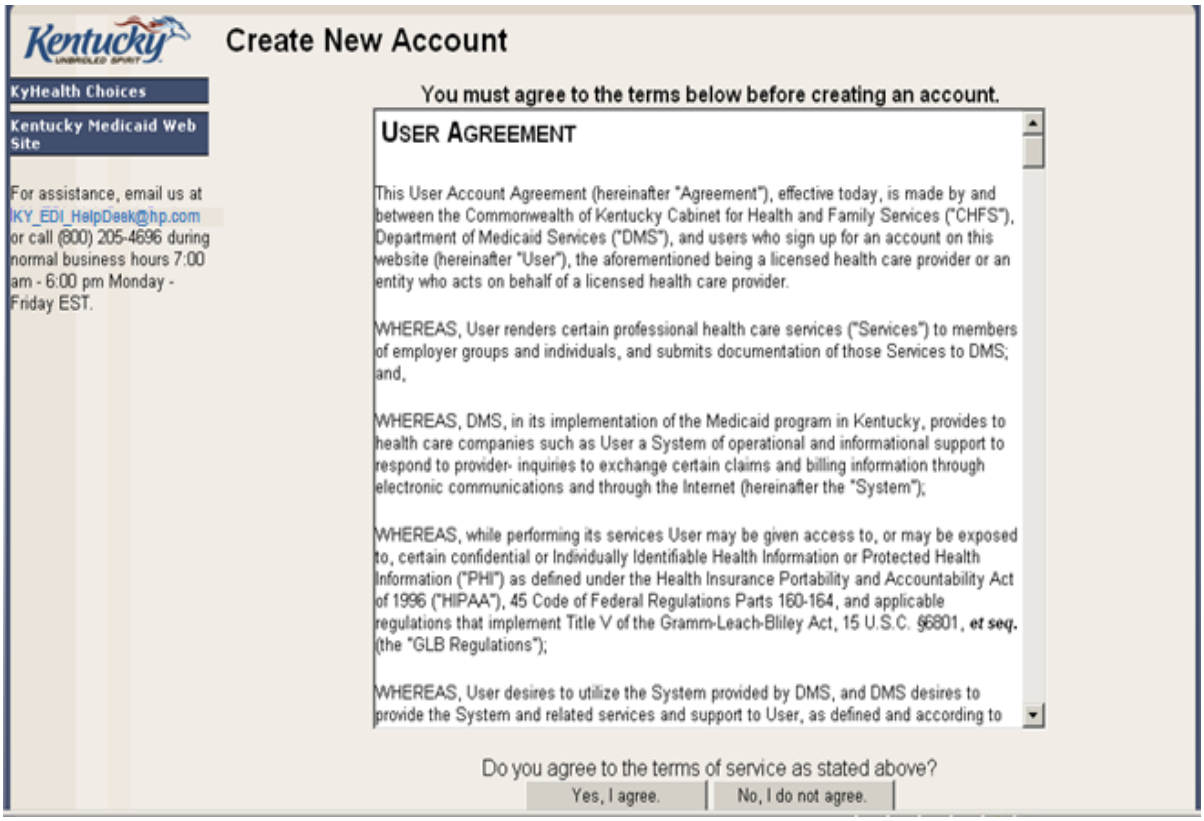
If the account user password is expired click on 'Forgot my password' button on the sign in page under password to complete a password update. This function only works if a security question is linked to the account.

If you have questions contact the EDI Helpdesk at 800.205.4696 or KY_EDI_Helpdesk@hp.com.

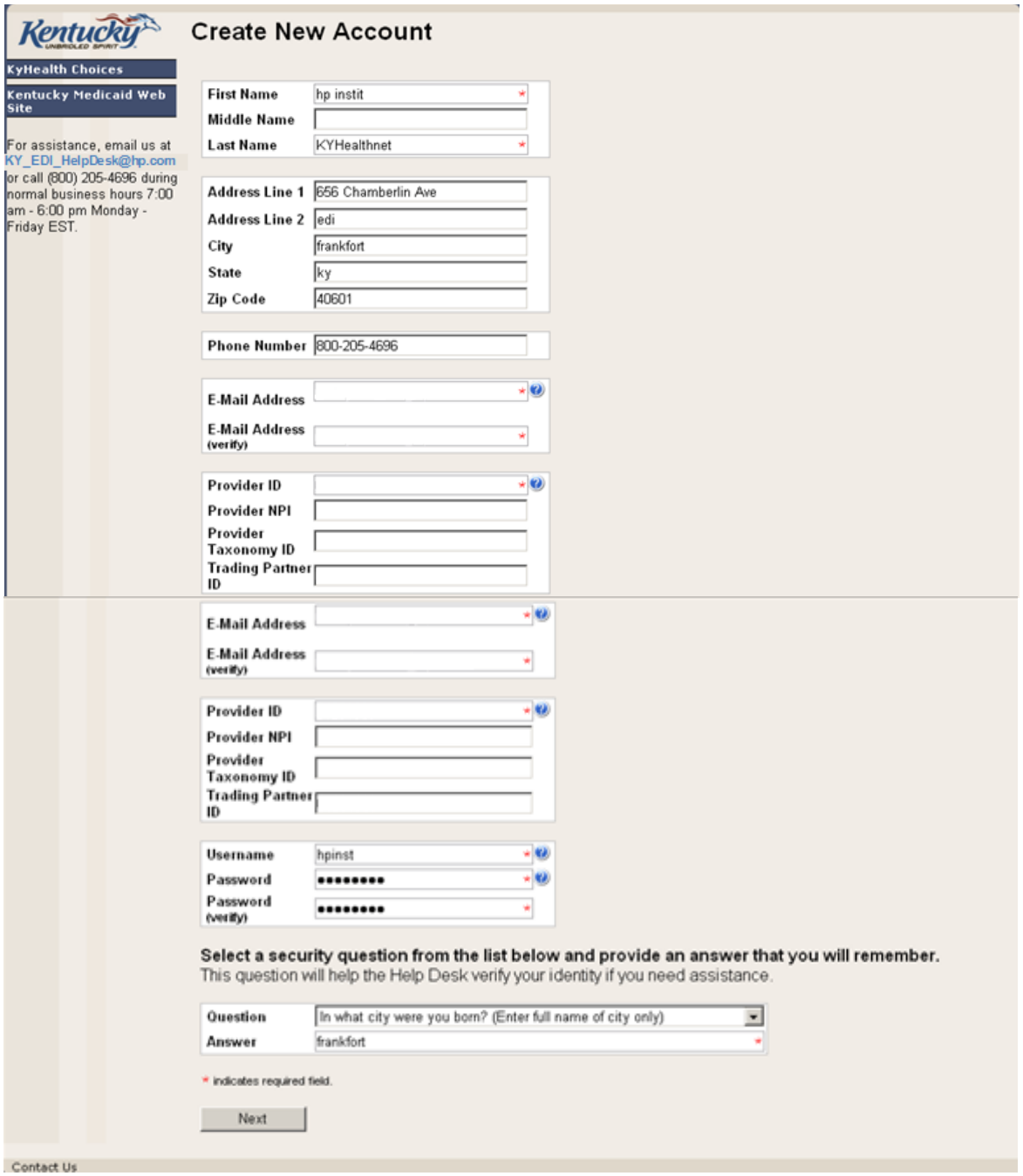
1.2 Creating a New Account

1. Enter the provider ID (KY Medicaid provider id or Group id); and,
2. Enter the PIN number assigned.

3. User Agreement to Terms of Service window will display,
4. Click the 'Yes, I agree" or "No, I do not agree" button.



5. Enter the data On the “Create New Account” Form

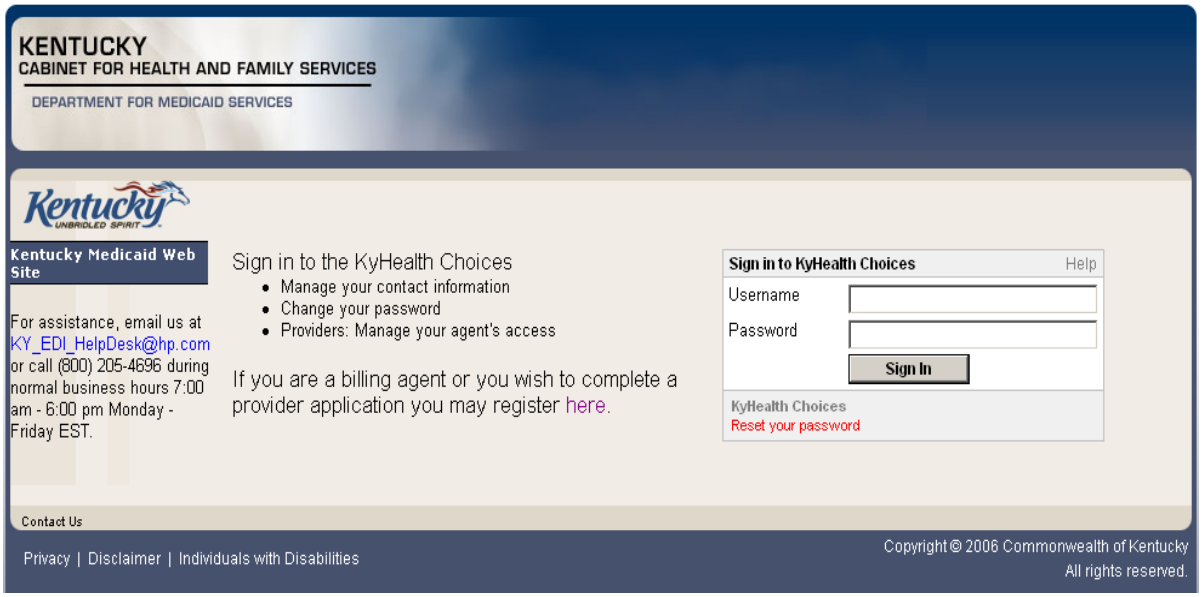


6. The "**Your account was successfully created**" window will display.

2 Signing into KyHealth Choices

2.1 Sign into KyHealth Choices

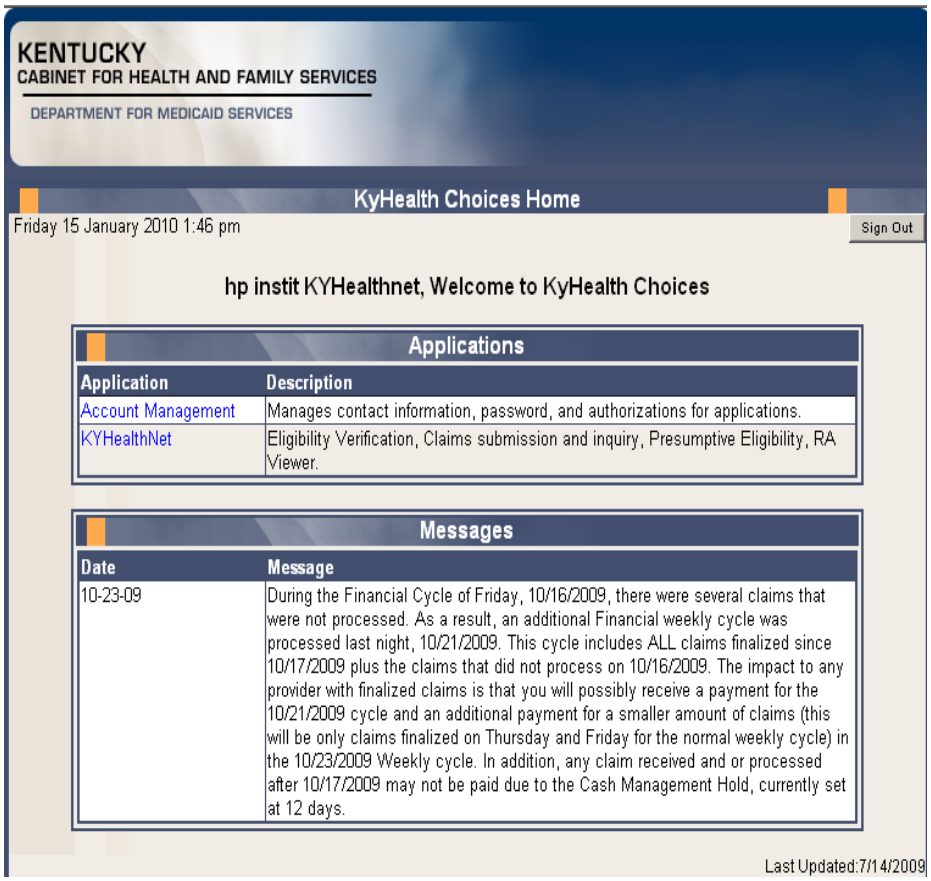
7. Access https://home.kymmis.com
8. Enter the username and password



2.2 Accessing User Applications

1. Click on “Account Management” under “Application”.

The Administrator to the provider account can view or add Agents. An agent has limited access to change password or update security questions.



2. Account Management screen displays;

   The functionality available is

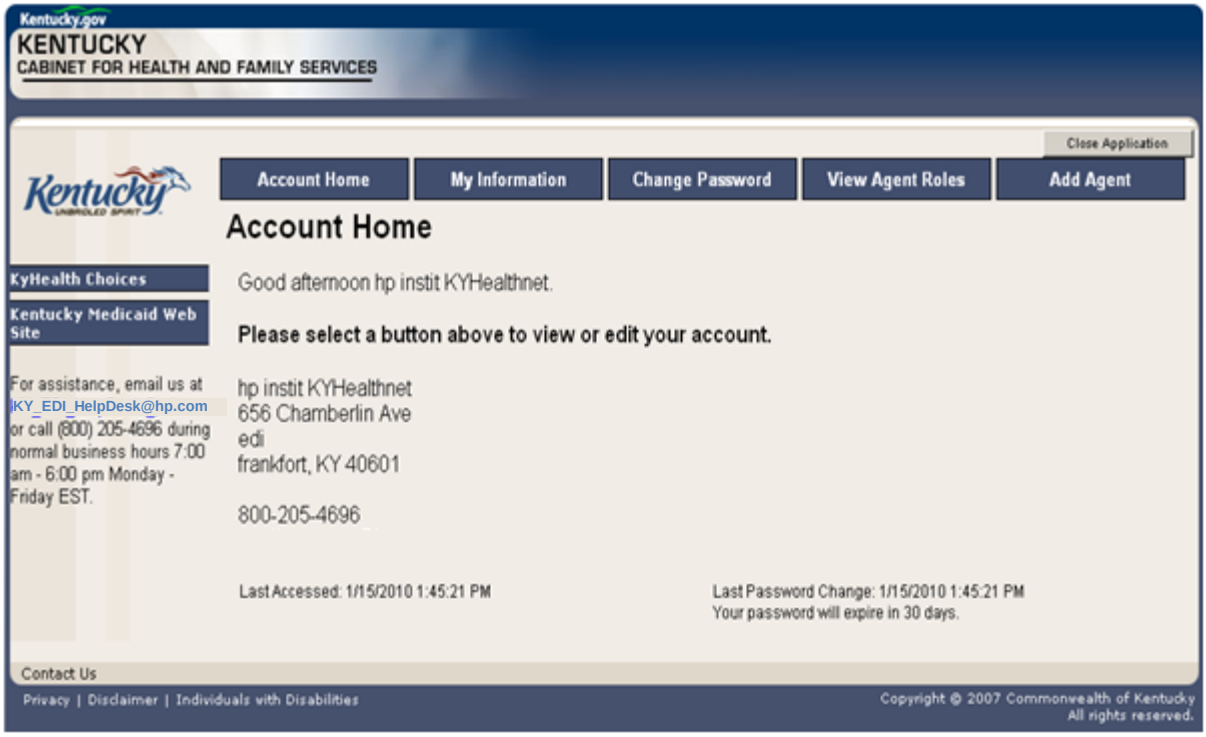
   Account Home – click and return to home page (Admin and Agent)

   My Information – allows user to update address, phone number and security question. (Admin and Agent)

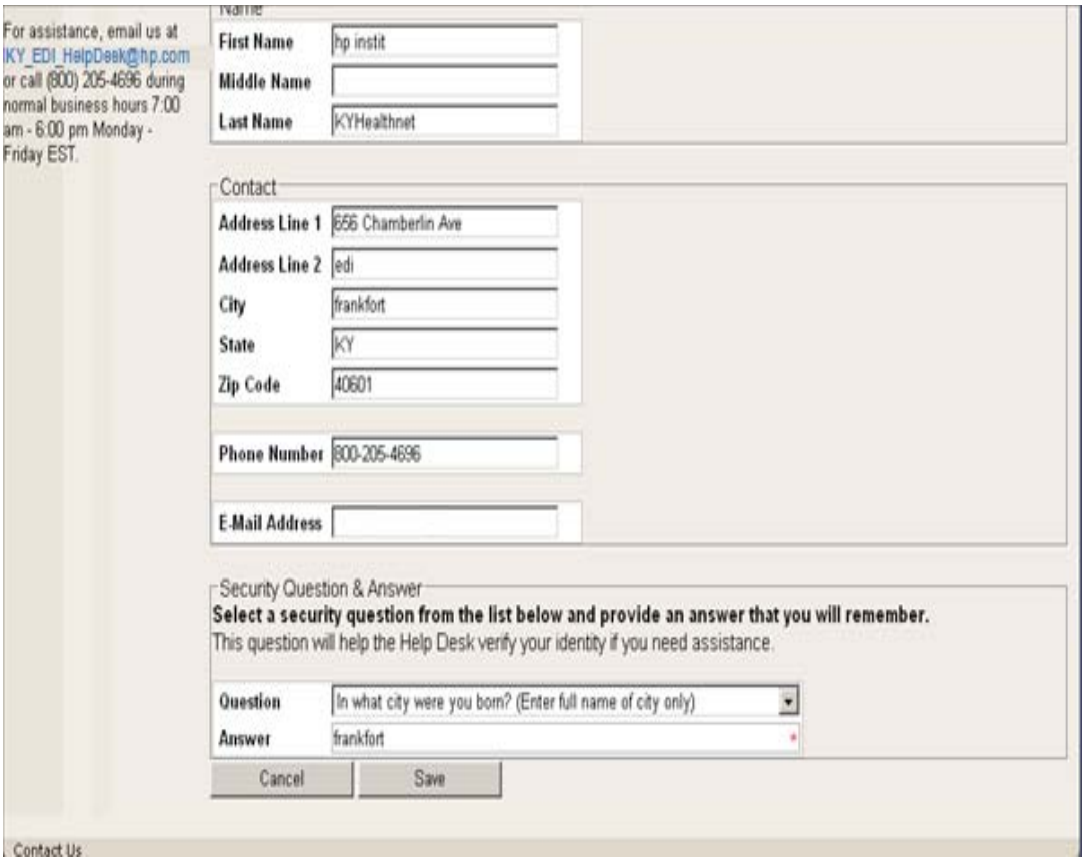
   Change Password – allows user to change the current password (Admin and Agent)

   View Agent Roles – allows the provider administrator to view the roles granted to an agent.

   Add Agent – allows the provider administrator to add agents.



3. click on the “My Information” button the following screen displays;
4. Scroll to the “Security Question & Answer” section;
5. Select the security question;
6. Enter the answer;
7. Click on Save.


For assistance, email us at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.
First Name
hp instit
Middle Name
Last Name
KYHealthnet
Contact
Address Line 1
656 Chamberlin Ave
Address Line 2
edi
City
frankfort
State
KY
Zip Code
40601
Phone Number
800-205-4696
E-Mail Address
Security Question & Answer
Select a security question from the list below and provide an answer that you will remember.
This question will help the Help Desk verify your identity if you need assistance.
Question
In what city were you born? (Enter full name of city only)
Answer
frankfort
Cancel
Save
Contact Us

2.2.1 How to Change the Password:

The account password expires every 30 days. A pink banner will display on the Home page with a countdown of days prior to password expiration beginning with 10. The user will receive an email notification from MEUPS prior to the expiration on the 20th day.

8. Click on the "Change Password" button;
9. Complete form;
10. Click the "Change Password" button.

2.2.2 Email examples of password reminder and account change notification

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]
Sent: Friday, July 16, 2010 1:30 PM
To: Doe, Jane
Subject: PASSWORD EXPIRATION REMINDER: 10 days left
Sensitivity: Confidential

Kentucky user Jane Doe,

Your Medicaid system account password will expire in 10 days on Monday, July 26, 2010. Please change your password before then to ensure uninterrupted system access.

Please contact the EDS helpdesk at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

MO

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]
Sent: Wednesday, August 18, 2010 2:00 PM
To: Doe, Jane
Subject: ACCOUNT CHANGE NOTIFICATION
Sensitivity: Confidential

Kentucky user Jane Doe,

KyHealth Choices sends you this account change notification for your information. No action on your part is required. The following changes have been made recently against your systems account:

Date of Change	Description
Aug 18 2010 1:30PM	Account access has been reinstated
Aug 18 2010 1:32PM	Password changed

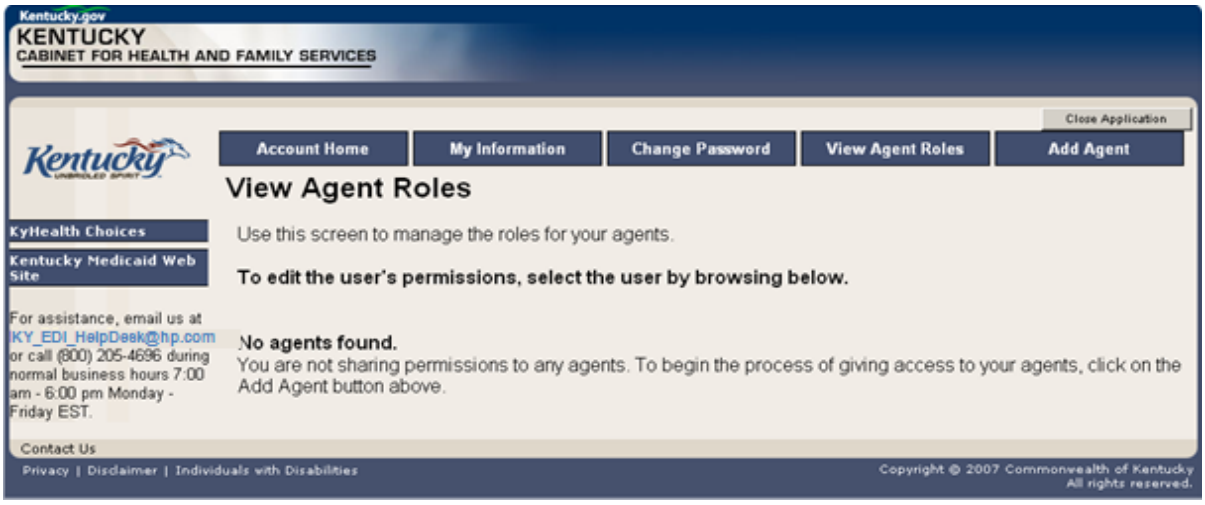
Please contact the EDI helpdesk at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST if you have questions about any of these changes.

KyHealth Choices

2.3 Viewing Agent Roles

"View Agent Roles" button user may see the "No agents found" screen as shown below when no agents have been added to the provider account.

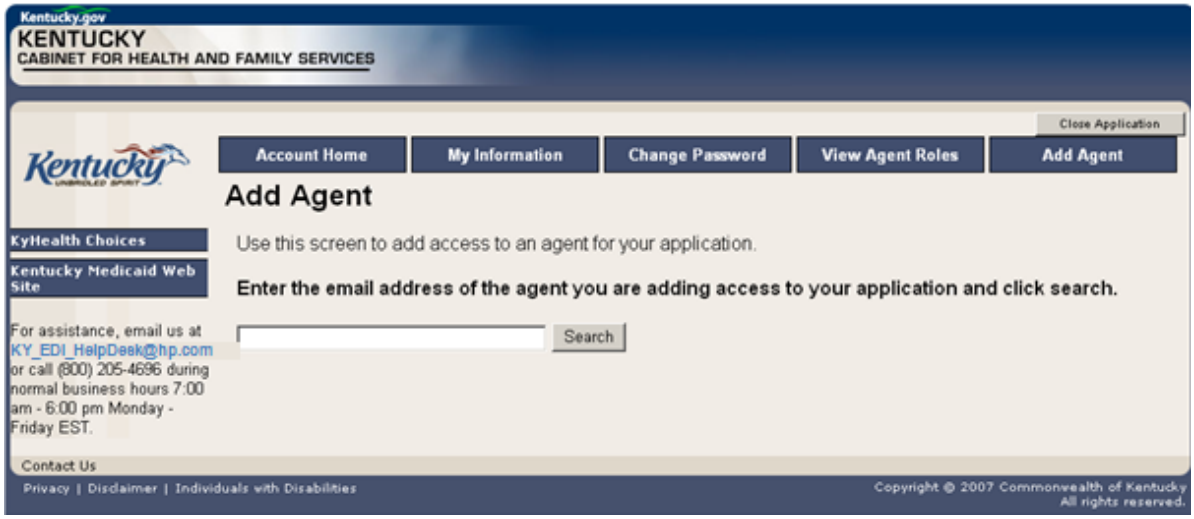
(Shown for provider admin and billing agent user accounts)



2.4 Add an Agent or New Employee.

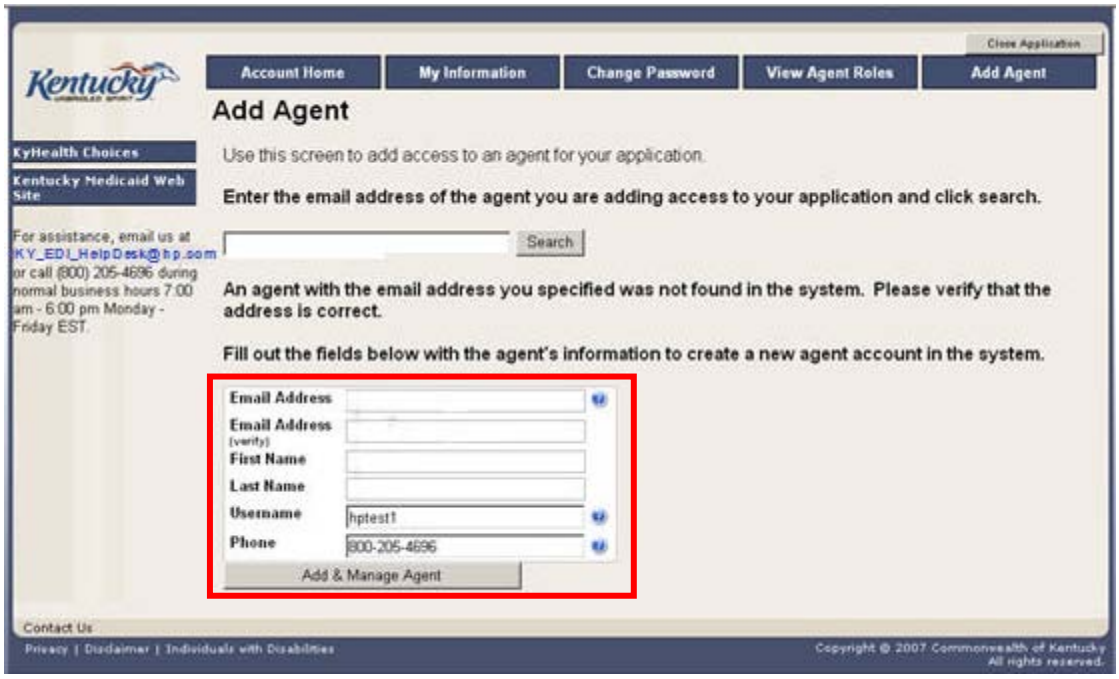
(For provider admin and billing agent user accounts)

Enter email address of agent to search or create an account.



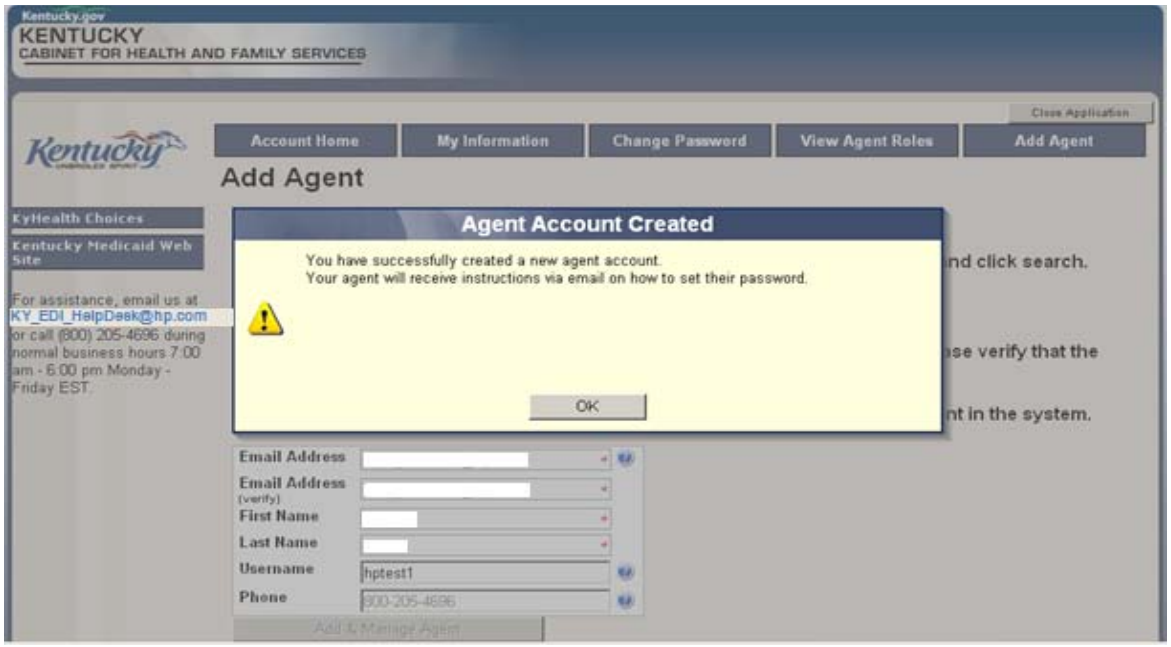
2.4.1 No Email Address Found: Create Username

1. Complete the fields boxed in red below,



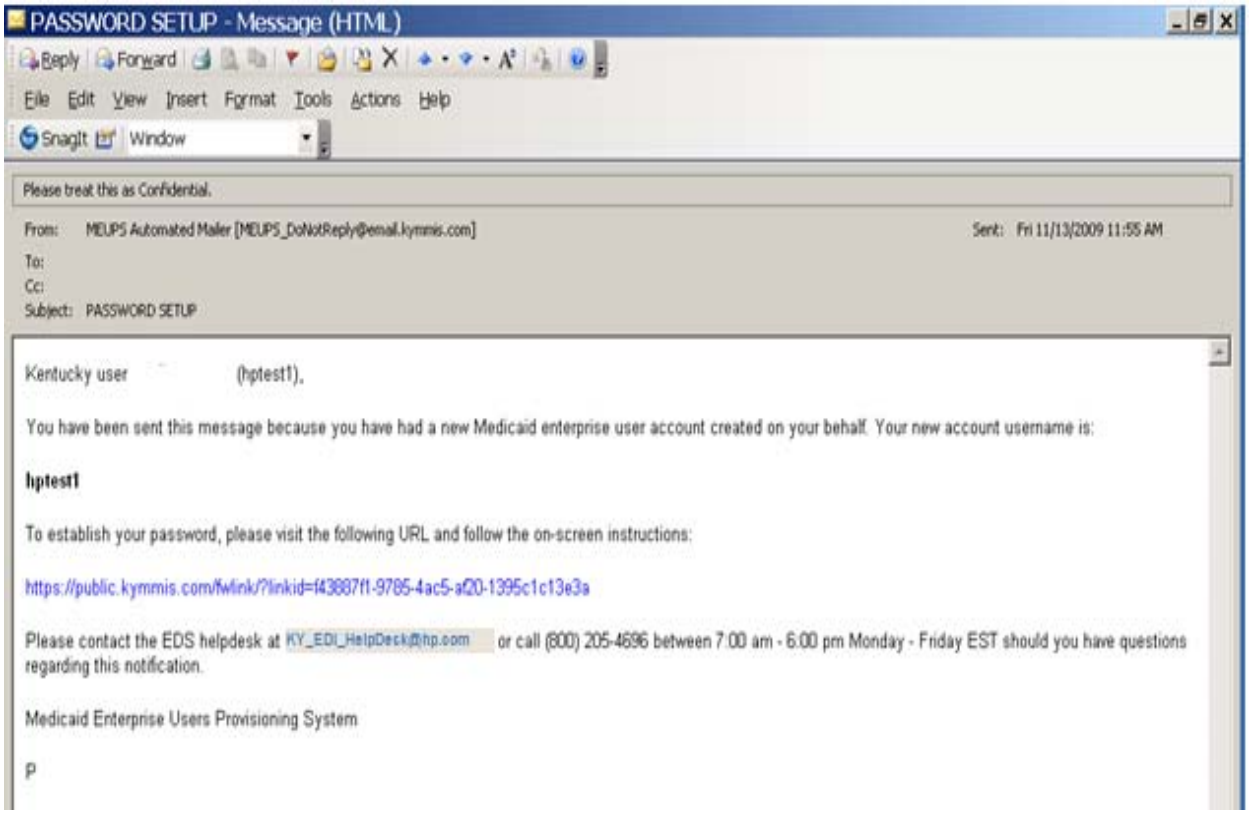
2. Click “Add & Manage Agent” button.

3. The “Agent Account Created” window appears and;



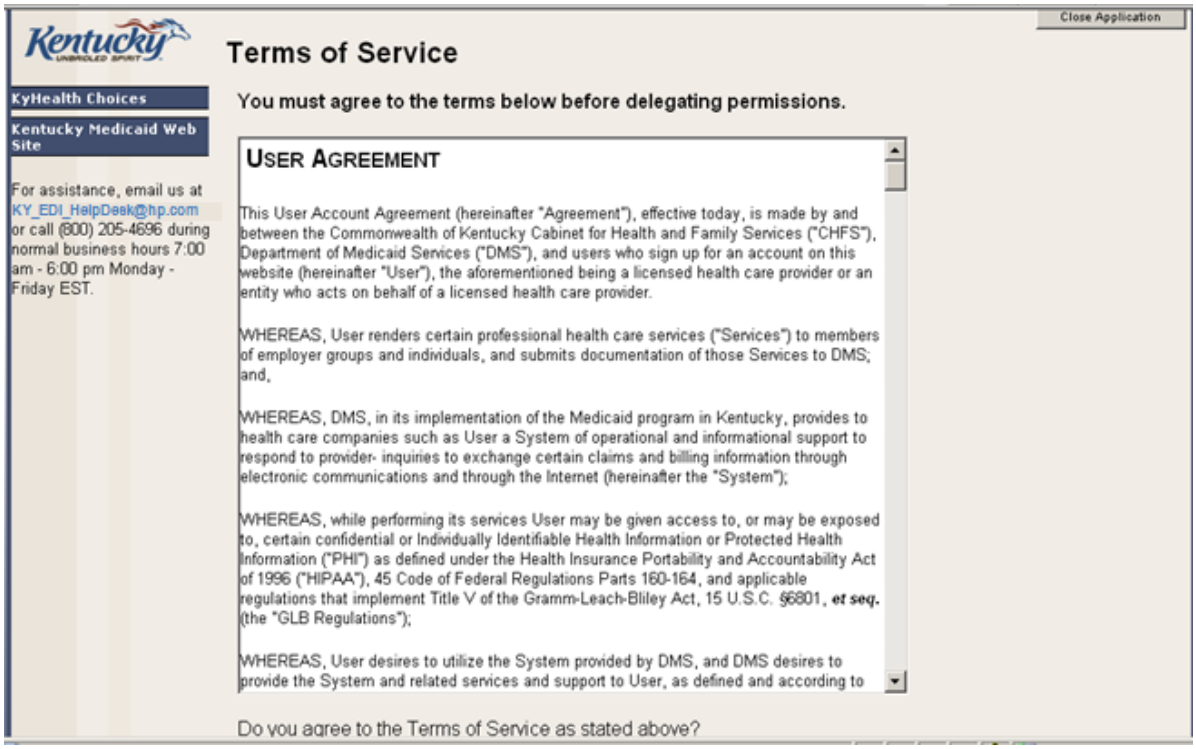
4. User will receive an email as shown below:

Automated MEUPS email Example:



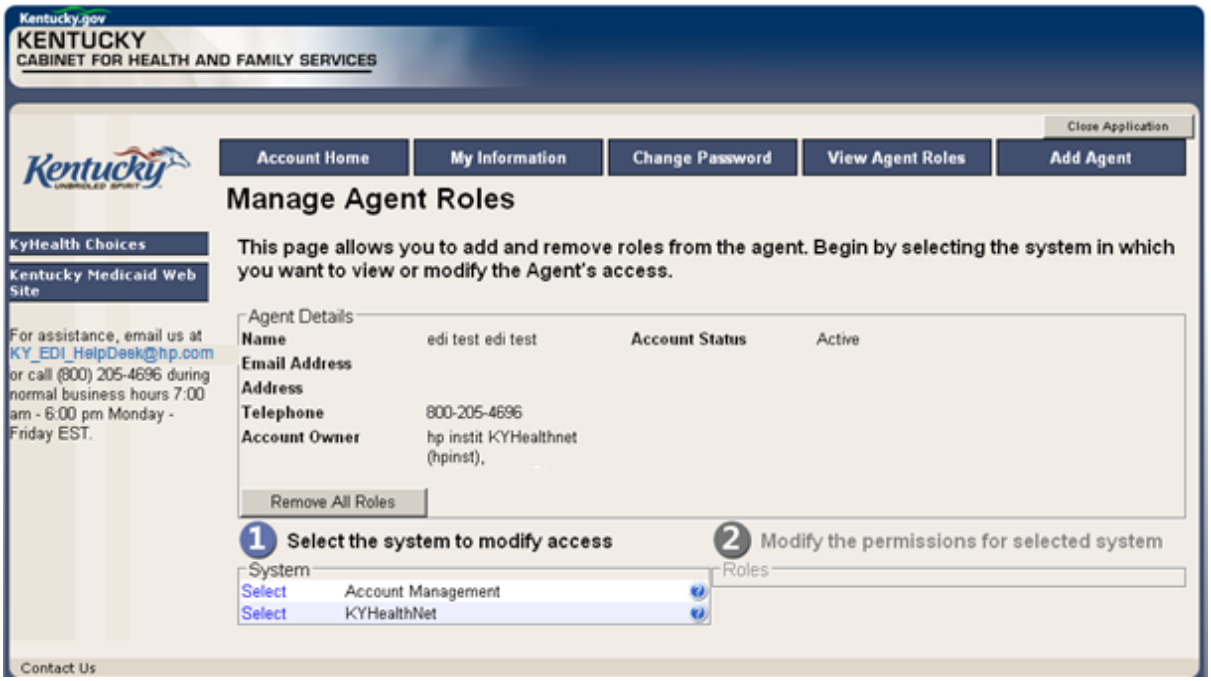
5. When user clicks the link in the email (example above), the “Terms of Service User Agreement window appears as shown below;

6. User must click “I agree” in order to proceed.

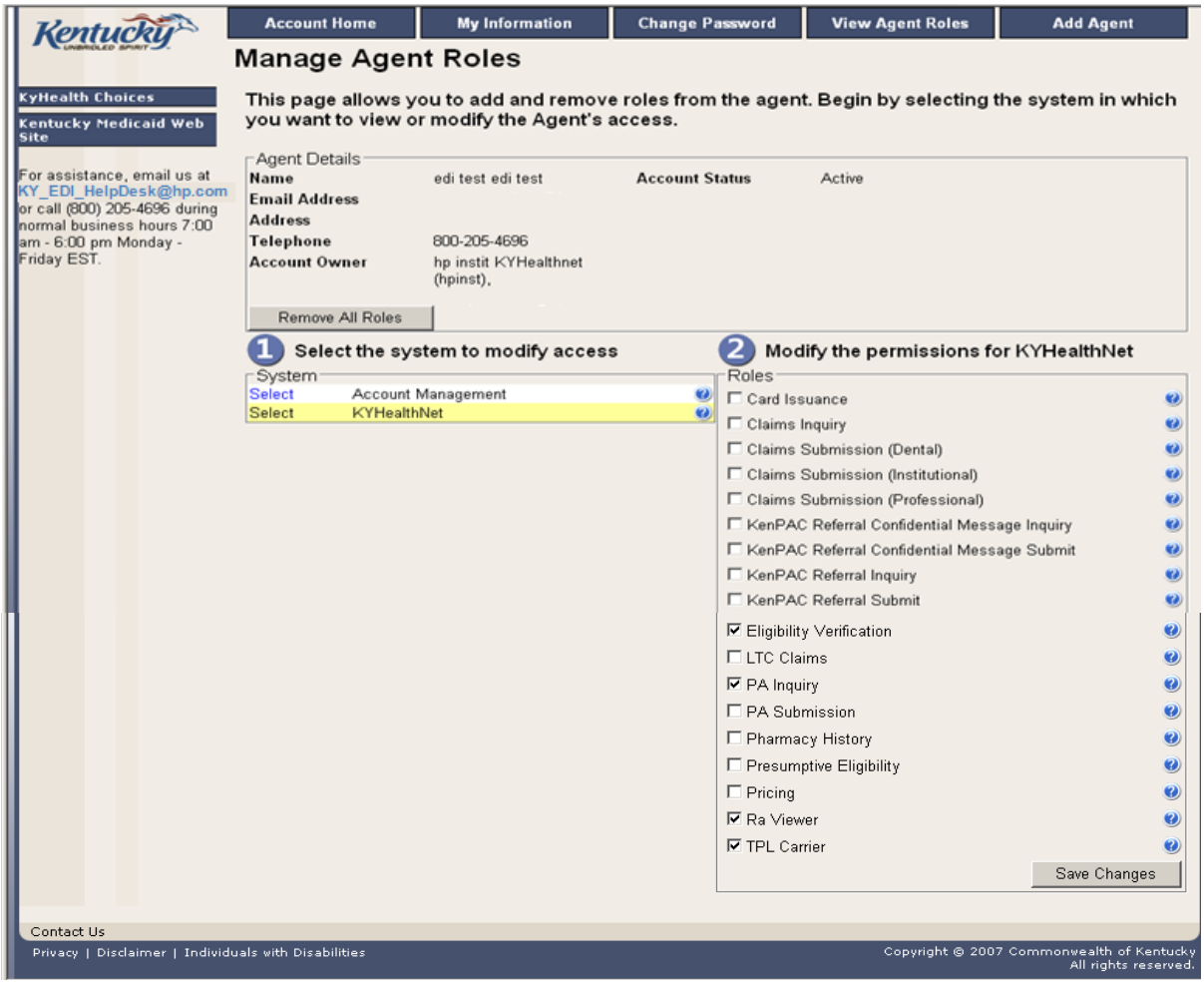


2.5 Manage Agent Roles

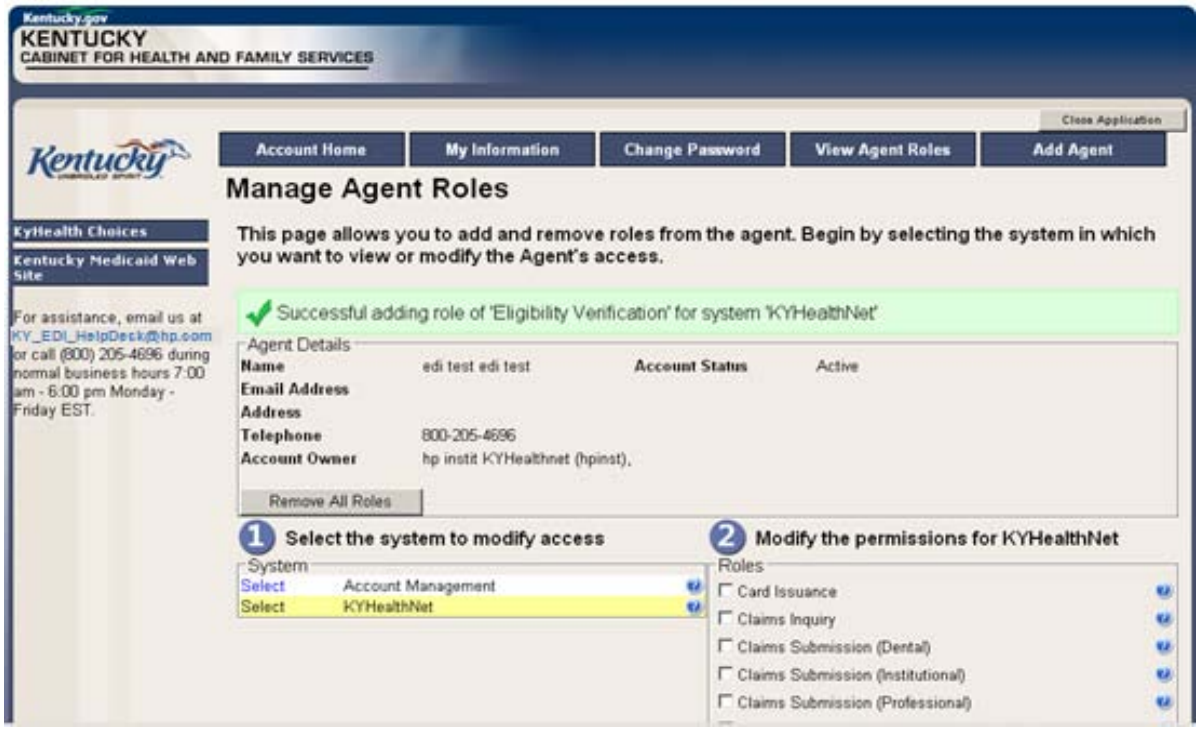
1. Allows user to add and/or remove roles from the agent;
2. Click on the “KYHealthNet”link.



3. Notice the 2 Modify the permissions for KYHealthNet" section opens;
4. Roles are granted or removed in this section

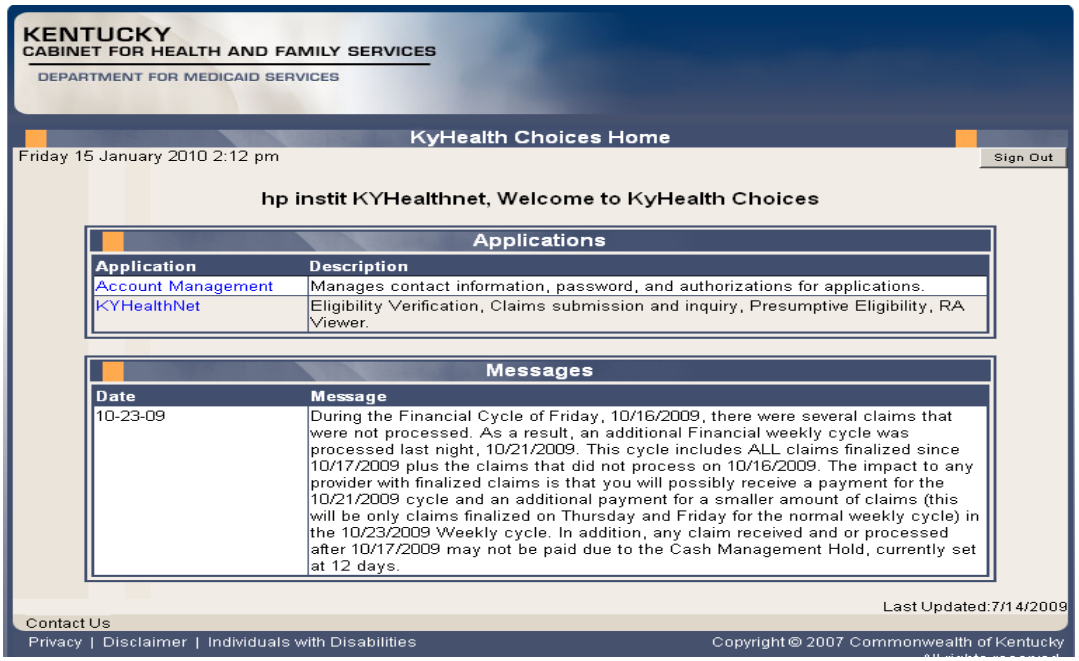


5. Click the "Save Changes" button to save modifications;
6. The screen returns "Successful…"

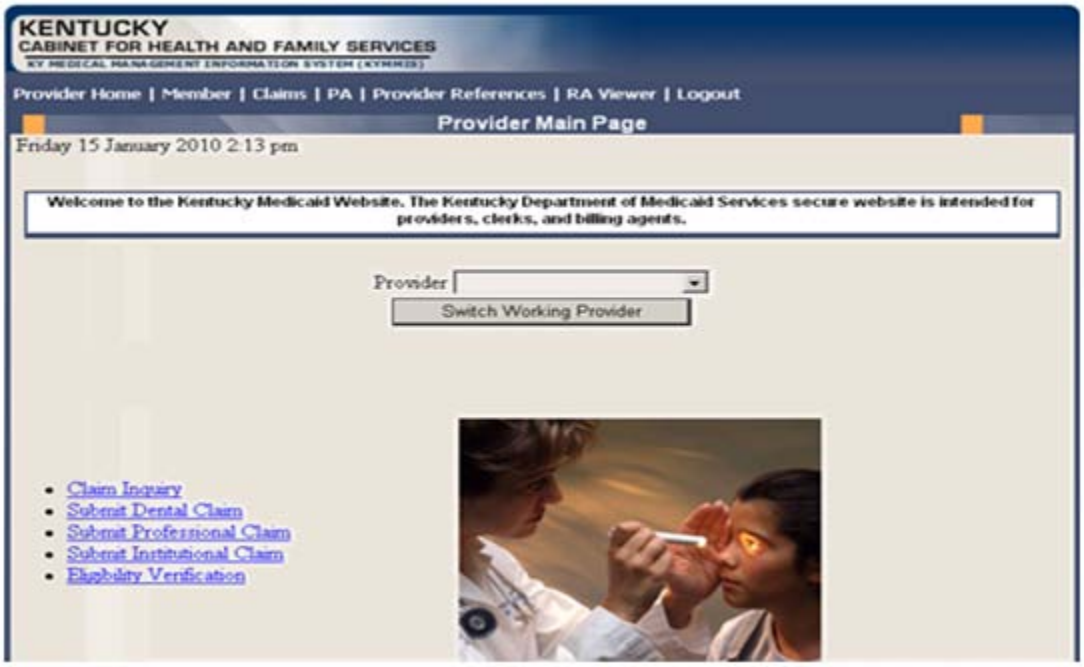

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Close Application
Kentucky
Account Home
My Information
Change Password
View Agent Roles
Add Agent
Manage Agent Roles
KyHealth Choices
Kentucky Medicaid Web Site
This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.
For assistance, email us at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.
Successful adding role of 'Eligibility Verification' for system 'KYHealthNet'
Agent Details
Name edi test edi test
Account Status Active
Email Address
Address
Telephone 800-205-4696
Account Owner hp instit KYHealthnet (hpinst),
Remove All Roles
1 Select the system to modify access
System
Select Account Management
Select KYHealthNet
2 Modify the permissions for KYHealthNet
Roles
Card Issuance
Claims Inquiry
Claims Submission (Dental)
Claims Submission (Institutional)
Claims Submission (Professional)

3 Accessing KY Health Net

1. On the “KyHealth Choices Home” page click on the “KYHealth Net” link;



2. Verify Provider – NPI – Taxonomy in drop down box



4 Functionality

Roles are granted by the administrator; if user (agent account) does not have access to one of the following tabs contact the administrator of the account.

Provider Home – Displays all functionality user has access

Member - User has access to Card Issuance, Eligibility Verification, Pharmacy History, Presumptive Eligibility, Patient Liability and Spend down.

Claims – Claim inquiry and Submit Dental claim

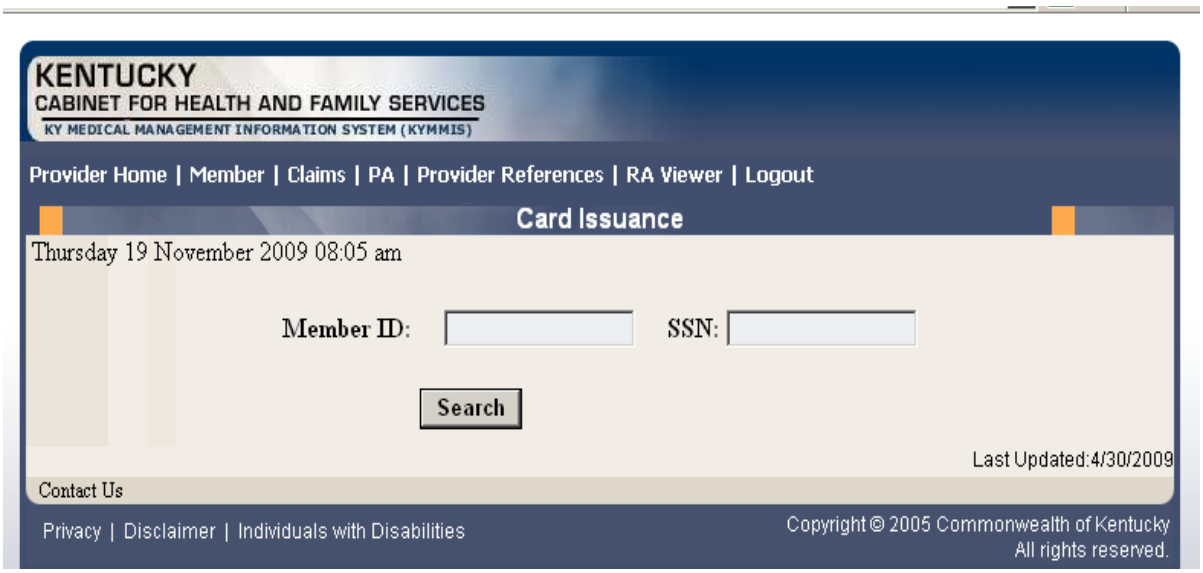
PA - PA Checklist, Radiology Prior Auth Proc Code list, PA letter and PA Inquiry

Provider References – Reference Search, TPL Carrier and Documentation

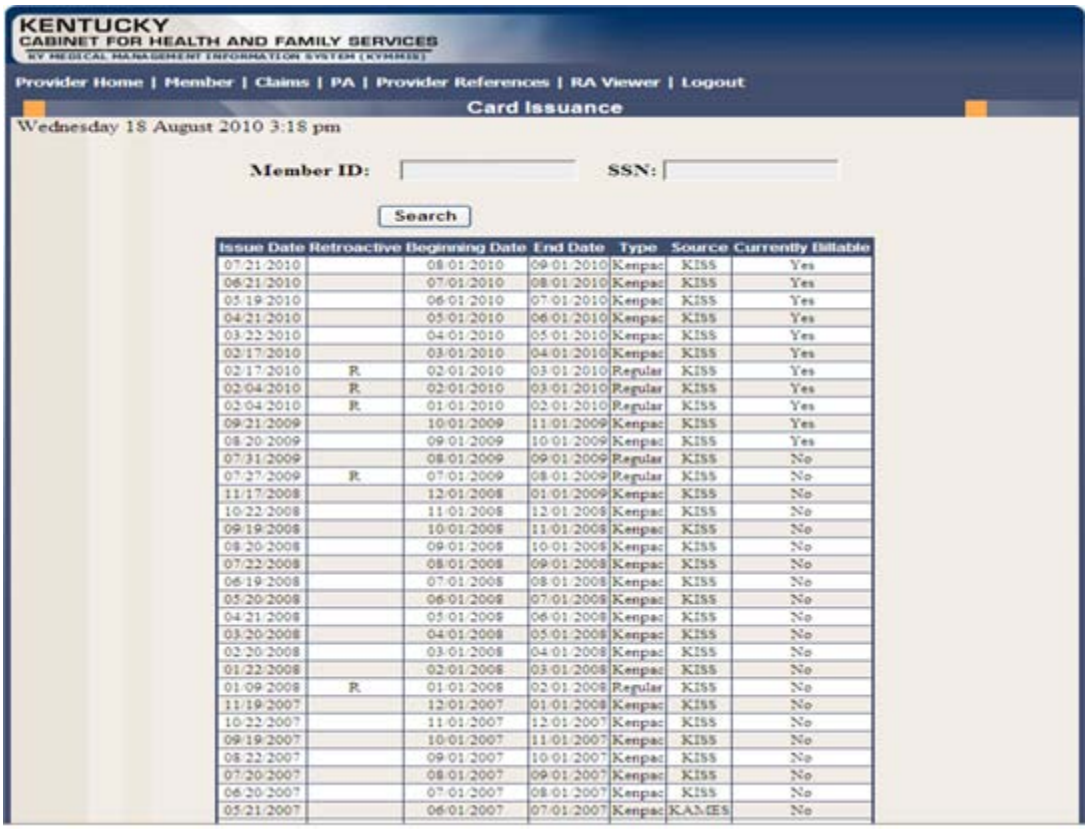
RA Viewer – allows user to view 6 months of RA.

Included in the next pages is Member selections Card Issuance:

1. Enter the Member ID or SSN# and click the “Search” button to find the Medicaid card issue date.

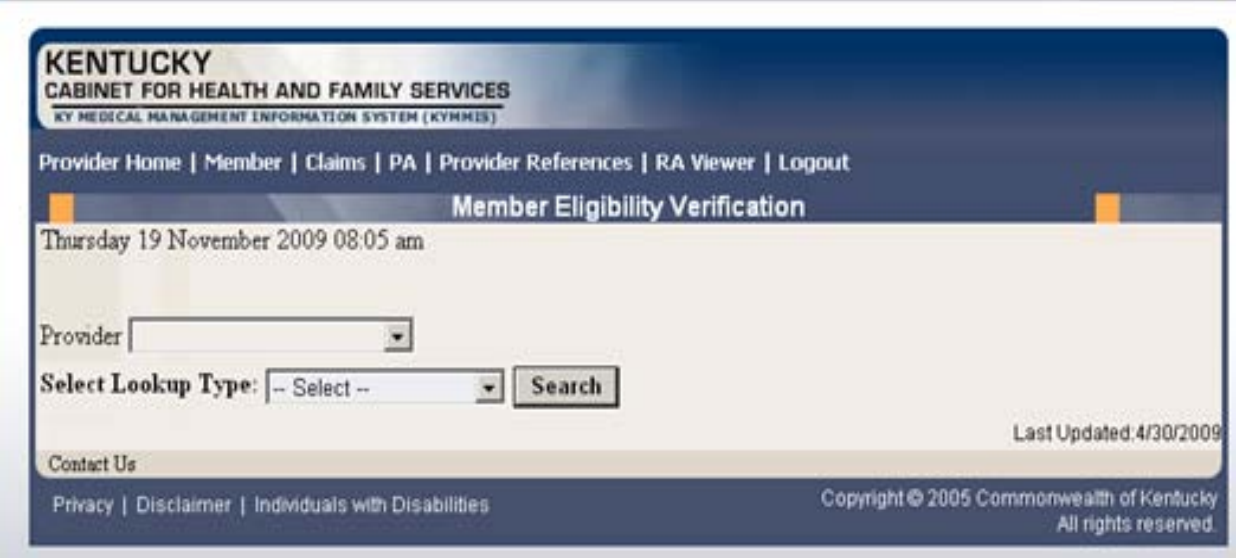


The card issuances dates include begin and end dates along with issue type

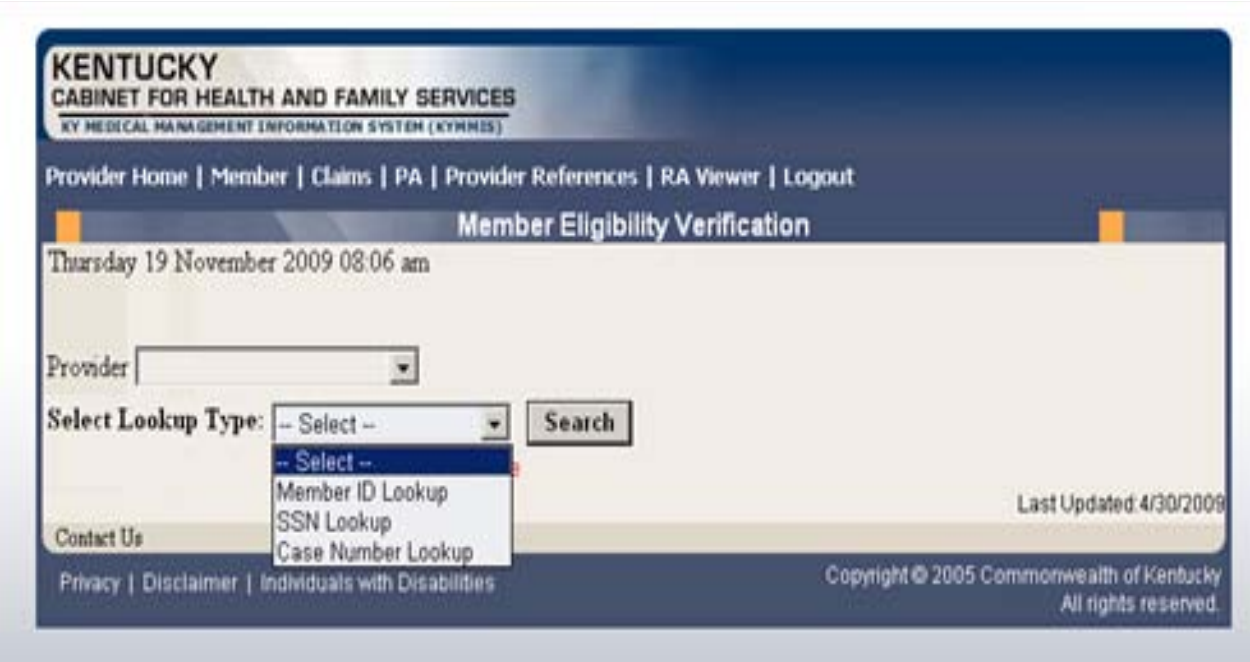


Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
07/21/2010		08/01/2010	09/01/2010	Kenpac	KISS	Yes
06/21/2010		07/01/2010	08/01/2010	Kenpac	KISS	Yes
05/19/2010		06/01/2010	07/01/2010	Kenpac	KISS	Yes
04/21/2010		05/01/2010	06/01/2010	Kenpac	KISS	Yes
03/22/2010		04/01/2010	05/01/2010	Kenpac	KISS	Yes
02/17/2010		03/01/2010	04/01/2010	Kenpac	KISS	Yes
02/17/2010	R	02/01/2010	03/01/2010	Regular	KISS	Yes
02/04/2010	R	02/01/2010	03/01/2010	Regular	KISS	Yes
02/04/2010	R	01/01/2010	02/01/2010	Regular	KISS	Yes
09/21/2009		10/01/2009	11/01/2009	Kenpac	KISS	Yes
08/20/2009		09/01/2009	10/01/2009	Kenpac	KISS	Yes
07/31/2009		08/01/2009	09/01/2009	Regular	KISS	No
07/27/2009	R	07/01/2009	08/01/2009	Regular	KISS	No
11/17/2008		12/01/2008	01/01/2009	Kenpac	KISS	No
10/22/2008		11/01/2008	12/01/2008	Kenpac	KISS	No
09/19/2008		10/01/2008	11/01/2008	Kenpac	KISS	No
08/20/2008		09/01/2008	10/01/2008	Kenpac	KISS	No
07/22/2008		08/01/2008	09/01/2008	Kenpac	KISS	No
06/19/2008		07/01/2008	08/01/2008	Kenpac	KISS	No
05/20/2008		06/01/2008	07/01/2008	Kenpac	KISS	No
04/21/2008		05/01/2008	06/01/2008	Kenpac	KISS	No
03/20/2008		04/01/2008	05/01/2008	Kenpac	KISS	No
02/20/2008		03/01/2008	04/01/2008	Kenpac	KISS	No
01/22/2008		02/01/2008	03/01/2008	Kenpac	KISS	No
01/09/2008	R	01/01/2008	02/01/2008	Regular	KISS	No
11/19/2007		12/01/2007	01/01/2008	Kenpac	KISS	No
10/22/2007		11/01/2007	12/01/2007	Kenpac	KISS	No
09/19/2007		10/01/2007	11/01/2007	Kenpac	KISS	No
08/22/2007		09/01/2007	10/01/2007	Kenpac	KISS	No
07/20/2007		08/01/2007	09/01/2007	Kenpac	KISS	No
06/20/2007		07/01/2007	08/01/2007	Kenpac	KISS	No
05/21/2007		06/01/2007	07/01/2007	Kenpac	KAMES	No

5 Member Eligibility Verification



5.1 To Search Select Lookup Type:



An example of member eligibility verification

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Member Eligibility Verification

Wednesday 18 August 2010 3:25 pm

Provider

Select Lookup Type: Member ID Lookup Search

Member ID:

From Date of Service: 8/18/2010 **To Date of Service:** 8/18/2010

Verification No. 102300232L - 8/18/2010 Status: A Print

Member

Current ID:	Last Name:	First Name:	Date of Birth:
Old ID:	Check Digit: 3	Gender: F	Date of Death:
Other IDs	Phone Number:		
SSN:	County Code: 076	County Name:	
Address:			
City:	State: KY	ZipCode:	
Hospice Election Date:			
Medicare A:		Medicare B:	
Case Number:	Case Name:		

Eligibility

Eligibility 5 Year History

Benefit Plan	Program Code	Program Status	From Date of Service	To Date of Service
Glbl Chces - Mand Pop NoCopay	I	P3	08/18/2010	08/18/2010

Program Code	Program Status	Copay Indicator	Poverty Indicator
I -Prg wmn & inf w/inc <185% or chl <19 w/inc <=200%	P3 - 185% FPL	N	Y

Note: POV_IND - An 'N' in this field indicates that the member is at or below 100% of the federal poverty level. If the indicator is 'N' you may not refuse to provide services for no payment of co pays. If the indicator is 'Y' you may refuse to provide services for non-payment of co pays if this is the current business practice for all patients.

Please note that the Medicare Savings benefit package, which includes QMB (program code Z), SLMB (program code ZL) and QI1 (Program code ZJ), is not full Medicaid coverage. This benefit package is for members who have Medicare and KY Medicaid pays their Medicare premiums. Of this group, those with Program Code Z or QMB are also eligible for co pays and deductibles.

Service Limitation

Service Limitation 5 Year History

No current coverage for date of service entered.

Copay/Coinsurance/Cost Share

Copay/Coinsurance/Cost Share 5 Year History

Note: Cost Share Met - An indicator of 'Y' in this field indicates that the member has met the cost sharing limit for the quarter and is no longer subject to co-payments for the remainder of the quarter.

No current coverage for date of service entered.

TPL

TPL 5 Year History

No current coverage for date of service entered.

Partnership (Passport)

Partnership (Passport) 5 Year History

No current coverage for date of service entered.

KenPAC

KenPAC 5 Year History

Provider Name	Site Phone #	From Date of Service	To Date of Service
		08/18/2010	08/18/2010

Lockin

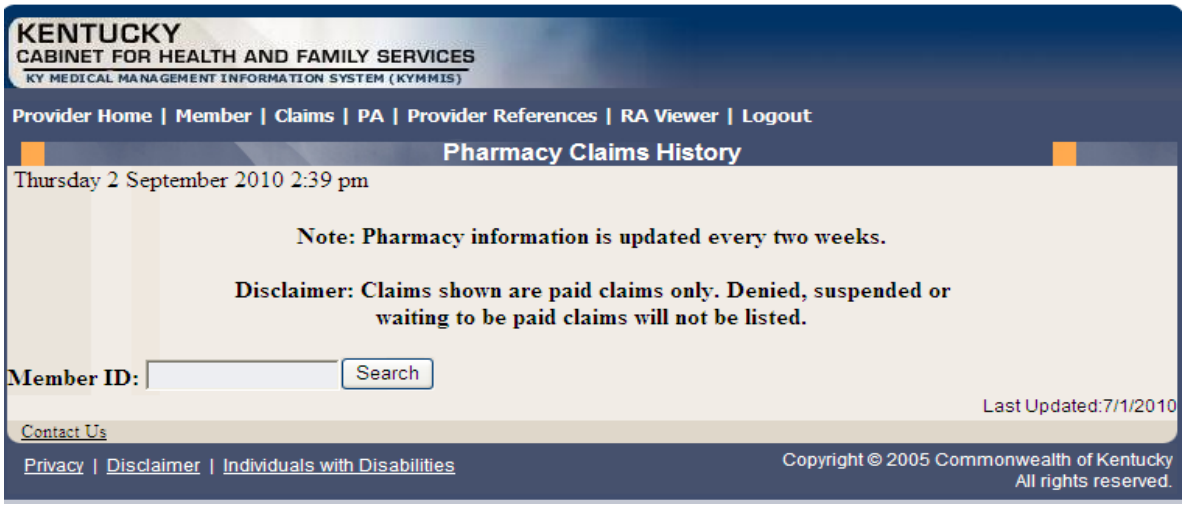
Lockin 5 Year History

No current coverage for date of service entered.

Waiver

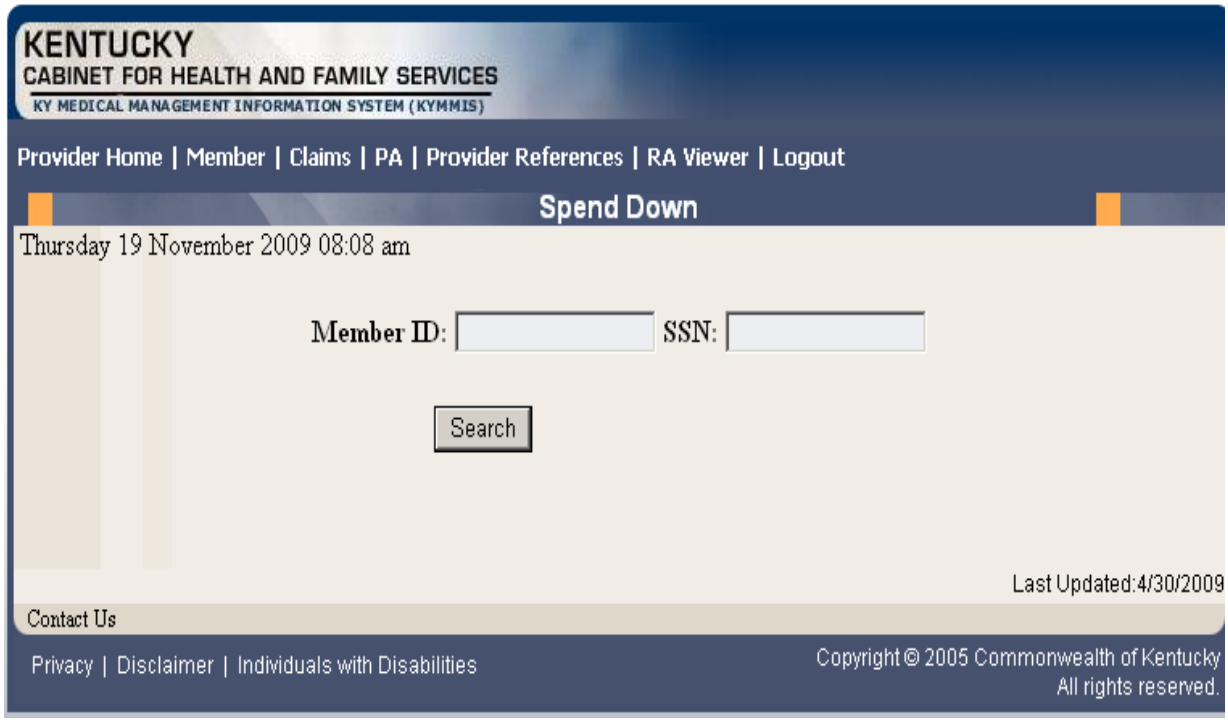
Waiver 5 Year History

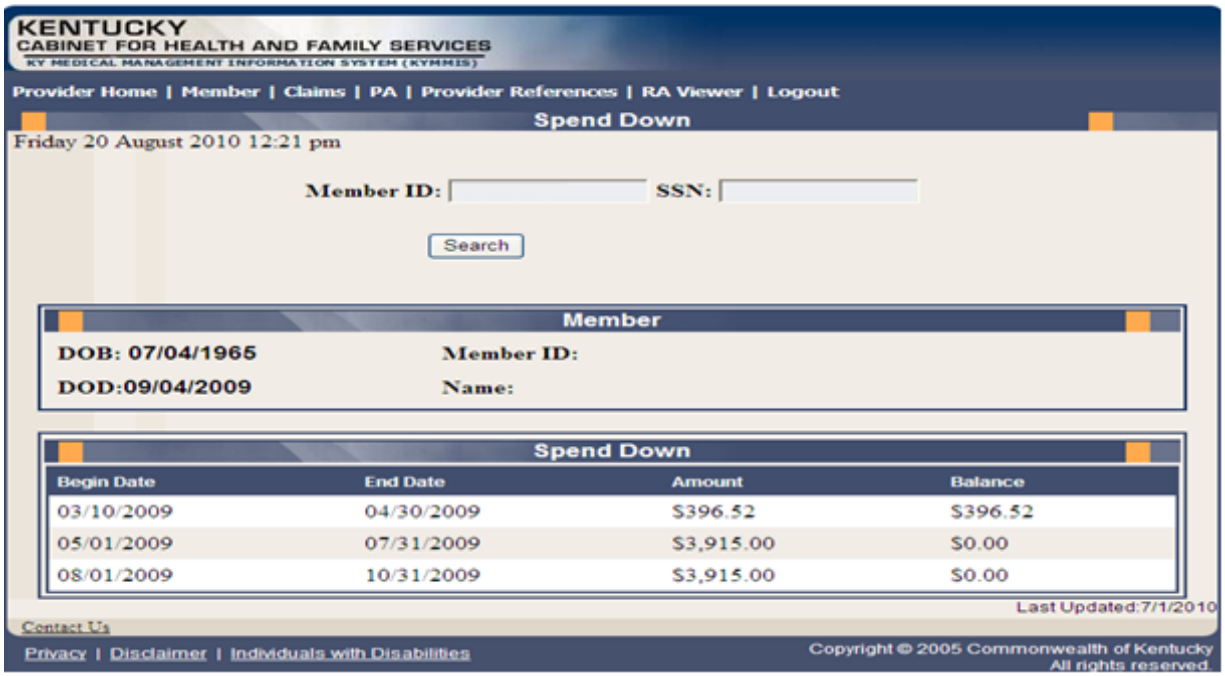
5.2 View Pharmacy Claim History



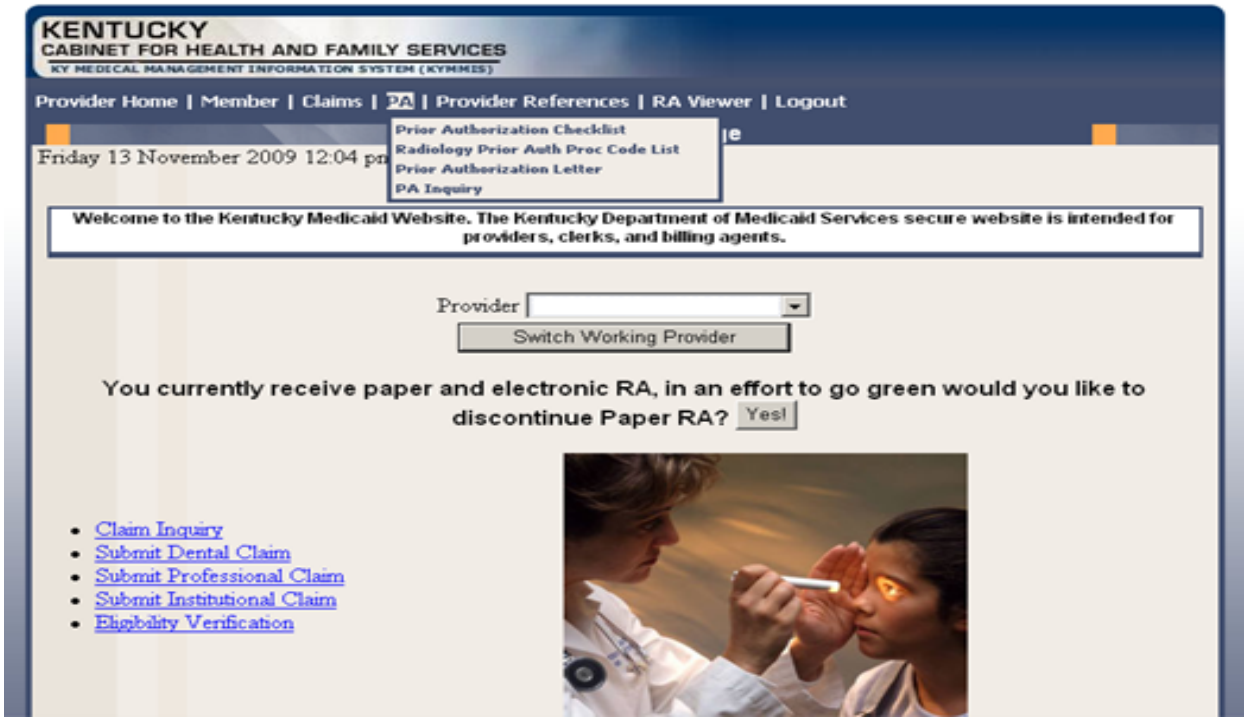
6 Spend down

1. Enter the Member ID or SSN# and click the “Search” button to find the spend down data.



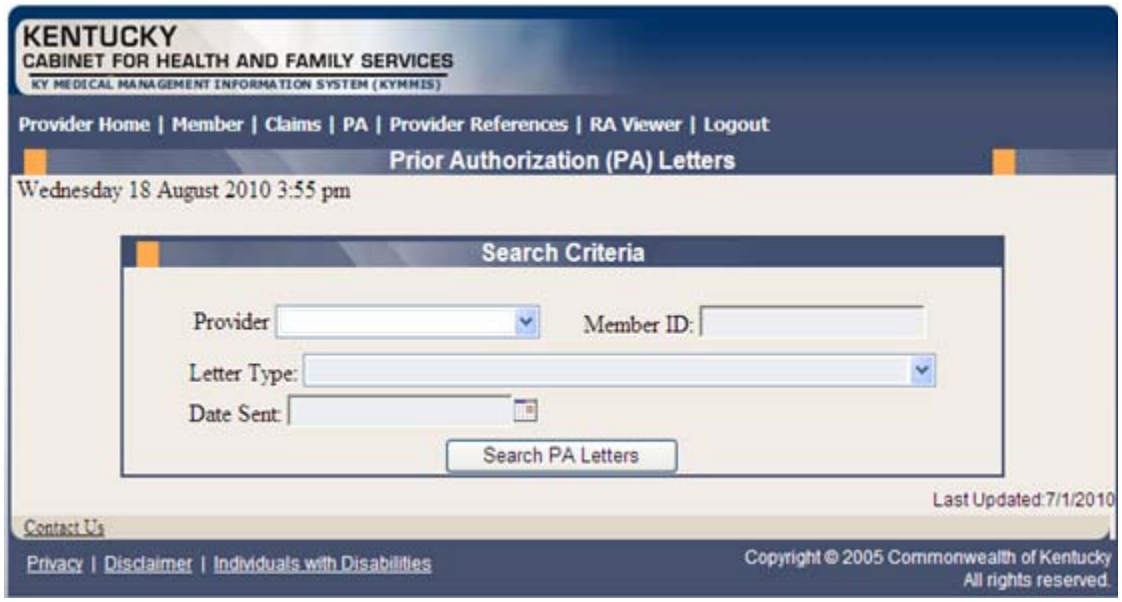


7 PA - Prior Authorization



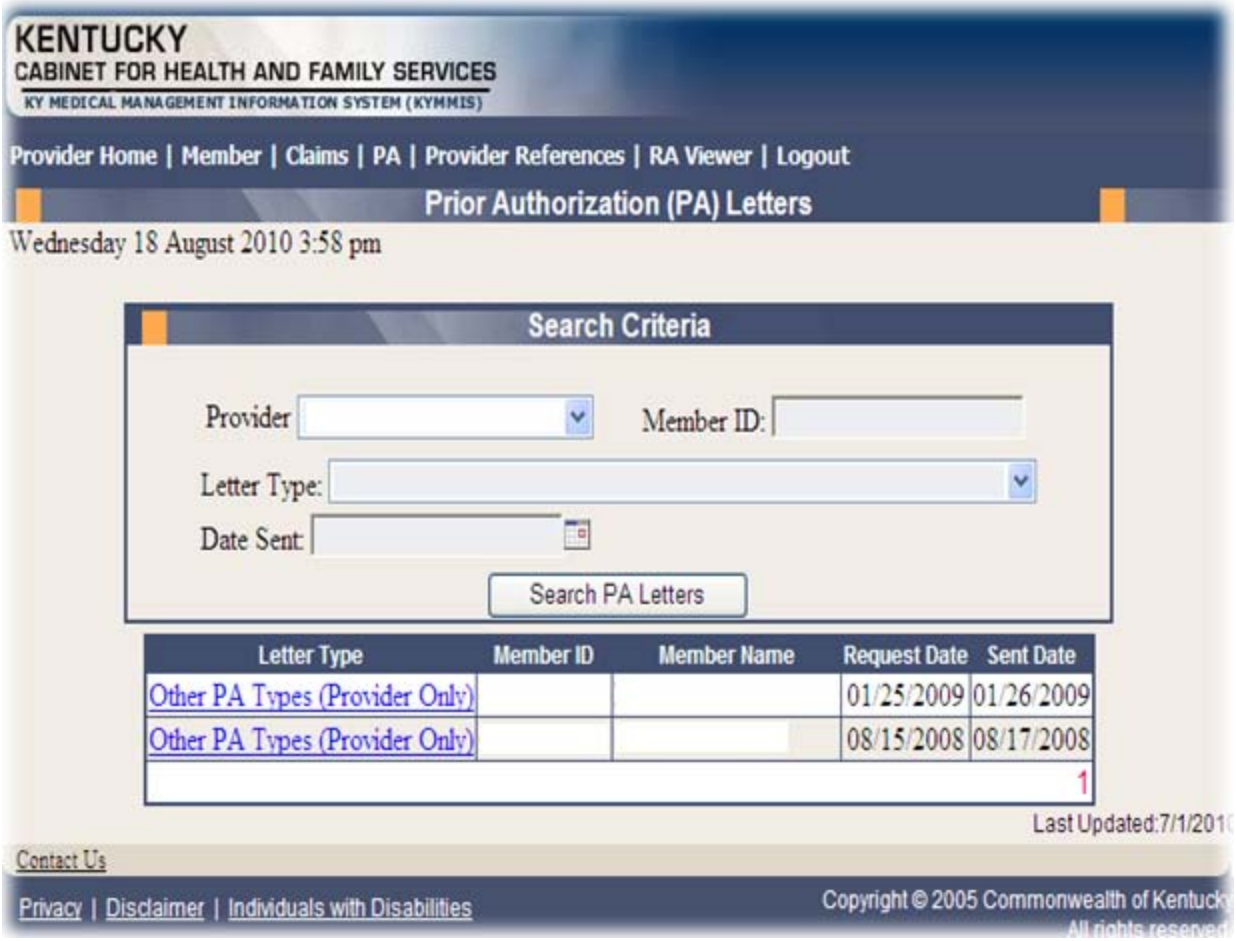
PA Letters

Search by provider only or by a specific member

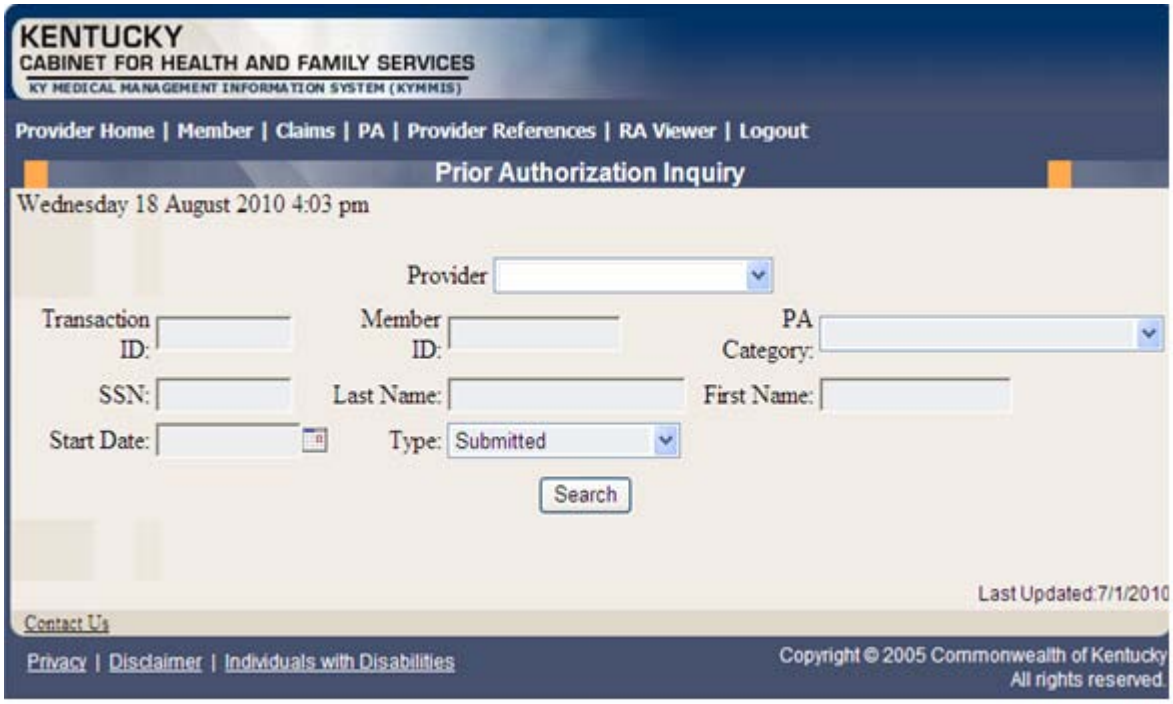


7.1 PA Letter list

Select the member letter under letter type



7.2 PA Inquiry



A PA search is completed by entering:

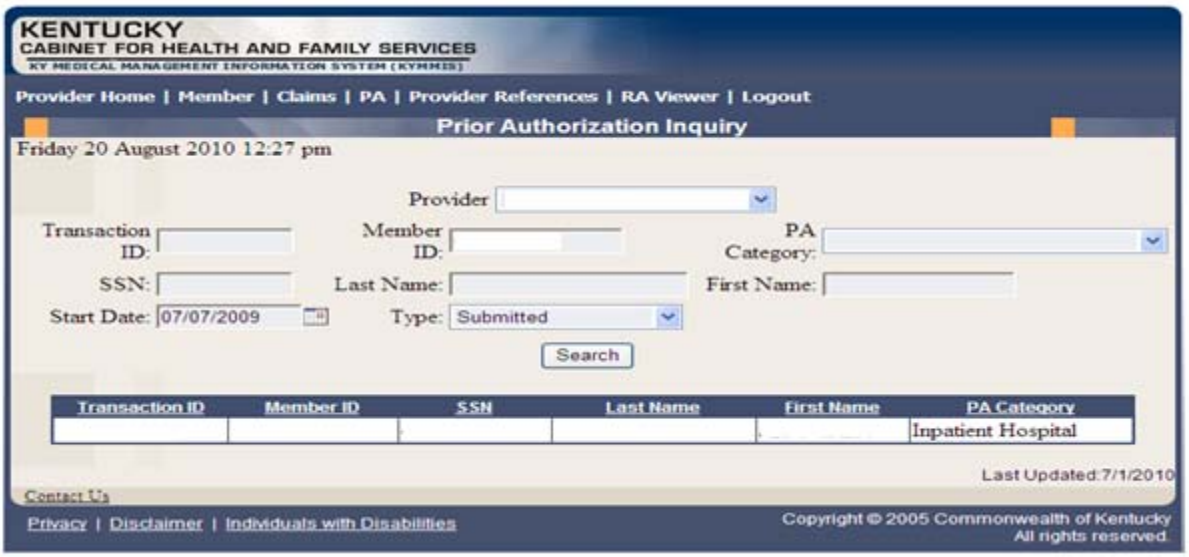
Transaction ID – is the PA number; or

Member ID; or

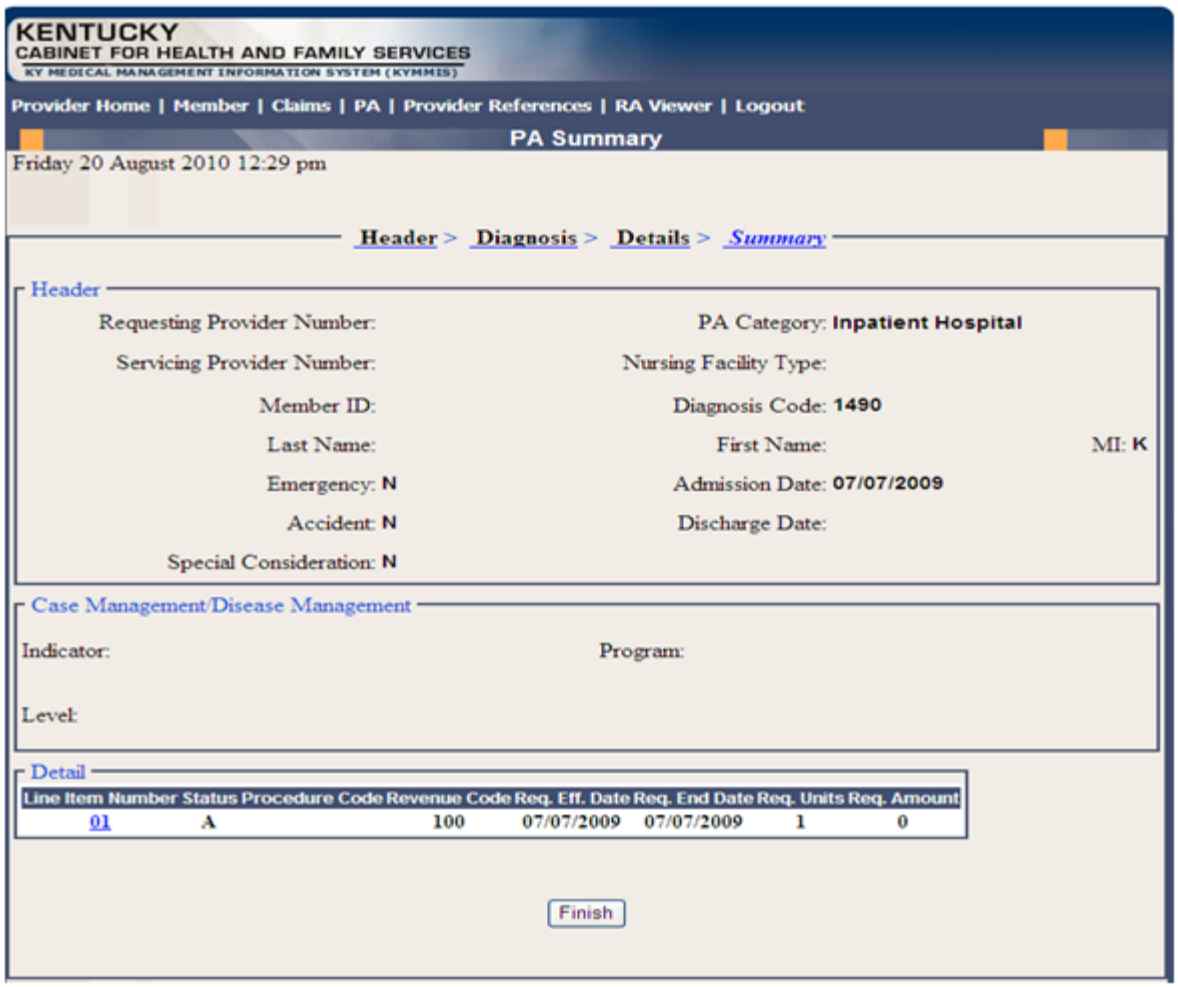
SSN; or

Name of member; or

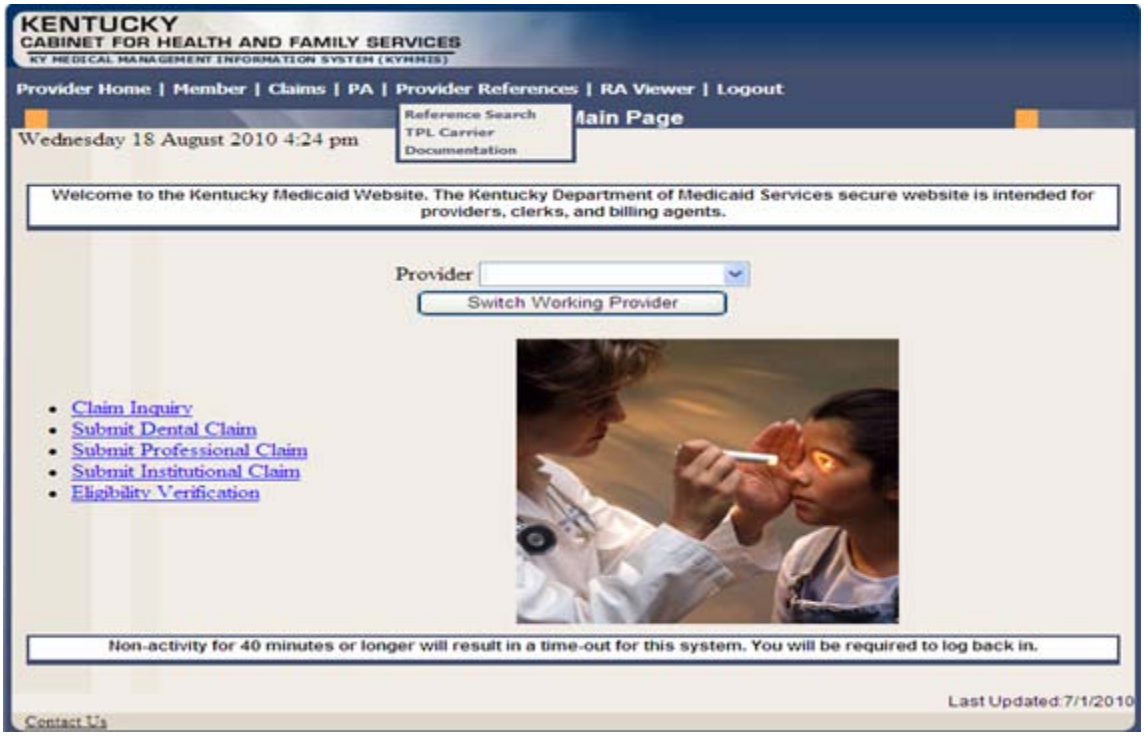
Start date is required with all search criteria



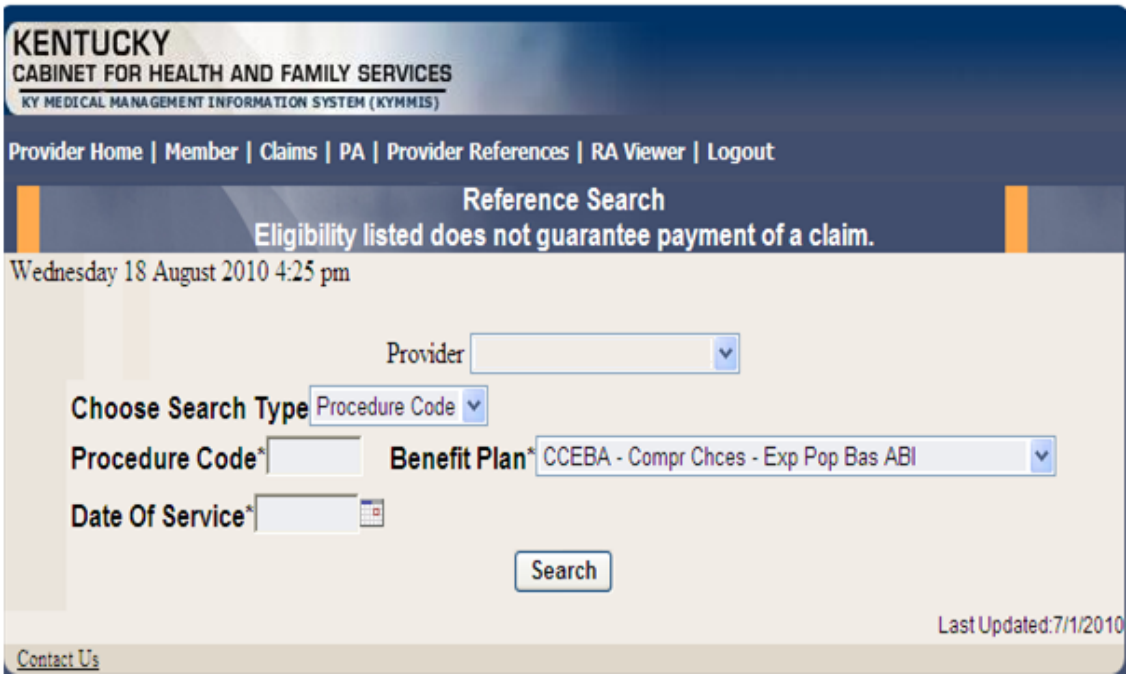
Selecting Search returns the Transaction ID, click to open the PA. Click on the next button to view the Summary page.



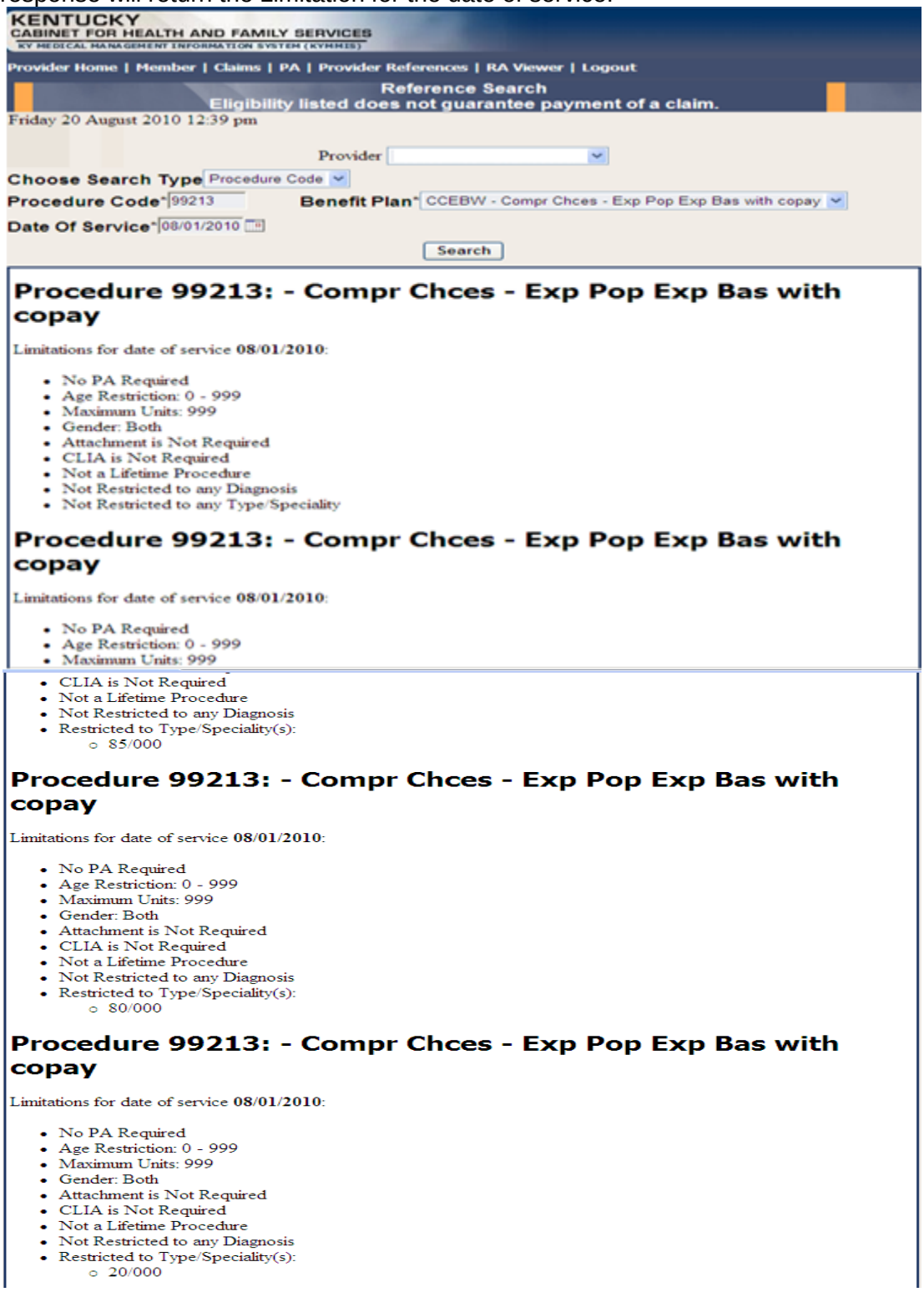
8 Provider References



8.1 Reference Search



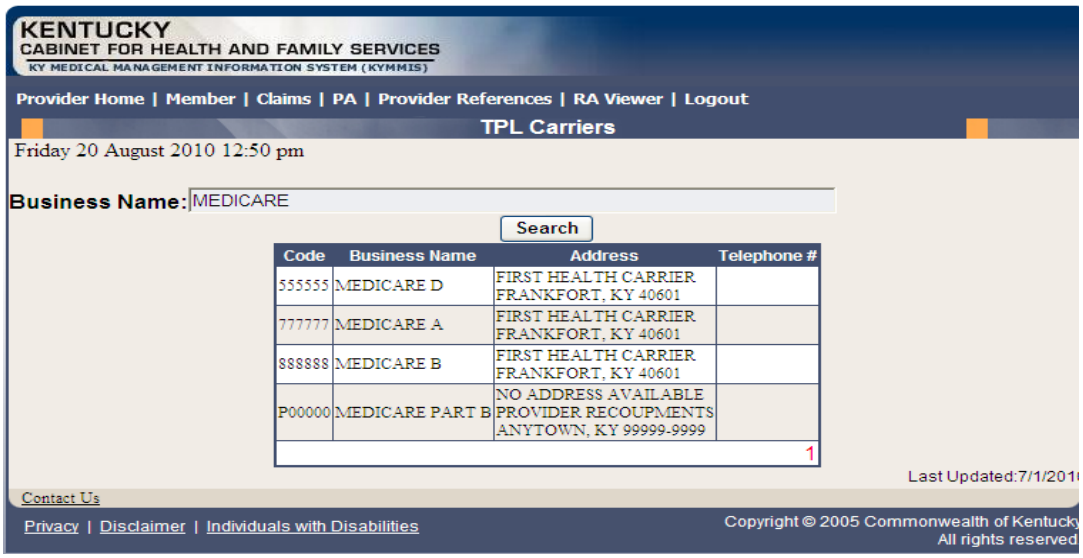
Enter the procedure code and date of service, select the Benefit Plan click Search. The response will return the Limitation for the date of service.



8.2 TPL Carriers

Enter a insurance company to find the mailing addresses Medicaid has on file.

Enter the TPL Carrier select Search; the response will return all carrier information on file.



8.3 Provider References Documentation

Select Documentation for additional provider resources available at www.kymmis.com

Kentucky.gov Search: Go Advanced Search

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

kymmis > Provider Relations : Index

Kentucky UNBRIDLED SPIRIT

Provider Resources

- Contact Information
- Forms
- F.A.Q.
- Provider Letters
- Provider Workshop
- HIPAA Status
- NPI
- Provider Billing Instructions
- DDE User Manuals
- Department for Medicaid Services
- Home
- Phone Directory
- Provider Directory
- Provider Relations
- Electronic Claims
- HIPAA
- Companion Guides
- Medicaid Preferred Drug List

Provider Relations is the first line contact for medical provider's questions. The area consists of trained, skilled staff who respond to both written and telephonic inquiries.

Please refer to the DMS Provider Enrollment website for specific forms and documentation required for enrollment.

The Provider Relations area is available for service 8:00 a.m. until 6:00 p.m. ET, Monday through Friday.

Page Updates

June 4, 2010
ATTENTION ALL PROVIDERS
On June 15, 2010 The Centers for Medicare & Medicaid Services (CMS) will host a national provider conference call on this important subject: "ICD-10 Implementation in a 5010 Environment".
It is very important that all providers be informed on this subject. You are strongly encouraged to access this link and learn how to register by June 14 to participate in this event.

Friday, February 12, 2010
Provider Representative Listing (PDF)

Thursday, October 22, 2009
Provider Representative Listing (PDF)

Tuesday, September 2, 2008
Provider Representative Listing (PDF)

Tuesday, May 6, 2008
FAQ regarding NPI Registration

Friday, April 25, 2008
NPI Readiness Letter

Tuesday, April 15, 2008
Provider Representative Listing (PDF)

Tuesday, April 1, 2008
EOB Codes Listing (PDF)

May 23, 2007
Changes Encountered with New MMIS (05/23/2007)
New CMS 1500 Claim Form for Atypical Providers (05/11/2007)
NPI Contingency for CMS-1500 (05/11/2007)
NPI Contingency for UB-04 (05/11/2007)
NPI Contingency for ADA (05/11/2007)

A78 Denied Claims
August 11, 2006
KyHealth Choices - Prior Authorization Requirements A-70.doc (08/10/06)
Frequently Asked Questions for the "Prior Authorization" Provider Letter Dated July 14, 2006 (07/31/06)
To help expedite prior authorization requests, see KyHealth Choices - Prior Authorization Information (08/02/06)

Includes:
- KyHealth Choices - Kentucky Medicaid Program Update **(07/14/06) - Information on new prior authorization requirements and the DMS Communication Resource Guide;**
- KyHealth Choices Prior Authorization Call Checklist **(08/02/06) - Instructions and interactive response prompts about your prior authorization requests; and**
- Radiology Services that Require Prior Authorization **(08/01/06).**

Thank you for your attention to this announcement

Contact Information
If you need assistance, contact us by sending an e-mail to the following address:
KY EDI HelpDesk

Last Updated 8/8/2005

Contact Us | Site Map

Privacy | Disclaimer | Individuals with Disabilities

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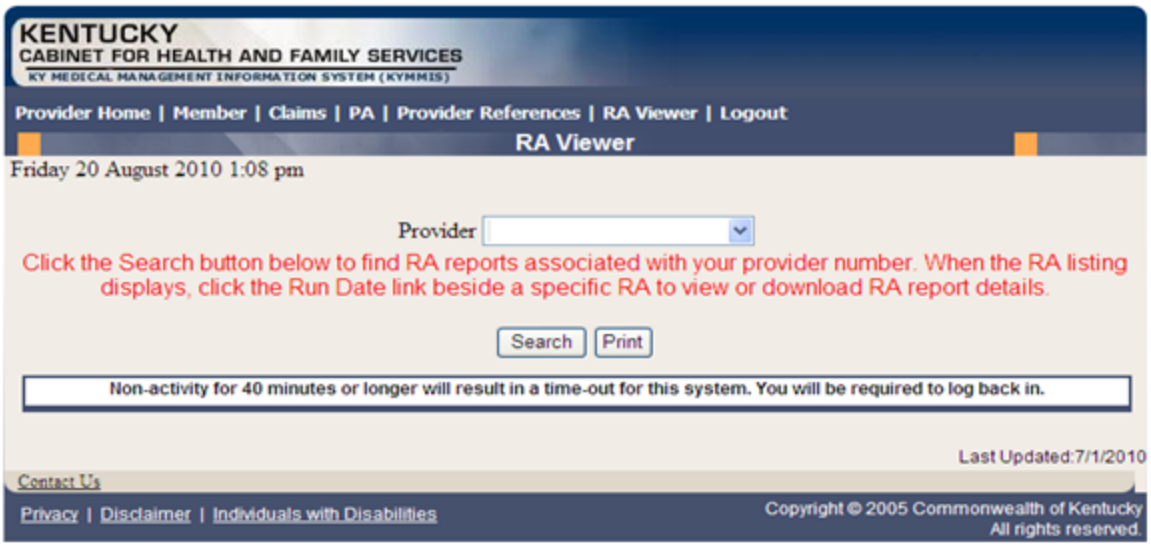
9 RA Viewer

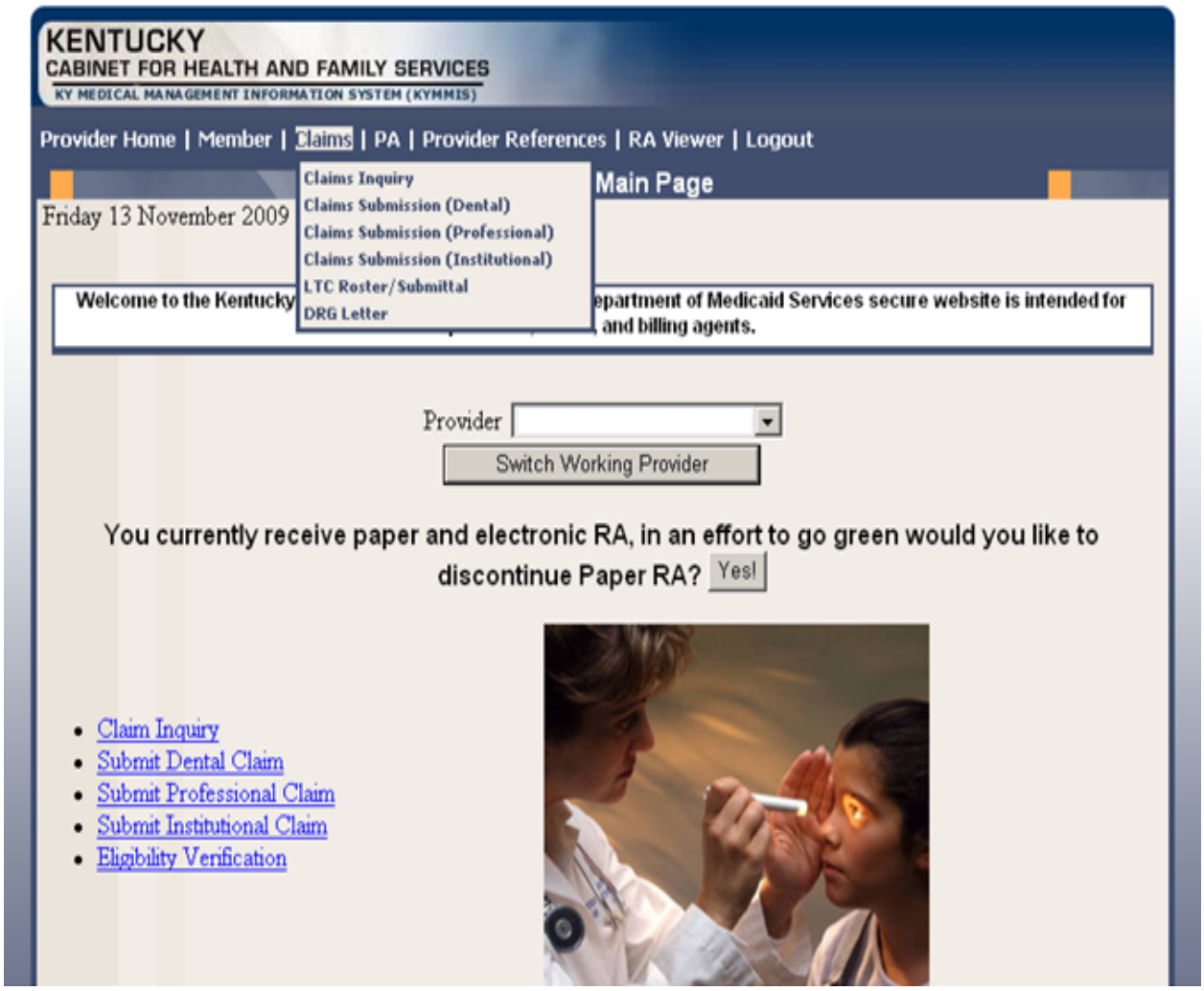
Click RA Viewer to review the remittance advice. RA Viewer holds 6 months of RA displaying the most current at the top of the screen. Each RA can be downloaded to the desktop or saved to a folder.

Verify the provider NPI and Taxonomy if using an agent or billing agent account. A drop down box is available for these accounts. Select the applicable provider to view.

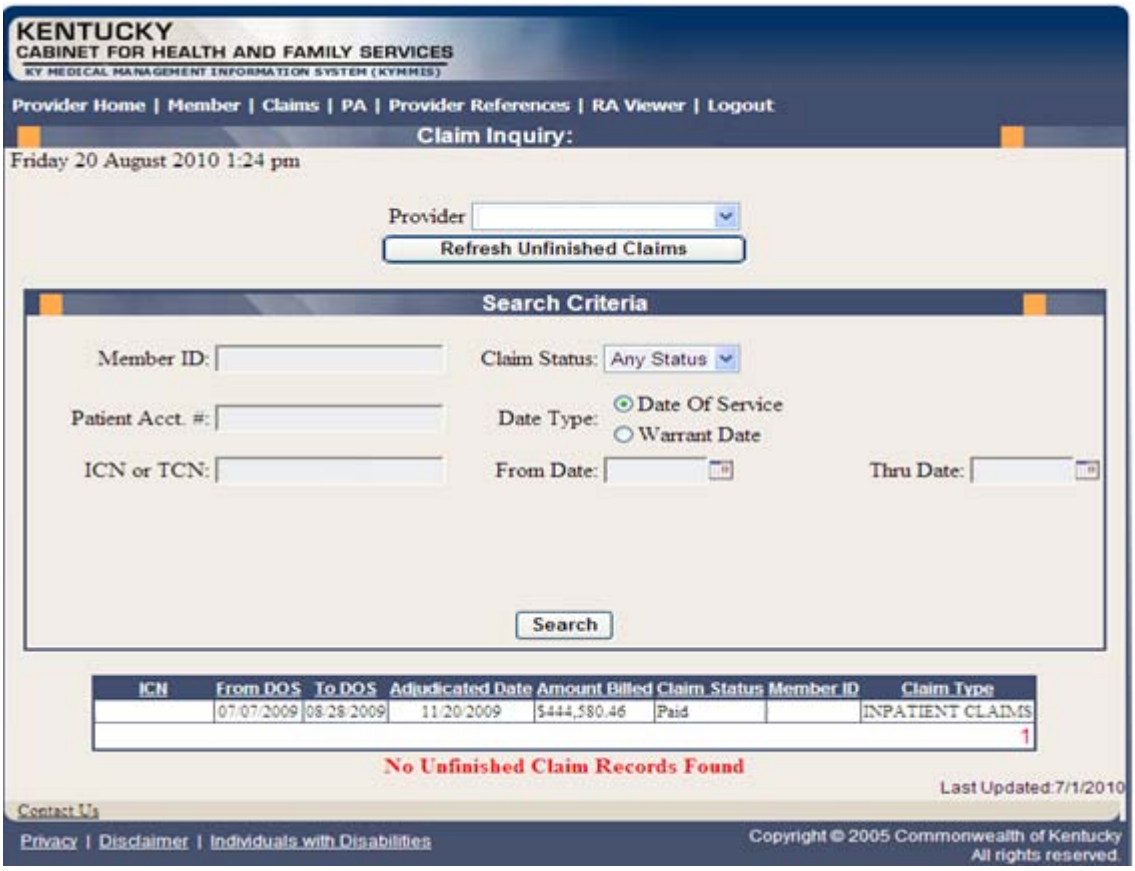


Select the applicable Run Date

9.1 Claims


KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)
Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
Claims Inquiry
Claims Submission (Dental)
Claims Submission (Professional)
Claims Submission (Institutional)
LTC Roster/Submittal
DRG Letter
Main Page
Friday 13 November 2009
Welcome to the Kentucky
epartment of Medicaid Services secure website is intended for
and billing agents.
Provider
Switch Working Provider
You currently receive paper and electronic RA, in an effort to go green would you like to discontinue Paper RA?
Yes!
Claim Inquiry
Submit Dental Claim
Submit Professional Claim
Submit Institutional Claim
Eligibility Verification

9.2 Claim Inquiry:



Select the applicable NPI and Taxonomy if using an agent or billing agent account.

Enter Member ID and From Date/Thru Date or Patient Acct #

ICN – Enter ICN and remove From Date/Thru Date

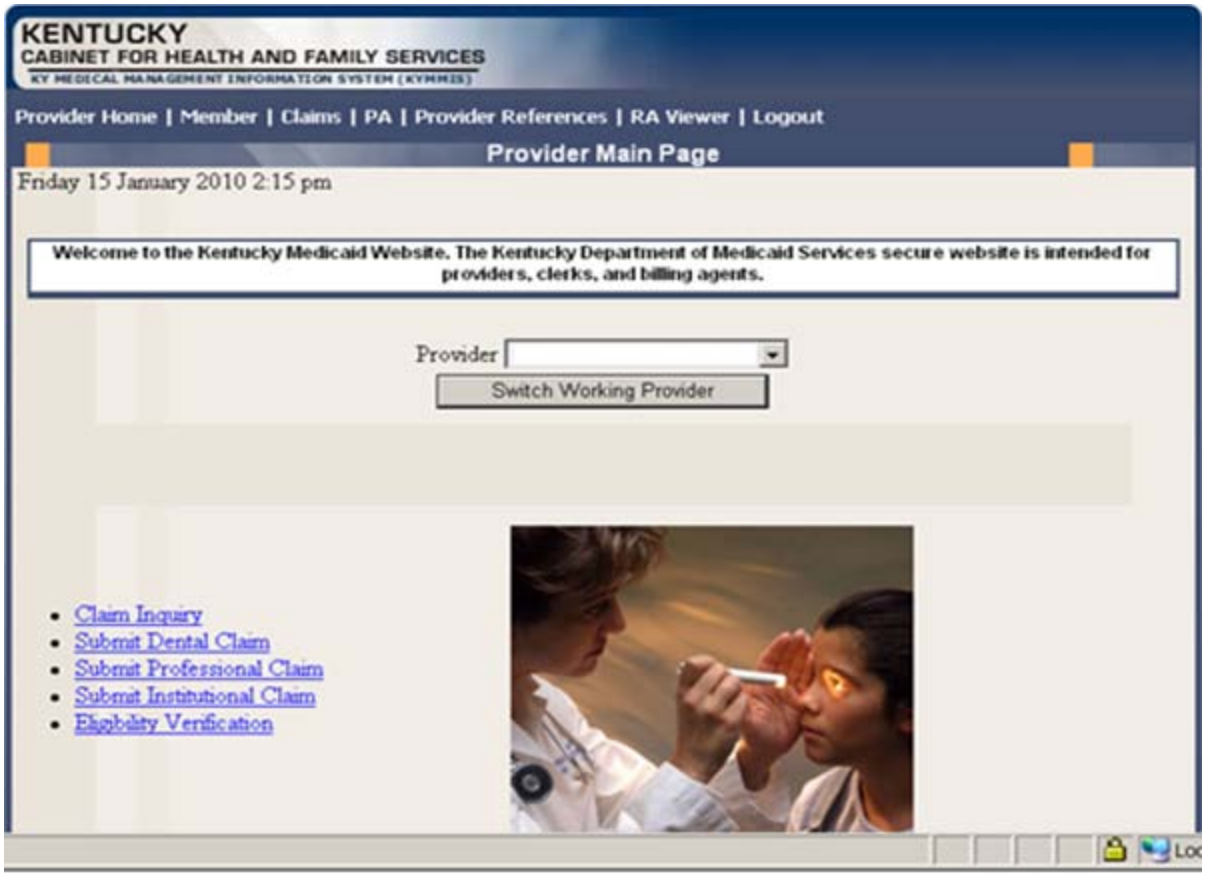
Claim Status – Any Status, Paid, Denied and Suspended

Date of Service – is a search for claim using the dates of service entered or

Warrant Date – Warrant Date should read as RA date

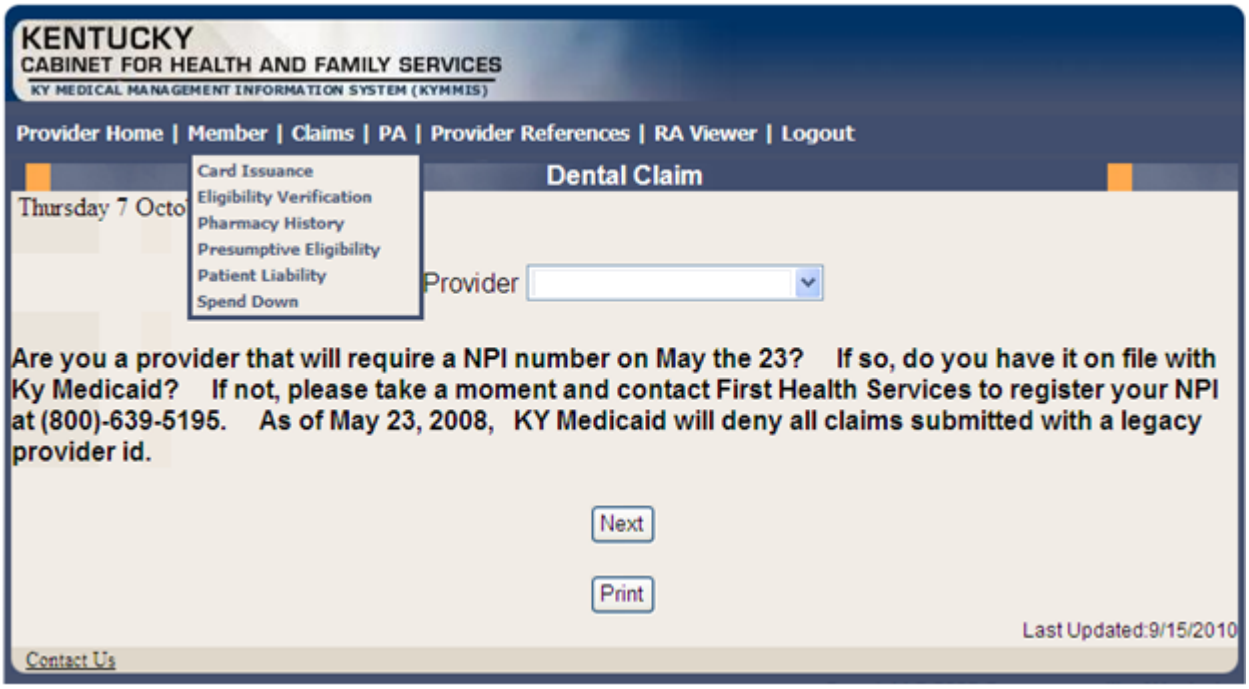
Unfinished claims – is a claim not completed but save for future submission

9.3 Submitting Dental Claim



9.4 Verify Provider Box

Verify the correct NPI and taxonomy display; click on next



9.5 Dental Claim

9.5.1.1 Dental Claim Header

First Column Billing Information

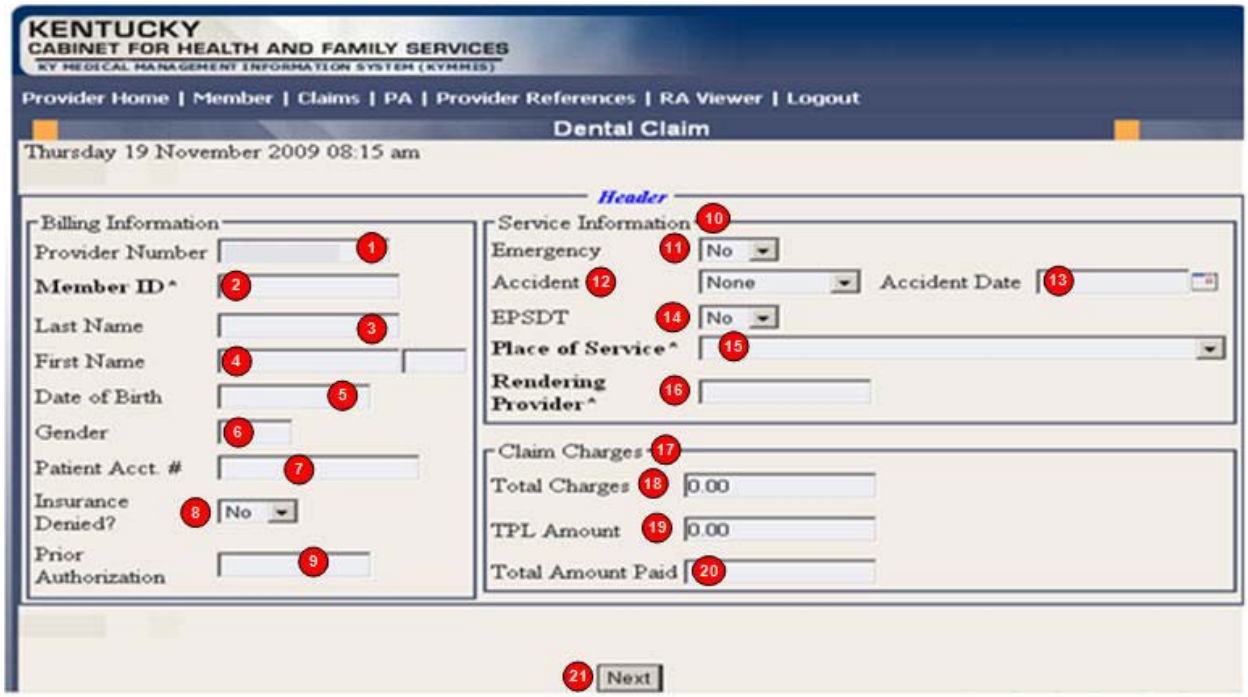
Second Column Service Information

Please follow Billing Instructions for Claim type when completing fields.

Appendix B: Web site link for All Medicaid Billing Instructions

Below are instructions for completing the fields

9.5.1.2 Below this screen are instructions for filling in the blocks

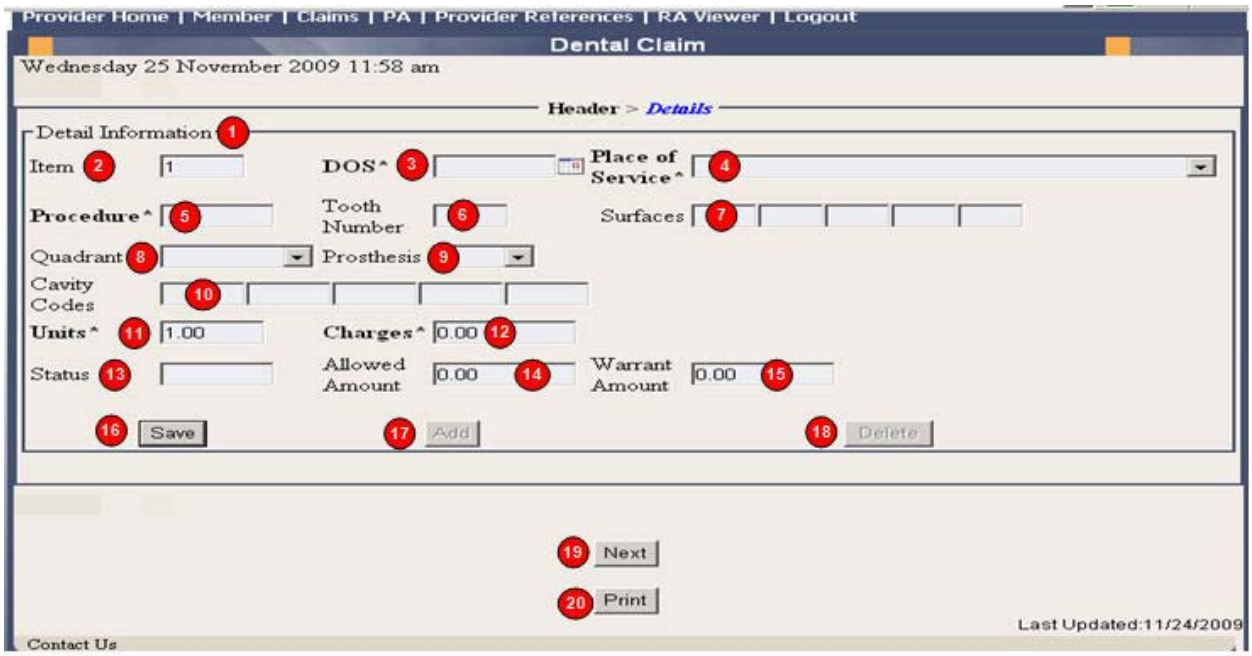


Field#	Field Description	Definition of Field Description
1	Provider Number	Enter the Kentucky Health Choices NPI number. This field is auto-populated based on the previous screen selection.
2	Member ID*	Enter the Member's Kentucky Health Choices ID number. The * indicates that this is a mandatory field.
3	Last Name	The member's Last name. This field is auto-populated after the member number is entered.
4	First Name	The member's First name. This field is auto-populated after the member number is entered.

Field#	Field Description	Definition of Field Description
5	Date of Birth	The member's date of birth. This field is auto-populated after the member number is entered.
6	Gender	The member's Gender. This field is auto-populated after the member number is entered.
7	Patient Account #	Enter the provider-assigned patient account number. This field is optional.
8	Insurance Denied?	Paper bill with attachment
9	Prior Authorization	If the service requires Prior Authorization, enter the 10 digit PA number here.
10	Service Information	Identifies the "Service Information" section of the Header screen.
11	Emergency	If the service is the result of an emergency, choose "yes" from the drop down menu. If not, leave the default selection, "no."
12	Accident	If the service is the result of an accident, choose the type of accident from the drop down menu. If not, leave the default selection, "none."
13	Accident Date	If anything other than "none" is selected from the Accident drop down menu, enter the date of the accident. If a date is entered indicating an accident, the claim must be filed on paper rather than electronic.
14	EPSDT	If the service is the result of an EPSDT screening, choose "yes" from the drop down menu. If not, leave the default selection, "no."
15	Place of Service	Select the appropriate Place of Service from the drop down menu.
16	Rendering Provider	Select the Kentucky Health Choices rendering NPI number and matching taxonomy that is in the drop down box. The * indicates that this is a mandatory field.
17	Claim Charges	Identifies the "Claim Charges" section of the Header screen.
18	Total Charges	This field will be auto-populated after detail charges are entered in the detail screen.
19	TPL Amount	This field will be auto-populated after detail TPL payments are entered in the detail screen.
20	Total Amount Paid	This field will be auto-populated after all charges and payments are entered in the detail screen.
21	Next	Click the Next button to continue to the detail screen.

9.5.1.3 Dental Claim Detail Screen

Below are instructions for filling in the fields.



Field#	Field Description	Definition of Field Description
1	Detail Information	Identifies this as the “Detail Information” section of the Details screen.
2	Item	Line number of the detail. This field is auto-populated.
3	DOS*	Enter the date the service was provided. The * indicates that this field is required.
4	Place of Service	Select the appropriate place of service from the drop down menu.
5	Procedure*	Enter the ADA procedure code that identifies the service provided. The * indicates that this field is required.
6	Tooth Number	Enter the tooth number on which the procedure was performed (if applicable).
7	Surfaces	Enter the tooth surface on which the procedure was performed (if applicable).
8	Quadrant	Use the drop down menu to select the quadrant, if applicable.
9	Prosthesis	Use the drop down menu to select the prosthesis, if applicable.
10	Cavity Codes	Enter Arch code
11	Units*	Enter the number of units (1 is the default value). The * indicates that this field is required.

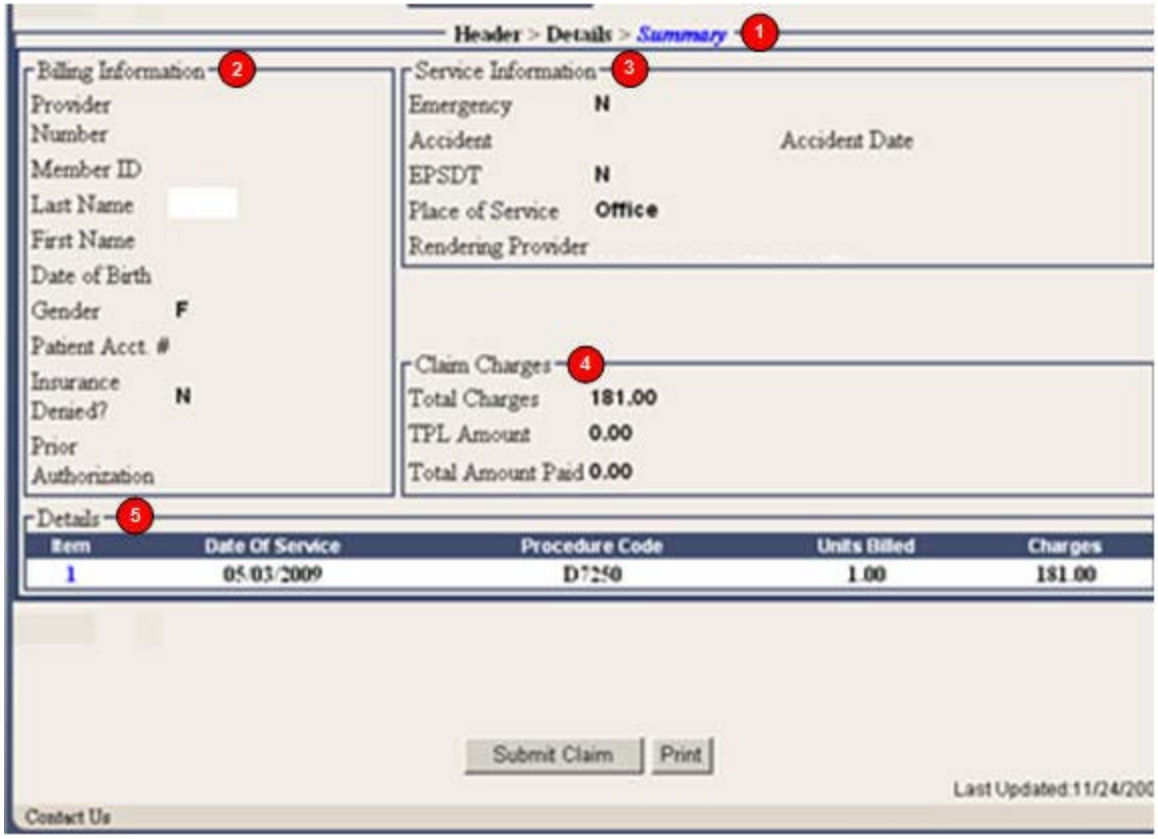
Field#	Field Description	Definition of Field Description
12	Charges*	Enter the usual and customary charge for the procedure. The * indicates that this field is required.
13	Status	Status of the claim (if you are accessing a previously submitted claim).
14	Allowed Amount	The amount allowed by Kentucky Health Choices (paid claims only).
15	Warrant Amount	Total amount of the check.
16	Save	Saves the detail line on the claim.
17	Add	Allows user to add an additional detail line.
18	Delete	Allows user to remove the detail line previously entered.
19	Next	Click on next to continue to the detail screen.
20	Print	Allows user to print this screen.

9.5.1.4 Dental Summary Screen

Below are instructions for filling in the fields.

Verify the Summary and Click on “Submit Claim”.

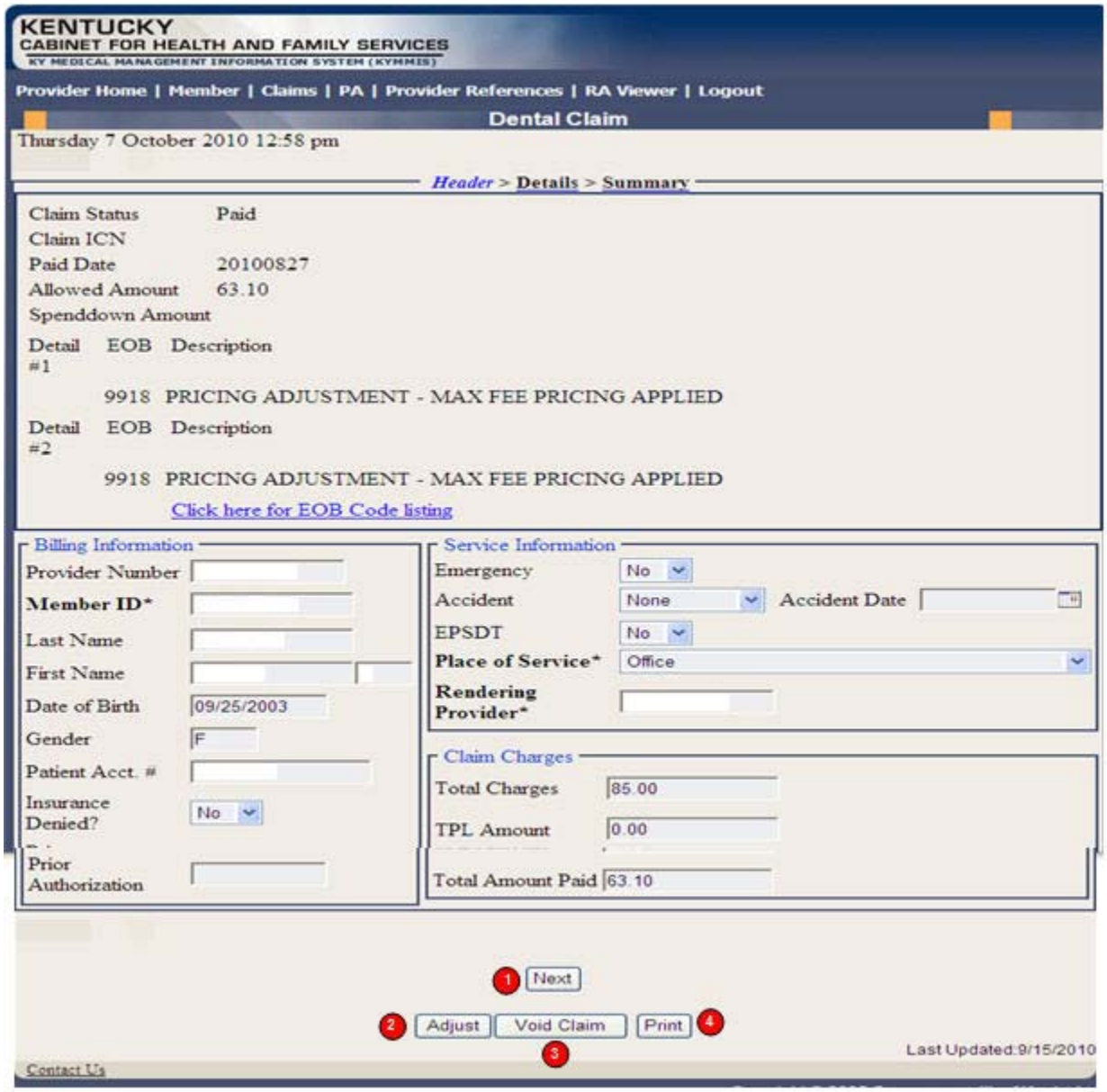
Options are at the bottom of each claim to void claim, adjust claim, and submit claim and print claim.



Field#	Field Description	Definition of Field Description
1	Summary	Identifies this as the “Summary” screen.
2	Billing Information	Identifies this section as the “Billing Information” section of the Summary screen.
3	Service Information	Identifies this section as the “Service Information” section of the Summary screen.
4	Claim Charges	Identifies this section as the “Claim Charges” section of the Summary screen.
5	Details	Identifies this section as the “Details” section of the Summary screen. (Click on the Detail number to return to that detail).

9.5.1.5 Adjust or Void Claim Screen

To adjust or void a paid claim select Claims Inquiry enter member information and dates of service or enter the ICN of the claim. Click on the Next button to advance, correct the information. Save the updated information then click on the Adjust button. To Void a claim follow the same process to find the claim then select the Void button. If the claim does not show a Adjust or Void Claim button the claim was previously adjusted or void.



Field#	Field Description	Definition of Field Description
1	Next	Will navigate the user through the claim.
2	Adjust	To adjust a paid claim make the correction and click save when a save button is available.
3	Void Claim	To reverse a paid claim click on Void.
4	Print	Allows user to print this screen.

Appendix A:

9.5.2 Forms

Web site link for blank PIN Release form:

www.kymmis.com

Click on electronic claims

Click on frequently asked questions

Read *What is KYHealthnet*

Click on link for PIN Release Form

9.5.3 Billing Instructions

www.kymmis.com

Click on Provider Relations

Click on Billing Instructions

Click on Dental

.