



# Turquoise Claims System

## Dental Claims

### Participant User Guide

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## 1 Introduction

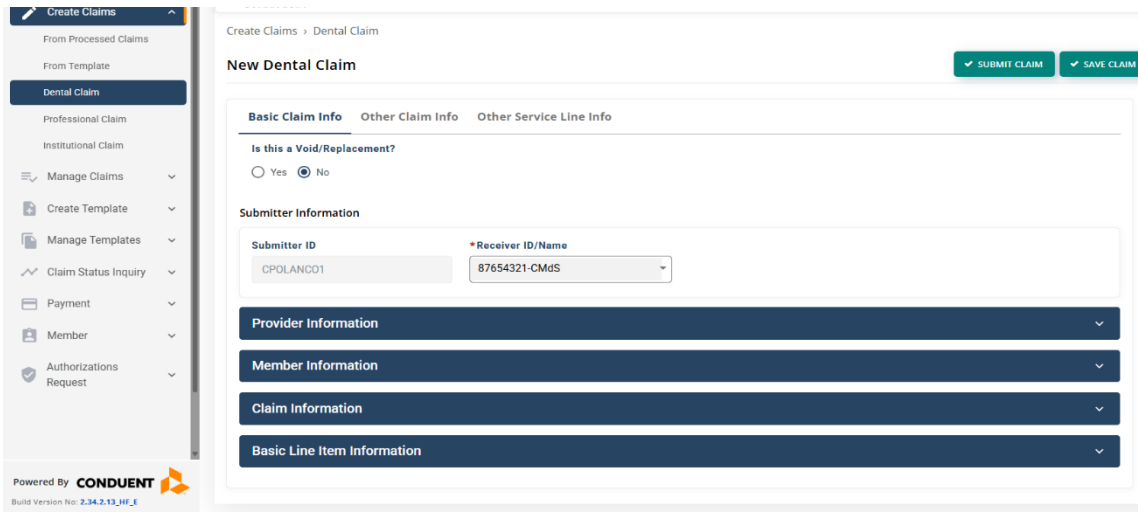
Users have the option to complete and submit dental claim forms securely through the Turquoise Claims system. A dental claim, in the context of Medicaid Provider Services, is the specific HIPAA-compliant 837D form that contains:

- The day, month, and year the service was provided.
- The name, identification number, and location of the provider rendering the service.
- The description of the service rendered using the universal identifying procedure code, as designated by the CMS Commissioner; includes substantiation of medical necessity, appropriateness of service and an applicable authorization number, if required.
- Member’s identification number, name, address, and date of birth.

Once a claim is submitted, it is routed through a HIPAA-compliant transaction process and is processed and adjudicated. The system displays a confirmation screen. This screen shows claim information and adjudication results, as well as any explanation of benefits (EOB) codes that may have been posted to the claim. If the claim was denied, you can quickly and easily correct and resubmit a new claim. Once a claim has been created, make sure to save your progress if the claim is not ready to submit or you may lose your data.

## 2 Claim Entry Page

The Claim Entry page will display all the fields required as per HIPAA. Field names marked with a red asterisk (\*) on the Claim Entry page are required fields.



The screenshot shows the 'New Dental Claim' form. On the left is a navigation menu with options like 'Create Claims', 'From Processed Claims', 'From Template', 'Dental Claim', 'Professional Claim', 'Institutional Claim', 'Manage Claims', 'Create Template', 'Manage Templates', 'Claim Status Inquiry', 'Payment', 'Member', and 'Authorizations Request'. The main form area is titled 'New Dental Claim' and has 'SUBMIT CLAIM' and 'SAVE CLAIM' buttons. It contains several sections: 'Basic Claim Info' with a question 'Is this a Void/Replacement?' (radio buttons for Yes and No, with No selected); 'Submitter Information' with a text field for 'Submitter ID' (value: CPOLANCO1) and a dropdown for 'Receiver ID/Name' (value: 87654321-CMds); and five expandable sections: 'Provider Information', 'Member Information', 'Claim Information', and 'Basic Line Item Information'. At the bottom left, it says 'Powered By CONDUENT' and 'Build Version No: 2.34.2.13\_HH\_E'.

The Claim Entry page has three tabs:

The **Basic Claim Info** tab provides a comprehensive overview of essential claim details, including information about the healthcare provider, the member (patient), the claim itself, and related clinical and billing data. This includes diagnosis codes, procedure codes, and basic line item information that outlines the specific services rendered and charges associated with each.

The **Other Claim Info** tab contains additional claim details that go beyond the basics, including specialized services, pricing and repricing information, contract details, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) referrals. It also captures data about various providers involved in the patient's care, such as the service facility, primary care provider, and supervising provider, as well as coordination of benefits with other insurers.

The **Other Service Line Info** tab provides detailed information for each individual service line item on the claim, going beyond the basics captured elsewhere. It includes specific provider details as well as service line-level data from other payers, offering a more granular view of how each service was processed and reimbursed.

## 2.1 Guidelines for Completing the Information on the Tabs

Remember the following when completing information on the tabs:

- Enter dates in the format, MM/DD/YYYY.
- If an amount includes cents, you must enter the decimal point.
- Some panels or sections on a tab are closed by default. Fields in these panels are optional. However, if you do open a closed panel and enter data in a field, then all required (\*) fields in that panel must be completed.
- In some panels, existing information is displayed in a table. To update existing information, click the appropriate table row. To add information to a table, click the appropriate add button.
- Answer questions 'Yes' or 'No' where indicated to display or hide additional fields, as needed.
- Use the **Reset** button instead of the **ESC** button or **Backspace** button when clearing data.

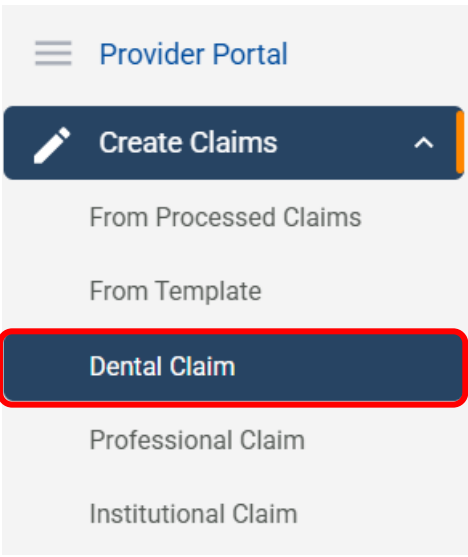
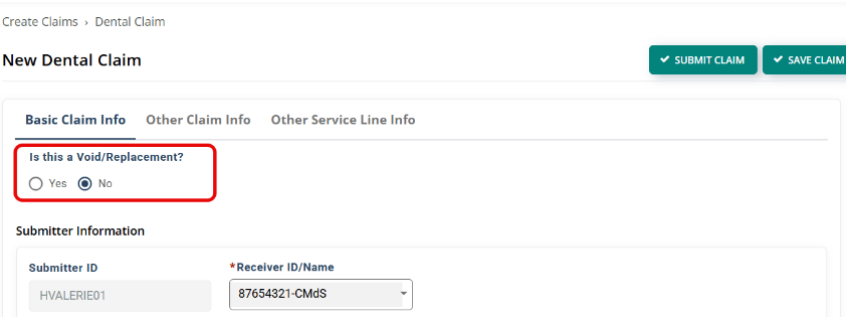
### 3 Creating a Dental Claim

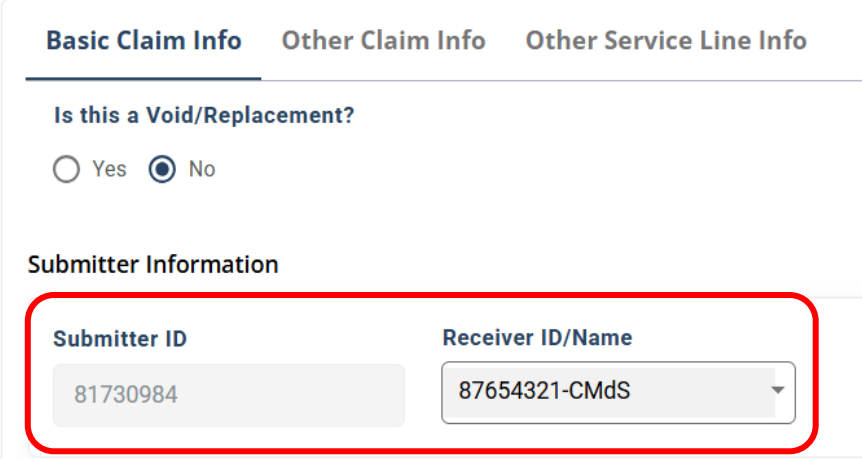
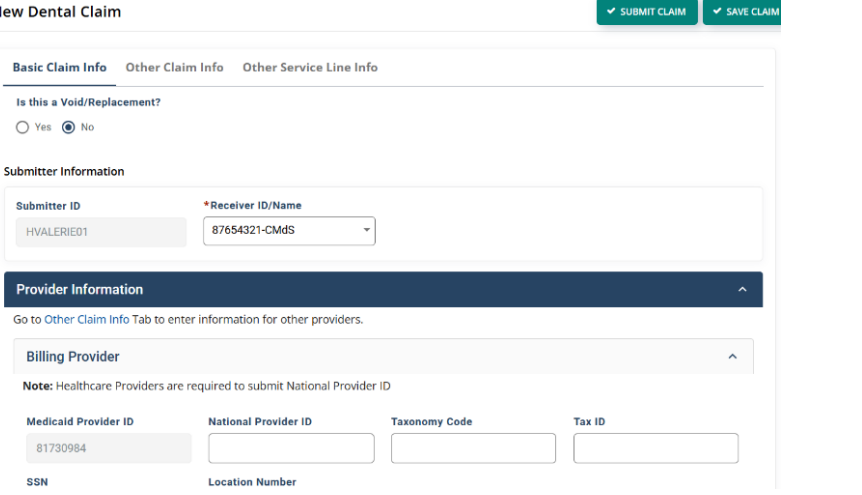
You can submit dental claims in the following ways:

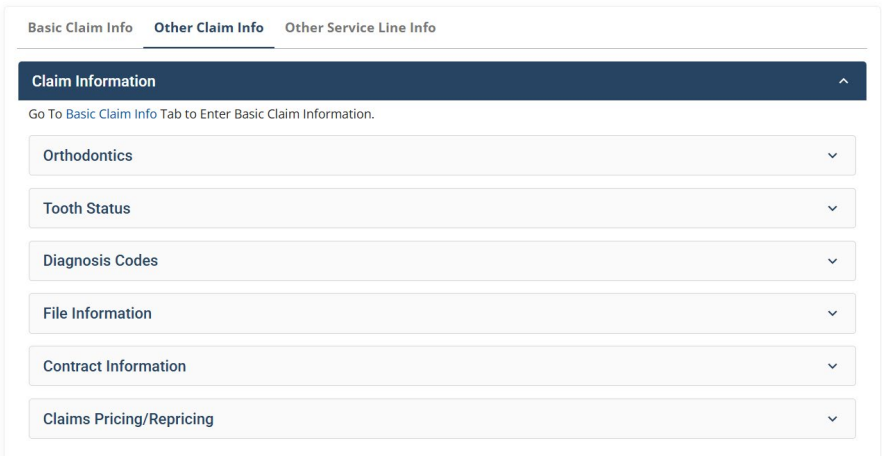
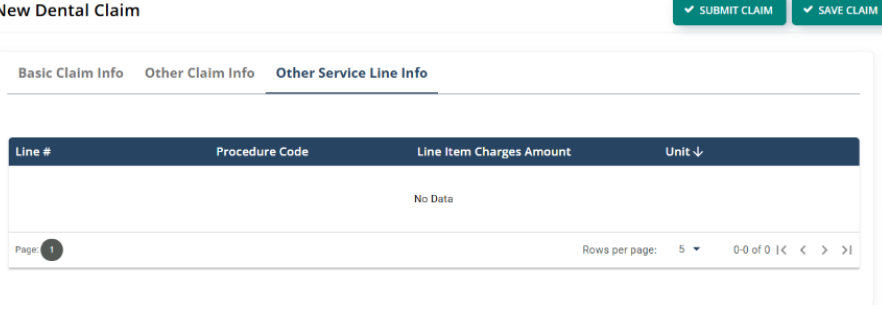
- Creating a New Claim
- Creating a New Claim from a Processed Claim
- Creating a New Claim from an Existing Template

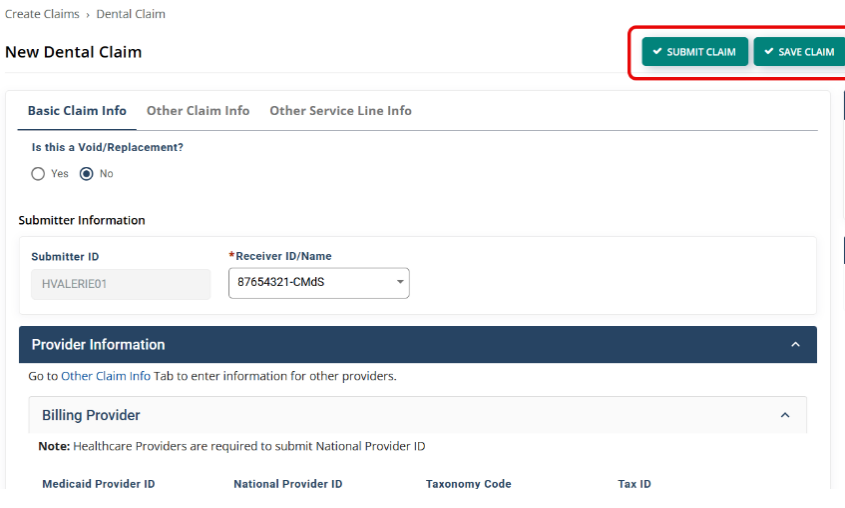
#### 3.1 Creating a New Dental Claim

To create a new Dental Claim, complete the following steps:

Step	Screenshot
<p>1. From the <b>Create Claims</b> menu, select the <b>Dental Claim</b> type.</p>	 <p>The screenshot shows the 'Provider Portal' navigation menu. Under the 'Create Claims' dropdown, several options are listed: 'From Processed Claims', 'From Template', 'Dental Claim' (highlighted with a red box), 'Professional Claim', and 'Institutional Claim'.</p>
<p>2. On the <b>New Dental Claim</b> page, under the <b>Basic Claim Info</b> tab, system defaults to 'No' for <i>Is this a Void/Replacement?</i></p>	 <p>The screenshot shows the 'New Dental Claim' form. The 'Basic Claim Info' tab is active. The field 'Is this a Void/Replacement?' has radio buttons for 'Yes' and 'No', with 'No' selected. Below this, the 'Submitter Information' section shows 'Submitter ID' as HVALERIE01 and 'Receiver ID/Name' as 87654321-CMdS.</p>

Step	Screenshot
<p>3. The <b>Submitter ID</b> and the <b>Receiver ID/Name</b> fields are automatically populated by the system.</p> <p>The <b>Submitter ID</b> is the Medicaid ID of the entity submitting the claim.</p> <p>The <b>Receiver ID/Name</b> field identifies the entity receiving the submitted claim.</p>	 <p>The screenshot shows the 'Basic Claim Info' tab selected. Under the heading 'Is this a Void/Replacement?', the 'No' radio button is selected. Below this, the 'Submitter Information' section contains two input fields: 'Submitter ID' with the value '81730984' and 'Receiver ID/Name' with a dropdown menu showing '87654321-CMdS'. A red rectangular box highlights these two fields.</p>
<p>4. Complete the required fields on the <b>Basic Claim Info</b> tab. These fields would be tagged with a red asterisk (*). Certain services require additional information to be entered on the <b>Other Claim Info</b> tab.</p>	 <p>The screenshot shows the 'New Dental Claim' form. At the top right, there are 'SUBMIT CLAIM' and 'SAVE CLAIM' buttons. The 'Basic Claim Info' tab is active. Under 'Is this a Void/Replacement?', 'No' is selected. In the 'Submitter Information' section, 'Submitter ID' is 'HVALERIE01' and '*Receiver ID/Name' is '87654321-CMdS'. Below this is the 'Provider Information' section, which is collapsed. A note states: 'Note: Healthcare Providers are required to submit National Provider ID'. Below the note are fields for 'Medicaid Provider ID' (81730984), 'National Provider ID', 'Taxonomy Code', and 'Tax ID'. At the bottom, there are fields for 'SSN' and 'Location Number'.</p>

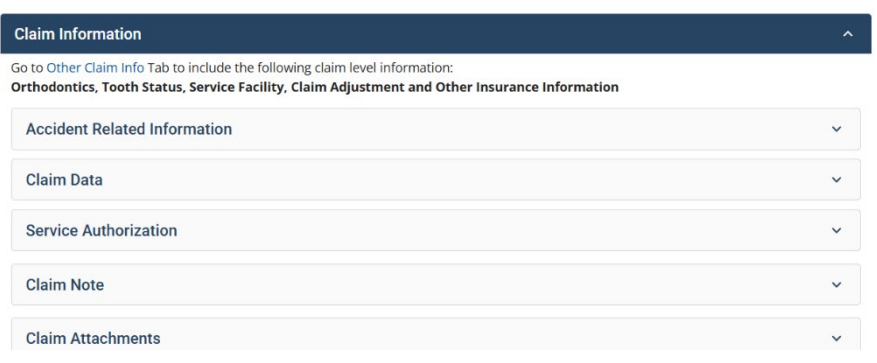
Step	Screenshot
<p>5. Complete the required fields on the <b>Other Claim Info</b> tab, as applicable.</p> <p><b>Notes:</b> <i>Contract Information and File Information are not currently being utilized.</i></p> <p><i>Claims Pricing and Repricing will be filled out only when pricing/repricing information needs to be reported on the claim that a third-party insurance company has provided. This is only used for reporting on a third party adjudicated claim if needed.</i></p>	
<p>6. The <b>Other Services Line Info</b> tab returns the line information entered and is for viewing only. Any edits need to be made on the <b>Basic Claim Info</b> page.</p>	

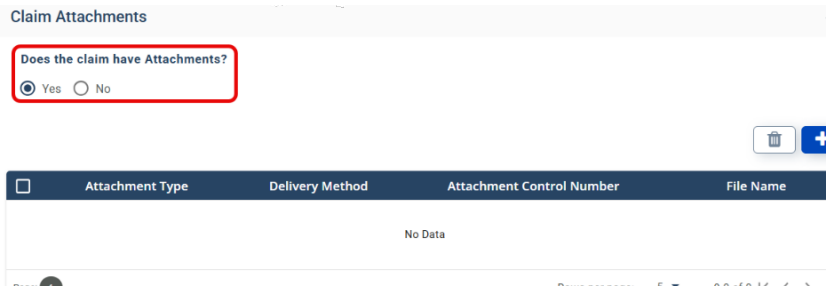
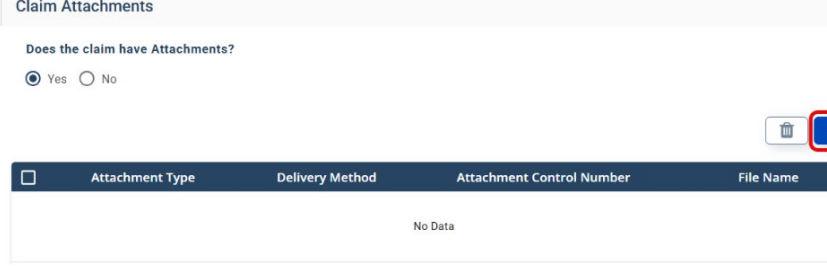
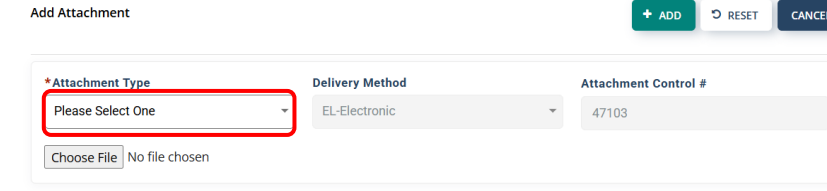
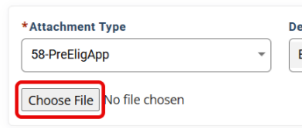
Step	Screenshot
<p>7. Select either the <b>Submit Claim</b> or the <b>Save Claim</b> button, depending on whether you want to submit a completed claim or save an in-progress claim.</p>	 <p>Create Claims &gt; Dental Claim</p> <p>New Dental Claim</p> <p>Basic Claim Info Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIE01 Receiver ID/Name: 87654321-CMdS</p> <p>Provider Information</p> <p>Go to Other Claim Info Tab to enter information for other providers.</p> <p>Billing Provider</p> <p>Note: Healthcare Providers are required to submit National Provider ID</p> <p>Medicaid Provider ID National Provider ID Taxonomy Code Tax ID</p>

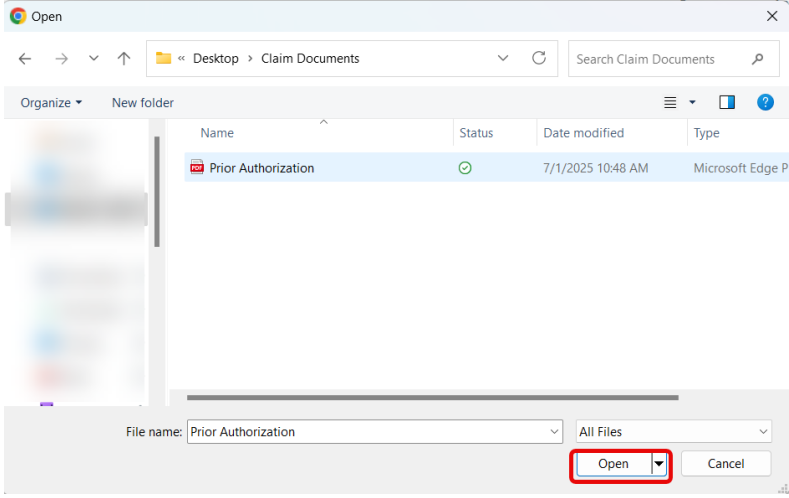
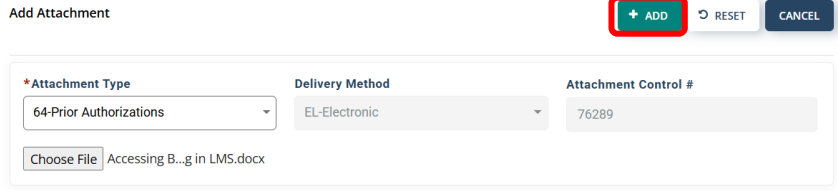

### 3.1.1 Attaching a Document During Claim Entry

You can attach documents stored on your local computer to a claim form. While entering claim information on the Basic Claim Info tab, you will have the option to add attachments. There is a 10MB attachment size limit and a maximum of 10 attachments can be added at a time. If more attachments are needed, save and exit the claim, then reopen it to add additional files.

To attach a document during claim entry, complete the following steps:

Step	Screenshot
<p>1. On the <b>Basic Claim Info</b> tab, expand the <b>Claim Information</b> panel.</p>	 <p>Claim Information</p> <p>Go to Other Claim Info Tab to include the following claim level information: Orthodontics, Tooth Status, Service Facility, Claim Adjustment and Other Insurance Information</p> <p>Accident Related Information</p> <p>Claim Data</p> <p>Service Authorization</p> <p>Claim Note</p> <p>Claim Attachments</p>

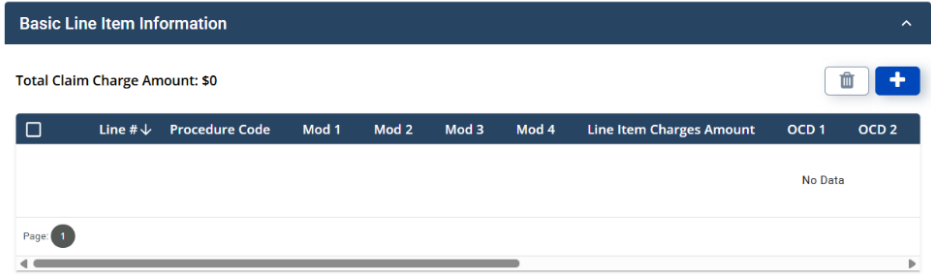
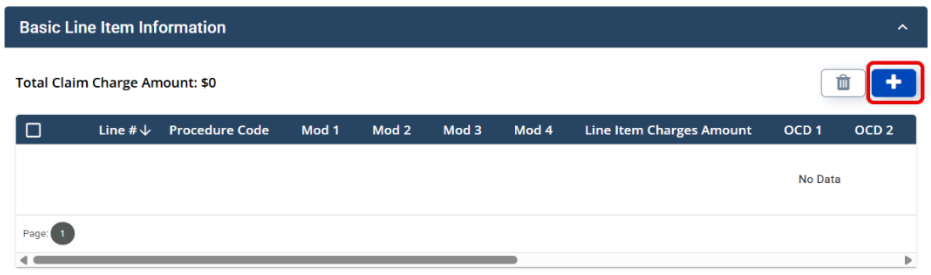
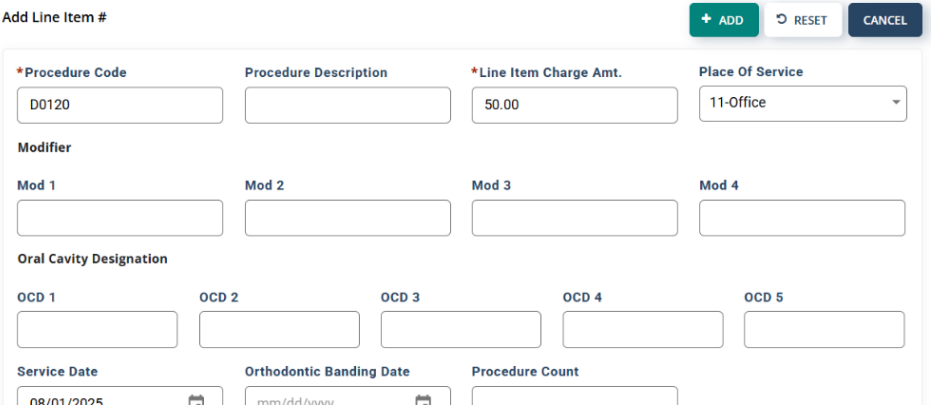
Step	Screenshot
<p>2. In the <b>Claim Attachment</b> panel, select 'Yes' in response to the "Does the claim have attachments?" question.</p>	
<p>3. Select the <b>Add</b> icon to add an attachment.</p>	
<p>4. Select the appropriate <b>Attachment Type</b> from the dropdown menu.</p> <p><b>Note:</b> <i>Delivery Method defaults to EL-Electronic and cannot be changed.</i></p>	
<p>5. Select <b>Choose File</b> button, then select the desired file from your local computer. The selected file name will be displayed.</p>	

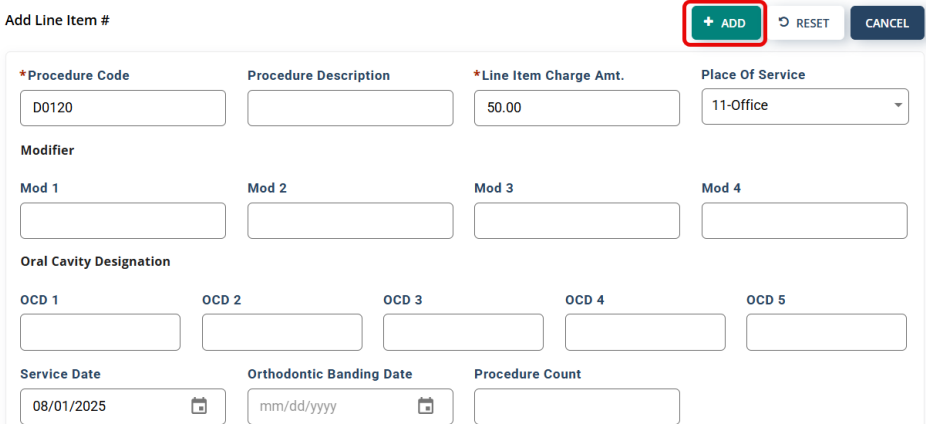
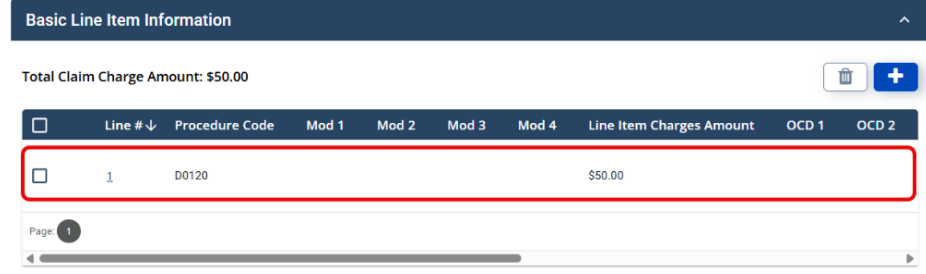
Step	Screenshot								
<p>6. Select the desired file from your local computer and then select the <b>Open</b> button.</p>									
<p>7. Click the <b>+ADD</b> button to attach the file to the claim.</p>									
<p>8. The file attachment information displays below.</p>	 <table border="1"> <thead> <tr> <th>Attachment Type</th> <th>Delivery Method</th> <th>Attachment Control Number</th> <th>File Name</th> </tr> </thead> <tbody> <tr> <td>64-Prior Authorizations</td> <td>EL-Electronic</td> <td>76289</td> <td></td> </tr> </tbody> </table>	Attachment Type	Delivery Method	Attachment Control Number	File Name	64-Prior Authorizations	EL-Electronic	76289	
Attachment Type	Delivery Method	Attachment Control Number	File Name						
64-Prior Authorizations	EL-Electronic	76289							

### 3.1.2 Adding and Removing Basic Line Item Information During Claim Entry

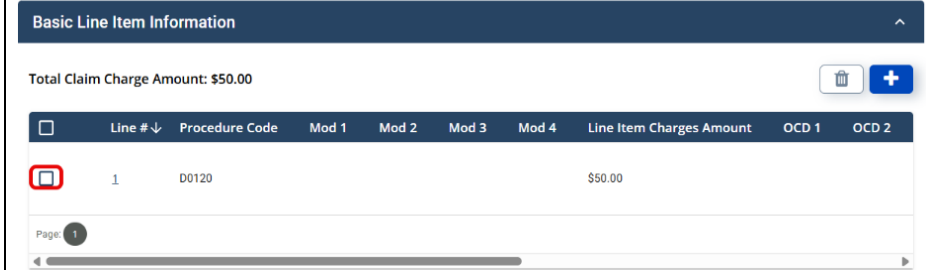
The **Basic Line Item** Info tab provides specific details about the services or items being billed for each individual visit, each associated with a particular procedure or service provided.

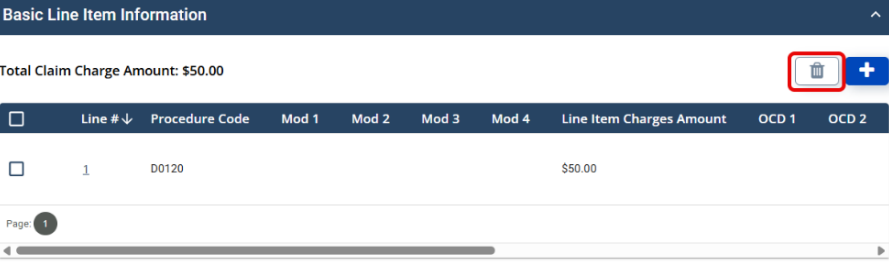
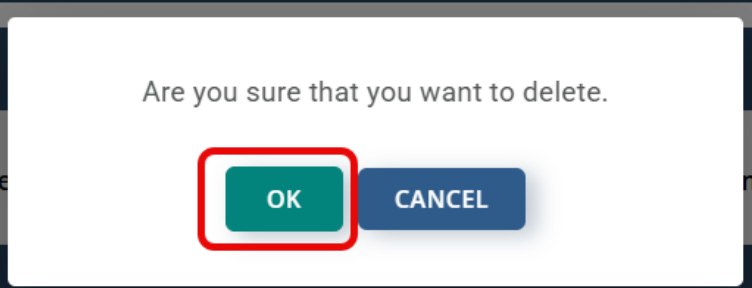
To add basic line information, complete the following steps:

Step	Screenshot
<p>1. On the <b>Basic Claim Info</b> tab, open the <b>Basic Line Item Information</b> panel.</p>	
<p>2. Select the <b>Add</b> icon to add a line item.</p>	
<p>3. Complete the required fields with a red asterisk (*) and other appropriate information.</p>	

Step	Screenshot
<p>4. Select the <b>+ADD</b> button.</p>	
<p>5. The line item is displayed in the table.</p>	

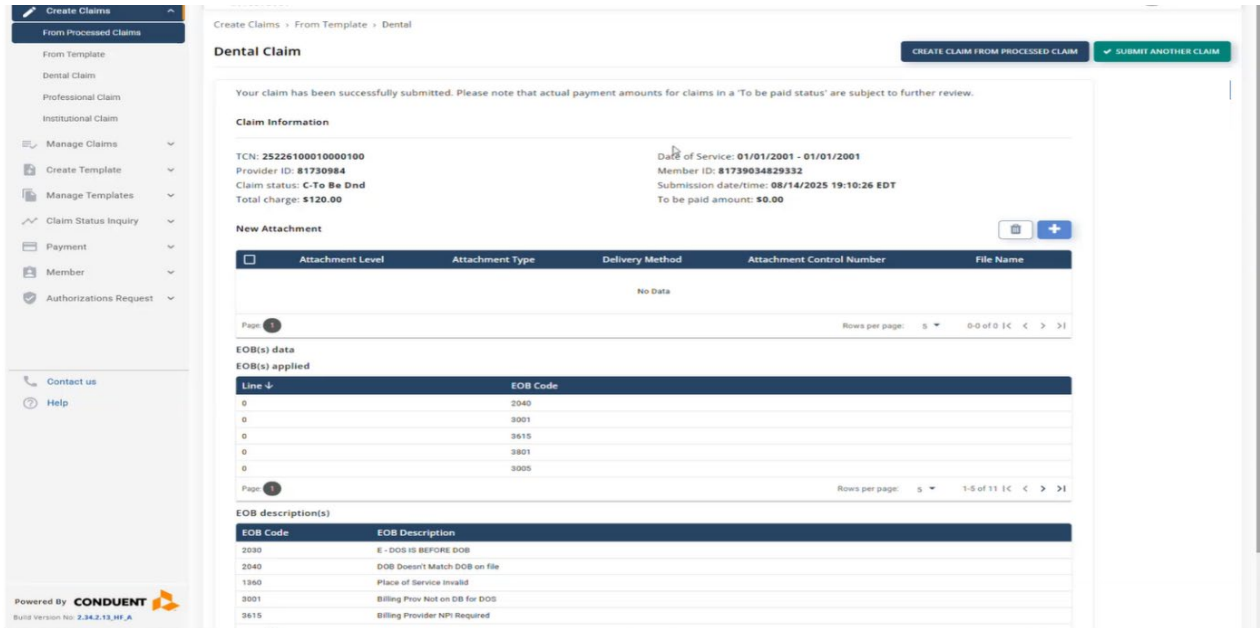
To remove basic line information, complete the following steps:

Step	Screenshot
<p>1. On the <b>Basic Claim Info</b> tab, select the line item you want to remove by checking the box next to its line number.</p>	

Step	Screenshot
<p>2. Select the <b>Trash Can</b> icon.</p>	 <p>The screenshot shows a web interface titled "Basic Line Item Information". Below the title, it displays "Total Claim Charge Amount: \$50.00" with a trash can icon and a plus sign button to its right. Below this is a table with columns: Line #, Procedure Code, Mod 1, Mod 2, Mod 3, Mod 4, Line Item Charges Amount, OCD 1, and OCD 2. The table contains one row with Line # 1, Procedure Code D0120, and Line Item Charges Amount \$50.00. A red box highlights the trash can icon in the top right corner of the table area.</p>
<p>3. When prompted with <i>“Are you sure you want to delete?”</i>, click the <b>OK</b> button.</p>	 <p>The screenshot shows a confirmation dialog box with the text "Are you sure that you want to delete." centered. Below the text are two buttons: a green "OK" button and a blue "CANCEL" button. A red box highlights the "OK" button.</p>

### 3.1.3 Claim Submission Confirmation Page

The Claim Submission Confirmation page is displayed with information that is unique to the claim. The confirmation page is automatically generated once the claim is submitted.



The Claim Submission Confirmation page contains the following information:

**Claim Information** – Provides information on the claim, including the TCN, Date of Service, Provider Number, Member ID, Claim Status, Total Charge, amount to be paid, and the date and time the claim was submitted.

**New Attachment** – Provides the ability to add a missing attachment, identified by an error code, and can be added to the submitted claim. To view the steps to add an attachment, see 3.1.1.

**EOB(s) Data** – Provides the Explanation of Benefit (EOB) code, the line number to which the EOB code applies, and the EOB code description.

### 3.1.4 Claim Status Result

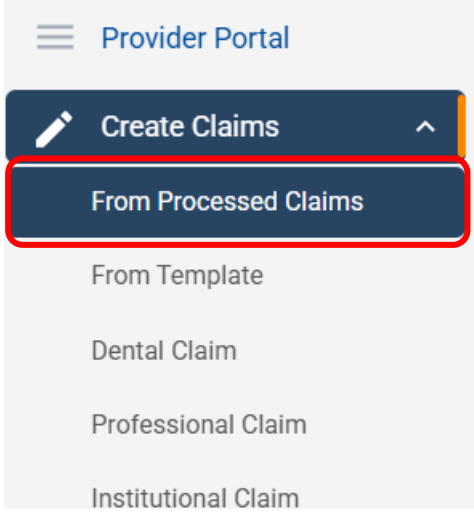
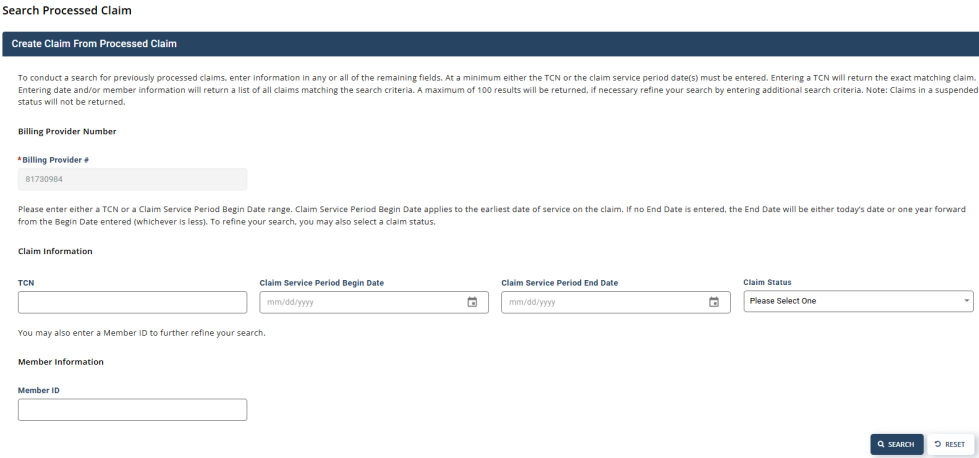
The claim status directly determines the next steps a provider or billing professional should take to ensure the successful processing and payment of a Medicaid claim.

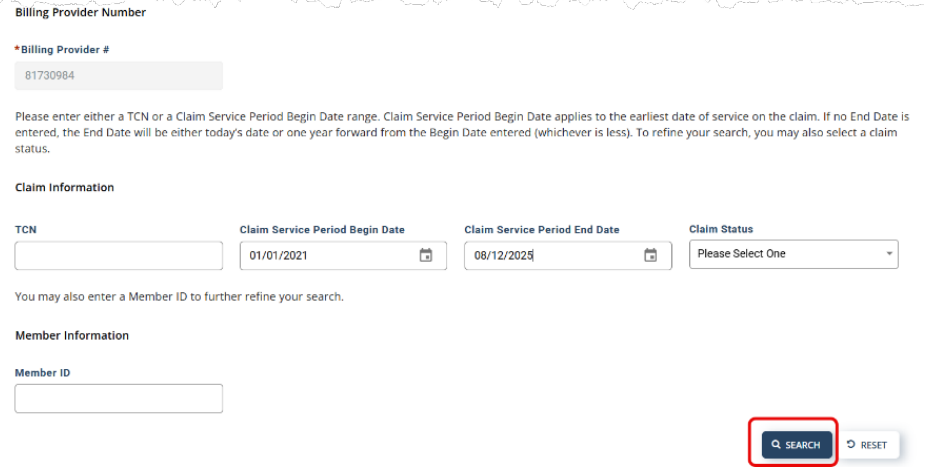
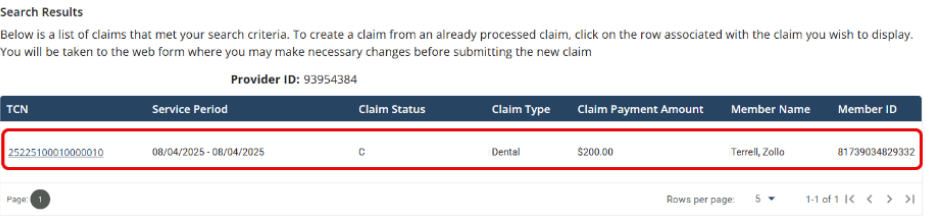
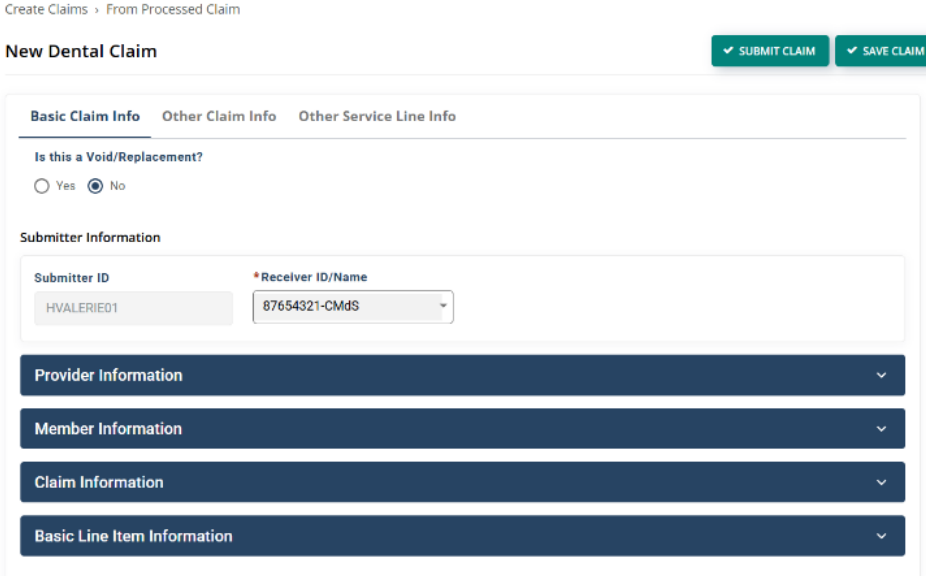
Claim Status Result	Next Steps
<b>To Be Paid</b>	The claim was submitted successfully. No further action is needed. The actual payment amount for a claim in a <b>'To Be Paid'</b> status is subject to further review. Further review during the payment cycle determines whether any amounts owed must be recouped from the claim.
<b>To be Denied</b>	To re-submit the corrected claim, complete the following steps: <ol style="list-style-type: none"> <li>1. Review the errors.</li> <li>2. Copy the TCN from the denied claim.</li> <li>3. Select Create Claim <b>From Processed Claim</b> on the <b>Claim Submission Confirmation</b> page.</li> <li>4. On the <b>Search Processed Claim</b> page, enter the <b>TCN</b> and click <b>Search</b>.</li> <li>5. Select the claim from the search results.</li> <li>6. On the <b>New Dental Claim</b> page, correct the errors on the new claim.</li> <li>7. Submit the new claim.</li> <li>8. A new TCN is assigned to the new claim.</li> </ol>
<b>Suspended</b>	Suspended claims cannot be corrected via the portal. The suspended claim will be processed by the Conduent Operations team.

### 3.2 Creating a New Dental Claim from a Processed Claim

You can create a new claim by copying the data from a previously processed claim to a new claim. Retrieve the processed claim by entering the original transaction control number (TCN) or other search criteria. The original claim is displayed, and you can correct and update any field, and then submit the new claim. This claim is considered a new claim and given a new TCN.

To create a claim from a previously processed claim, complete the following steps:

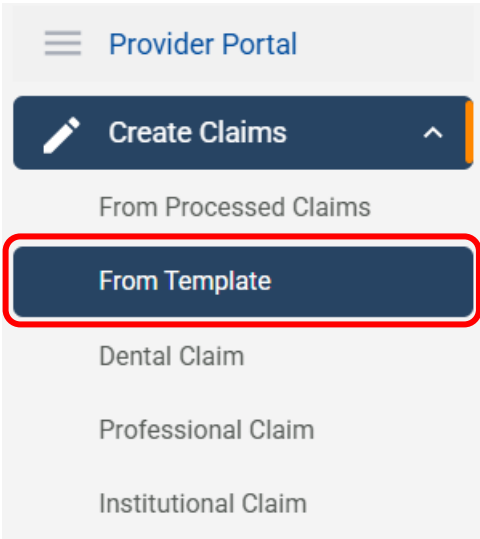
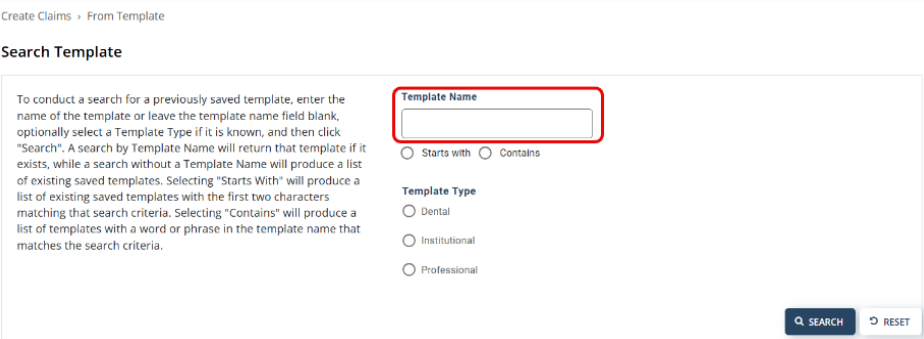
Step	Screenshot
<p>1. From the <b>Create Claims</b> menu, select <b>From Processed Claims</b>.</p>	
<p>2. On the <b>Search Processed Claim</b> page, enter the search criteria for the processed claim.</p> <p><b>Note:</b> <i>Entering a TCN will return the exact matching claim. Entering the claim service period dates or member information will return a list of all claims matching the search criteria. Claims in a suspended status will not be returned.</i></p>	

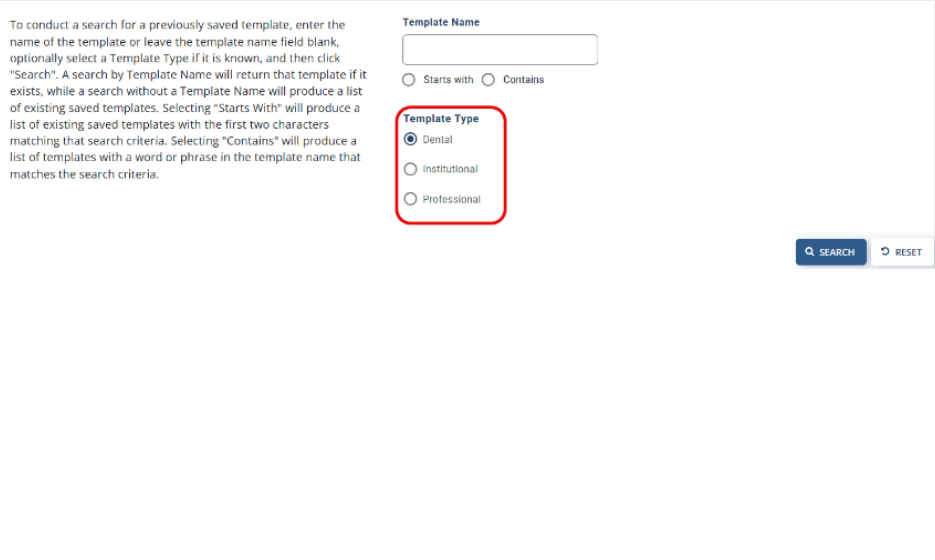
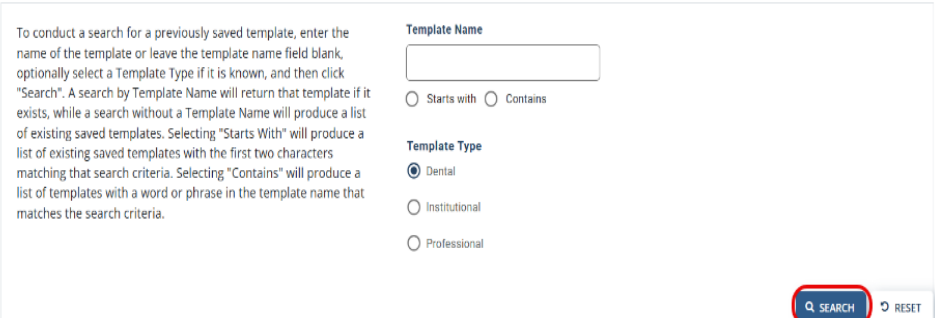
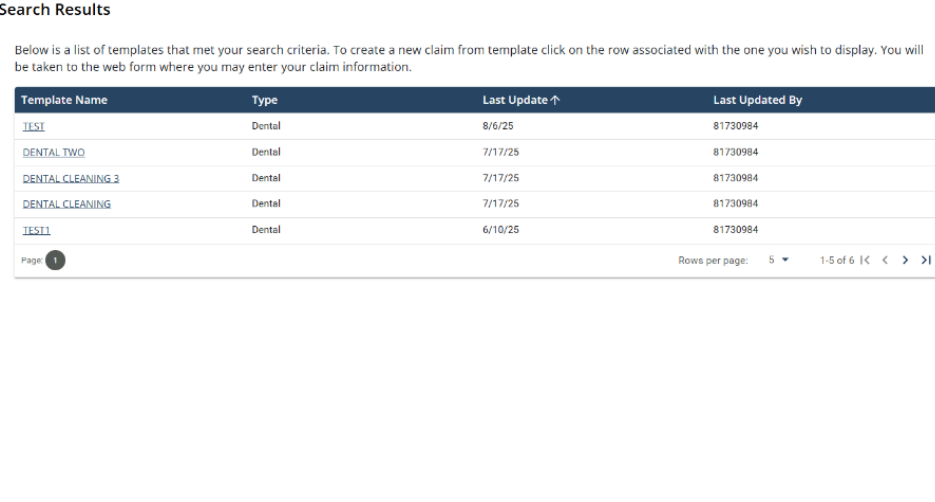
Step	Screenshot														
<p>3. Select the <b>Search</b> button.</p>	 <p>Billing Provider Number</p> <p>*Billing Provider # 81730984</p> <p>Please enter either a TCN or a Claim Service Period Begin Date range. Claim Service Period Begin Date applies to the earliest date of service on the claim. If no End Date is entered, the End Date will be either today's date or one year forward from the Begin Date entered (whichever is less). To refine your search, you may also select a claim status.</p> <p>Claim Information</p> <p>TCN: <input type="text"/></p> <p>Claim Service Period Begin Date: 01/01/2021 <input type="text"/></p> <p>Claim Service Period End Date: 08/12/2025 <input type="text"/></p> <p>Claim Status: Please Select One <input type="text"/></p> <p>You may also enter a Member ID to further refine your search.</p> <p>Member Information</p> <p>Member ID: <input type="text"/></p> <p><input type="button" value="SEARCH"/> <input type="button" value="RESET"/></p>														
<p>4. A list of results that meet the search criteria will display. Select the row for the processed claim you wish to open.</p>	 <p>Search Results</p> <p>Below is a list of claims that met your search criteria. To create a claim from an already processed claim, click on the row associated with the claim you wish to display. You will be taken to the web form where you may make necessary changes before submitting the new claim</p> <p>Provider ID: 93954384</p> <table border="1"> <thead> <tr> <th>TCN</th> <th>Service Period</th> <th>Claim Status</th> <th>Claim Type</th> <th>Claim Payment Amount</th> <th>Member Name</th> <th>Member ID</th> </tr> </thead> <tbody> <tr> <td>25225100010000010</td> <td>08/04/2025 - 08/04/2025</td> <td>C</td> <td>Dental</td> <td>\$200.00</td> <td>Terrell, Zollo</td> <td>81739034829332</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-1 of 1   &lt; &gt; &gt;&gt;</p>	TCN	Service Period	Claim Status	Claim Type	Claim Payment Amount	Member Name	Member ID	25225100010000010	08/04/2025 - 08/04/2025	C	Dental	\$200.00	Terrell, Zollo	81739034829332
TCN	Service Period	Claim Status	Claim Type	Claim Payment Amount	Member Name	Member ID									
25225100010000010	08/04/2025 - 08/04/2025	C	Dental	\$200.00	Terrell, Zollo	81739034829332									
<p>5. The <b>New Dental Claim</b> page will be displayed.</p> <p><b>Note:</b> This would be the procedure to edit denied processed claims. Keep in mind that timely filing limits apply. If you submit a claim after the 90-day time frame, a delay reason will be required on the re-submission.</p>	 <p>Create Claims &gt; From Processed Claim</p> <p><b>New Dental Claim</b> <input type="button" value="SUBMIT CLAIM"/> <input type="button" value="SAVE CLAIM"/></p> <p>Basic Claim Info Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement?  <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIED1 Receiver ID/Name: 87654321-CMdS</p> <p>Provider Information <input type="button" value="v"/></p> <p>Member Information <input type="button" value="v"/></p> <p>Claim Information <input type="button" value="v"/></p> <p>Basic Line Item Information <input type="button" value="v"/></p>														

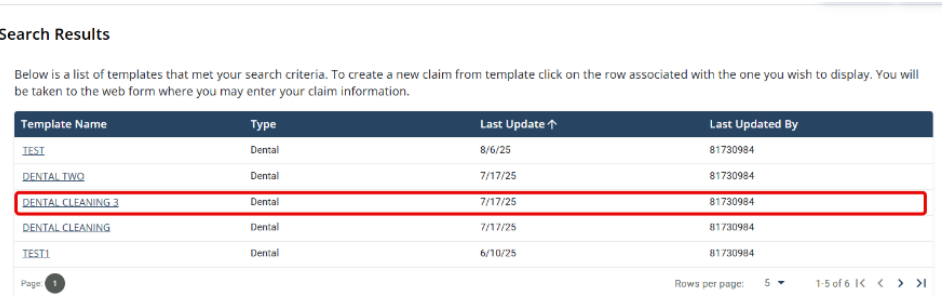
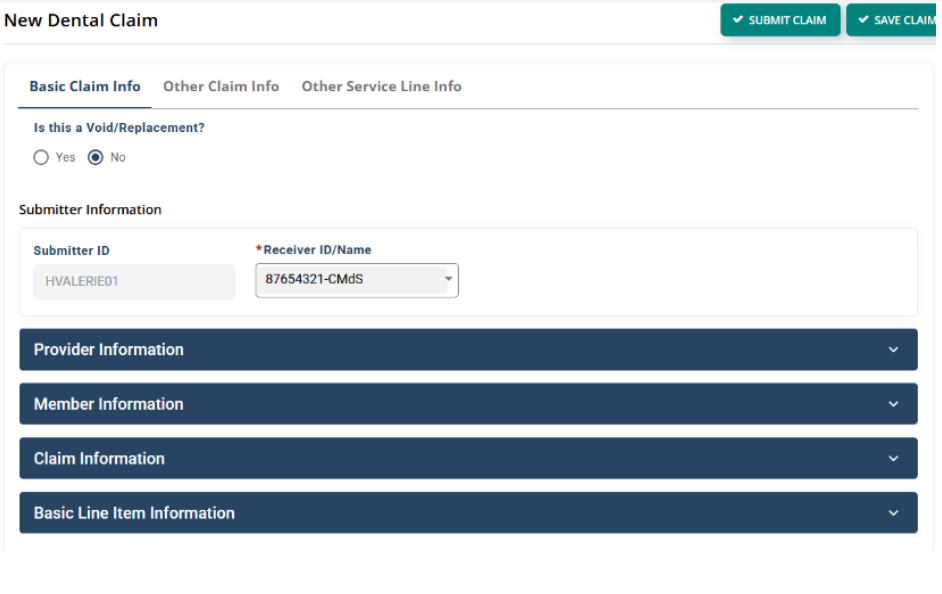
### 3.3 Creating a New Dental Claim from an Existing Template

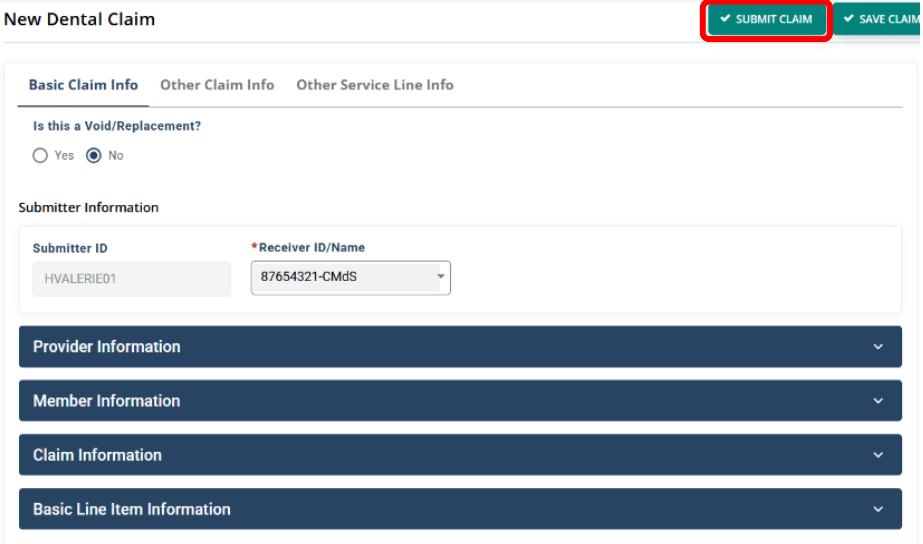
You can create a new claim from an existing template. Users can begin with a current template, customize it as needed, and save it as a new claim.

To create a claim from an existing claim template, complete the following steps:

Step	Screenshot
<p>1. From the <b>Create Claims</b> menu, select <b>From Template</b>.</p>	
<p>2. On the <b>Search Template</b> page, enter the <b>Template Name</b> of the saved template.</p> <p><b>Notes:</b> <i>Selecting "Starts With" will produce a list of existing templates with the first two characters matching search criteria.</i></p> <p><i>Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.</i></p>	

Step	Screenshot																								
<p>3. Select the <b>Template Type</b> if the name is not known or the user is looking to see what templates exist. Selecting a Template Type is not a mandatory step in the process. The system allows users to proceed with or without selecting, and the functionality remains unaffected.</p>	 <p><b>Search Template</b></p> <p>To conduct a search for a previously saved template, enter the name of the template or leave the template name field blank, optionally select a Template Type if it is known, and then click "Search". A search by Template Name will return that template if it exists, while a search without a Template Name will produce a list of existing saved templates. Selecting "Starts With" will produce a list of existing saved templates with the first two characters matching that search criteria. Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.</p> <p>Template Name <input type="text"/></p> <p><input type="radio"/> Starts with <input type="radio"/> Contains</p> <p><b>Template Type</b></p> <p><input checked="" type="radio"/> Dental</p> <p><input type="radio"/> Institutional</p> <p><input type="radio"/> Professional</p> <p><input type="button" value="SEARCH"/> <input type="button" value="RESET"/></p>																								
<p>4. Select the <b>Search</b> button.</p>	 <p><b>Search Template</b></p> <p>To conduct a search for a previously saved template, enter the name of the template or leave the template name field blank, optionally select a Template Type if it is known, and then click "Search". A search by Template Name will return that template if it exists, while a search without a Template Name will produce a list of existing saved templates. Selecting "Starts With" will produce a list of existing saved templates with the first two characters matching that search criteria. Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.</p> <p>Template Name <input type="text"/></p> <p><input type="radio"/> Starts with <input type="radio"/> Contains</p> <p><b>Template Type</b></p> <p><input checked="" type="radio"/> Dental</p> <p><input type="radio"/> Institutional</p> <p><input type="radio"/> Professional</p> <p><input type="button" value="SEARCH"/> <input type="button" value="RESET"/></p>																								
<p>5. A list of results matching your search criteria will be displayed. When only one template is created, the system automatically navigates to the claims page. However, if multiple templates exist, the user is prompted to select from the available</p>	 <p><b>Search Results</b></p> <p>Below is a list of templates that met your search criteria. To create a new claim from template click on the row associated with the one you wish to display. You will be taken to the web form where you may enter your claim information.</p> <table border="1"> <thead> <tr> <th>Template Name</th> <th>Type</th> <th>Last Update ↑</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td><a href="#">DENTAL</a></td> <td>Dental</td> <td>8/6/25</td> <td>81730984</td> </tr> <tr> <td><a href="#">DENTAL TWO</a></td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td><a href="#">DENTAL CLEANING 3</a></td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td><a href="#">DENTAL CLEANING</a></td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td><a href="#">DENTAL</a></td> <td>Dental</td> <td>6/10/25</td> <td>81730984</td> </tr> </tbody> </table> <p>Page 1 Rows per page: 5 1-5 of 6 &lt; &gt; &gt;&gt;</p>	Template Name	Type	Last Update ↑	Last Updated By	<a href="#">DENTAL</a>	Dental	8/6/25	81730984	<a href="#">DENTAL TWO</a>	Dental	7/17/25	81730984	<a href="#">DENTAL CLEANING 3</a>	Dental	7/17/25	81730984	<a href="#">DENTAL CLEANING</a>	Dental	7/17/25	81730984	<a href="#">DENTAL</a>	Dental	6/10/25	81730984
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Step	Screenshot																								
options before proceeding.																									
6. Click on the row associated with the template you wish to display.	 <p><b>Search Results</b></p> <p>Below is a list of templates that met your search criteria. To create a new claim from template click on the row associated with the one you wish to display. You will be taken to the web form where you may enter your claim information.</p> <table border="1"> <thead> <tr> <th>Template Name</th> <th>Type</th> <th>Last Update ↑</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>TEST1</td> <td>Dental</td> <td>8/6/25</td> <td>81730984</td> </tr> <tr> <td>DENTAL TWO</td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr style="border: 2px solid red;"> <td>DENTAL CLEANING 3</td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td>DENTAL CLEANING</td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td>TEST1</td> <td>Dental</td> <td>6/10/25</td> <td>81730984</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 6 &lt; &gt; &gt;&gt;</p>	Template Name	Type	Last Update ↑	Last Updated By	TEST1	Dental	8/6/25	81730984	DENTAL TWO	Dental	7/17/25	81730984	DENTAL CLEANING 3	Dental	7/17/25	81730984	DENTAL CLEANING	Dental	7/17/25	81730984	TEST1	Dental	6/10/25	81730984
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7. The <b>New Dental Claim</b> page will display.	 <p><b>New Dental Claim</b> <span style="float: right;">SUBMIT CLAIM SAVE CLAIM</span></p> <p><b>Basic Claim Info</b> Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIED1 *Receiver ID/Name: 87654321-CmS</p> <p>Provider Information</p> <p>Member Information</p> <p>Claim Information</p> <p>Basic Line Item Information</p>																								

Step	Screenshot
<p>8. Fill in the applicable claim information and select the <b>Submit Claim</b> button.</p>	 <p>The screenshot shows the 'New Dental Claim' interface. At the top right, there are two buttons: 'SUBMIT CLAIM' (highlighted with a red box) and 'SAVE CLAIM'. Below the title, there are tabs for 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. The 'Basic Claim Info' section contains a question 'Is this a Void/Replacement?' with radio buttons for 'Yes' and 'No' (selected). The 'Submitter Information' section has a 'Submitter ID' field with the value 'HVALERIE01' and a '*Receiver ID/Name' dropdown menu with the value '87654321-CMdS'. Below these are four expandable sections: 'Provider Information', 'Member Information', 'Claim Information', and 'Basic Line Item Information', each with a downward arrow.</p>

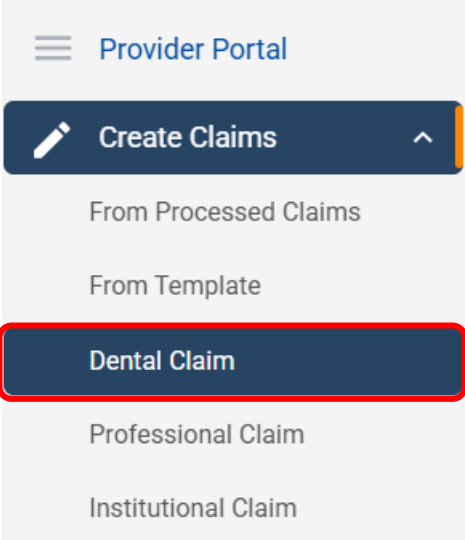
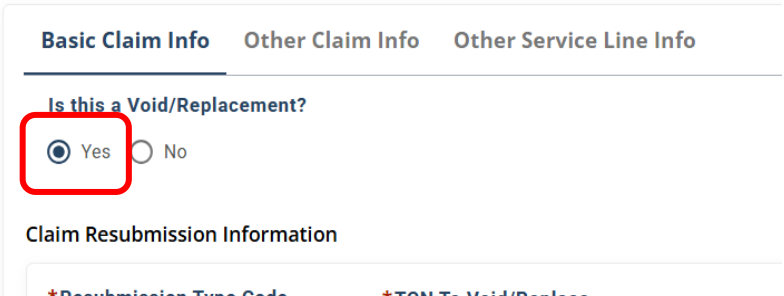
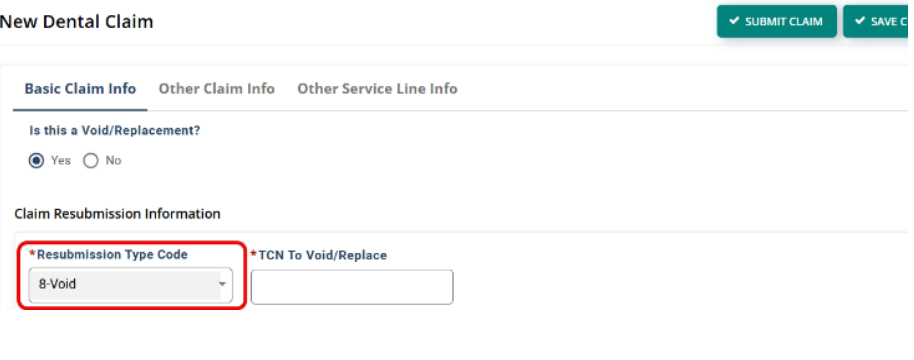
## 4 Creating a Void or Replacement Claim

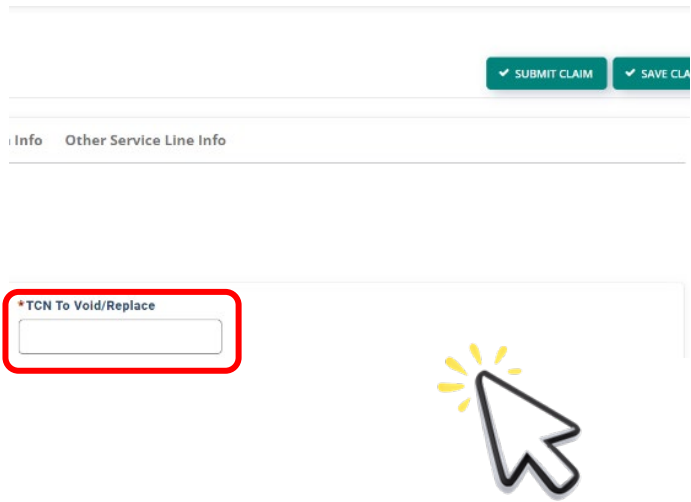
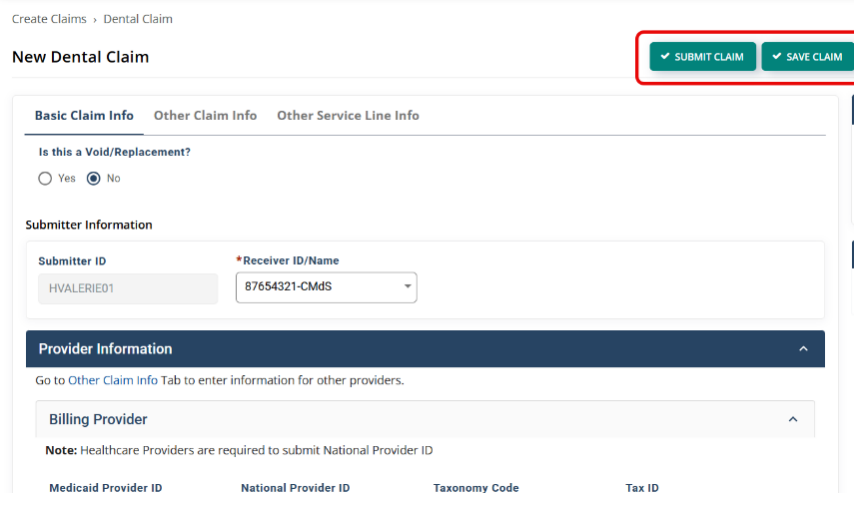
A previously processed paid claim can be replaced or voided due to reasons such as duplicates, new information, or other exceptions. The last digit of the TCN is the transaction type number which indicates whether its an original claim (0), void (1), credit adjustment (2), debit adjustment (3) and denied provider submitted replacement (4).

### 4.1 Void a Paid Claim

A void is a complete reversal or offsetting of a previously paid claim. A voided claim is not considered for future adjudication and cannot be altered or replaced.

To void a paid claim, complete the following steps:

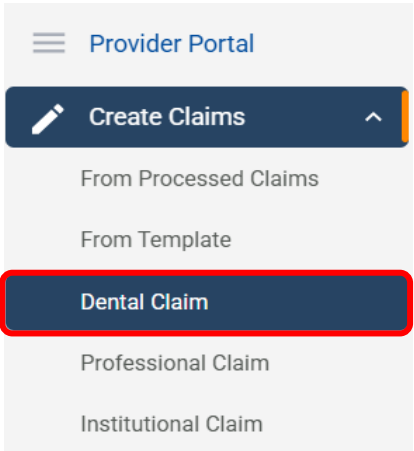
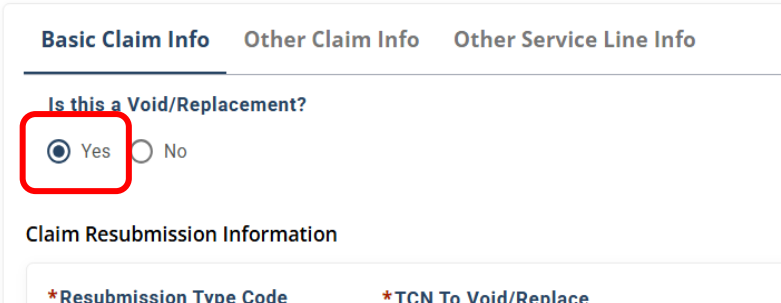
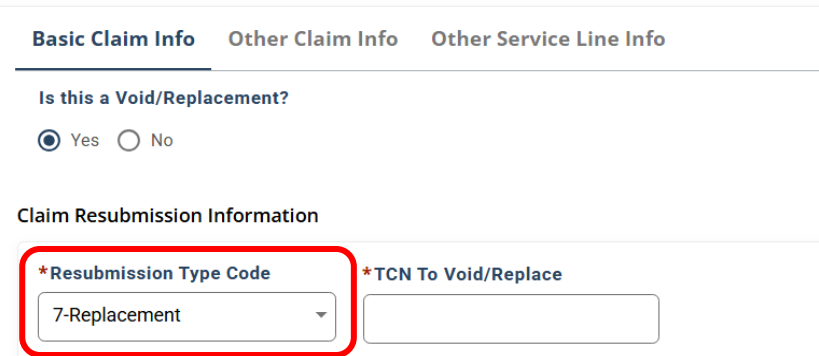
Step	Screenshot
<p>1. From the <b>Create Claims</b> menu, select <b>Dental</b>.</p>	
<p>2. On the <b>New Dental Claim</b> page, under the <b>Basic Claim Info</b> tab, select 'Yes' for the "Is this a Void/Replacement?" question.</p>	
<p>3. Select <b>Void</b> for the Resubmission Type Code.</p>	

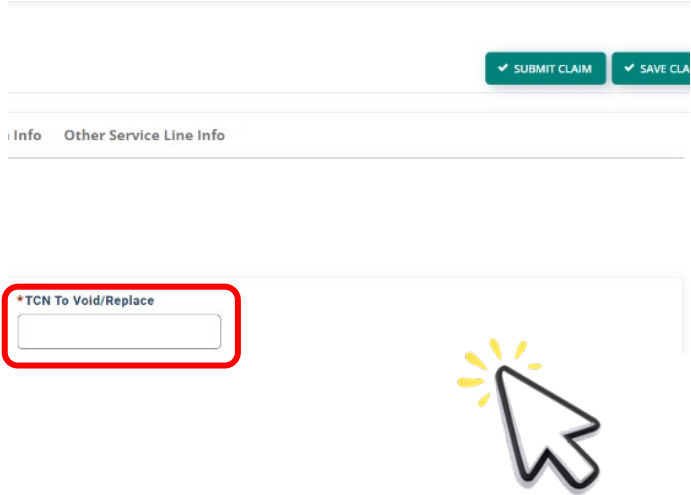
Step	Screenshot
<p>4. Enter the <b>TCN</b> of the paid claim to be voided, then select anywhere to the right of the TCN field on the page. This copies the data from the paid claim to the new claim.</p> <p><b>Notes:</b> A void is a complete reversal or offsetting of a previously paid claim. A voided claim is not considered for future adjudication and cannot be altered or replaced.</p> <p>When a claim is voided, the system generates a new voided TCN with Transaction Type 1 – Void. All amounts on the voided TCN appear as negative values, effectively reversing the original claim.</p>	
<p>5. Select either the <b>Submit Claim</b> or the <b>Save Claim</b> button, depending on whether you want to submit a completed claim or save an in-progress claim for 30 days from the save date.</p>	

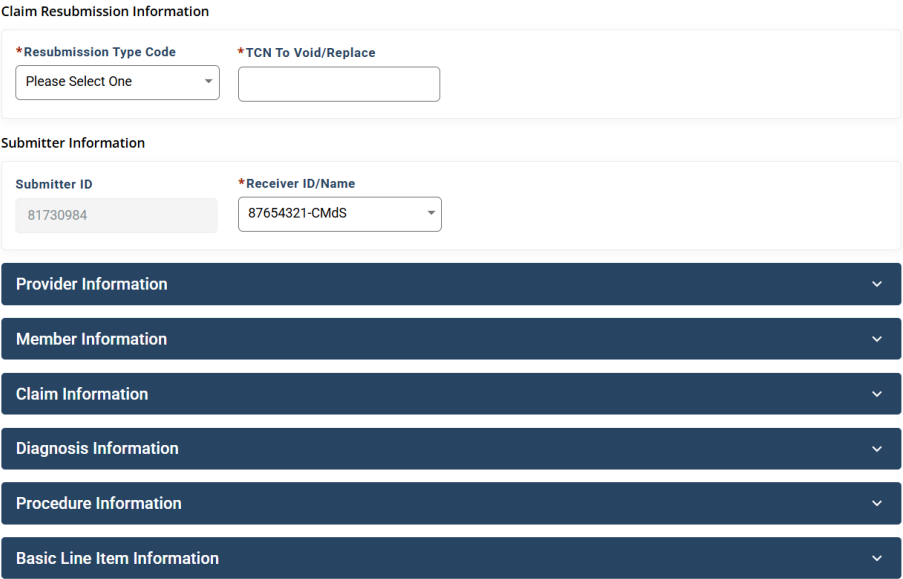
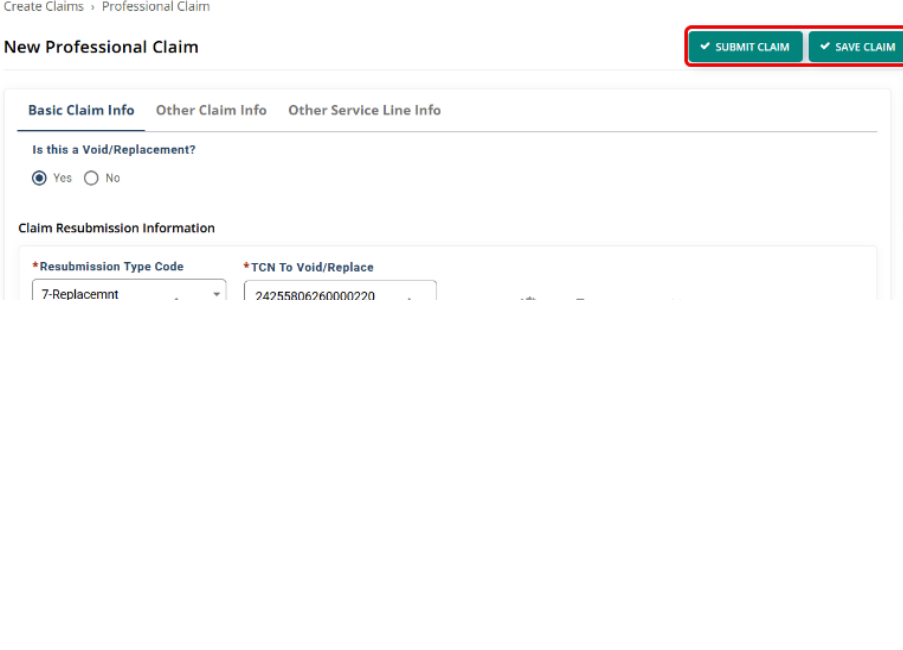
### 4.2 Replace a Paid Claim

A replacement claim changes the original claim’s payment amount or corrects information on the original claim. A replacement request creates a copy of the claim and assigns a unique TCN. The replaced claim is then considered for future adjudication, and the original claim cannot be altered, replaced, or voided in the future. The new replacement claim could, however, be altered, replaced, or voided in the future.

To replace a paid claim, complete the following steps:

Step	Screenshot
<p>1. From the <b>Create Claims</b> menu, select <b>Dental</b>.</p>	
<p>2. On the <b>New Dental Claim</b> page, under the <b>Basic Claim Info</b> tab, select ‘Yes’ for the “<i>Is this a Void/Replacement?</i>” question.</p>	
<p>3. Select <b>Replacement</b> for the <b>Resubmission Type Code</b>.</p>	

Step	Screenshot
<p>4. Enter the <b>TCN</b> of the paid claim to be replaced, then select anywhere to the right of the TCN field on the page. This copies the data from the paid claim to the new claim.</p> <p><b>Note:</b> <i>When a paid claim is replaced, adjustments to the original claim create two additional TCNs for the replacement transaction: a credit adjustment TCN with Transaction Type 2, and a debit adjustment TCN with Transaction Type 3.</i></p>	 <p>The screenshot shows a web interface with a form. At the top right, there are two green buttons: 'SUBMIT CLAIM' and 'SAVE CLAIM'. Below them are tabs for 'Info' and 'Other Service Line Info'. A text input field labeled '*TCN To Void/Replace' is highlighted with a red rectangular box. A mouse cursor with yellow rays is positioned over the right side of the form area.</p>

Step	Screenshot
<p>5. Apply the necessary corrections or updates to the claim.</p>	 <p>The screenshot shows the 'Claim Resubmission Information' section of a web form. It includes two input fields: '* Resubmission Type Code' with a dropdown menu showing 'Please Select One', and '* TCN To Void/Replace' with an empty text box. Below this is the 'Submitter Information' section with 'Submitter ID' (81730984) and '* Receiver ID/Name' (87654321-CMdS). At the bottom, there are seven dark blue expandable sections: 'Provider Information', 'Member Information', 'Claim Information', 'Diagnosis Information', 'Procedure Information', and 'Basic Line Item Information', each with a downward arrow.</p>
<p>6. Select either the <b>Submit Claim</b> or the <b>Save Claim</b> button, depending on whether you want to submit a completed claim or save an in-progress claim for 30 days from save date. If it is saved, then the original claim is used and has the void/replacement option completed. It does not generate a new TCN until submitted.</p>	 <p>The screenshot shows the 'New Professional Claim' form. At the top right, there are two buttons: 'SUBMIT CLAIM' and 'SAVE CLAIM', both highlighted with a red border. Below the buttons are three tabs: 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. Under 'Basic Claim Info', there is a question 'Is this a Void/Replacement?' with radio buttons for 'Yes' (selected) and 'No'. Below that is the 'Claim Resubmission Information' section with two input fields: '* Resubmission Type Code' (7-Replacemnt) and '* TCN To Void/Replace' (24255806260000220).</p>

## 5 Managing Claims

The claims management feature allows users to efficiently correct, update, and resubmit claims. Users can work with claims that were previously submitted or saved. Claims are available for up to 30 days from the date of the last save or from the date of submission.

From the **Manage Claims** screen, users can access two key functions:

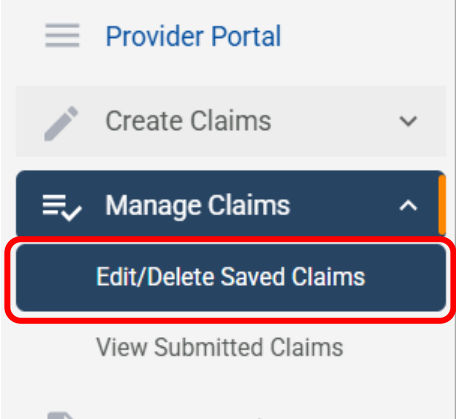
**Edit/Delete Saved Claims** – Allows users to view claims that were saved but not yet submitted. A saved claim can be edited, deleted, or submitted for up to 30 days after its most recent save.

**View Submitted Claim** – Allows users to review claim data for 30 days from the date of submission, including those that are paid, denied, or suspended. The View Submitted Claim screen will not provide any status. After the 30-day window, the detailed keyed claim data is no longer available for viewing. However, users can still check the claim’s status through the Claim Status Inquiry screen.

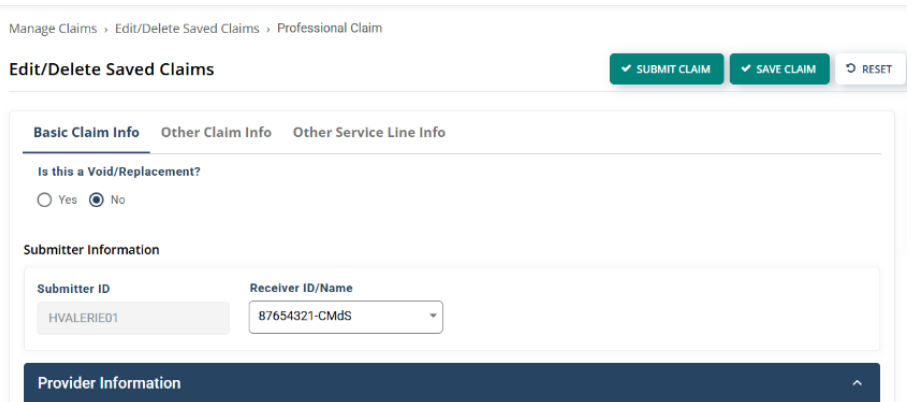
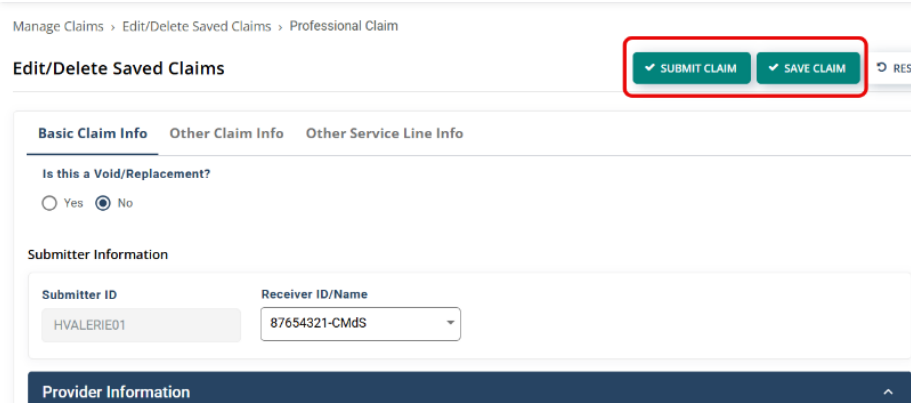
### 5.1 Edit a Saved Claim

You can edit a saved claim online for up to 30 days after it was last saved.

To edit a saved claim, complete the following steps:

Step	Screenshot
<p>1. On the <b>Manage Claims</b> menu, select <b>Edit/Delete Saved Claims</b>.</p>	

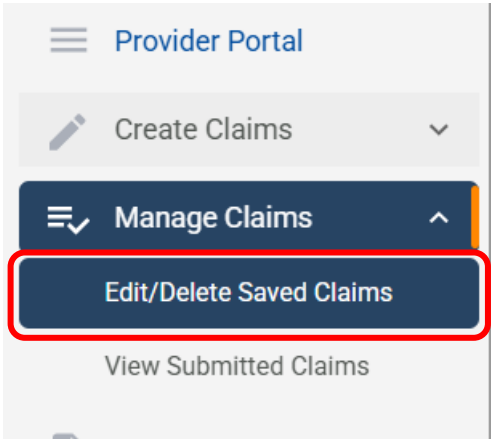
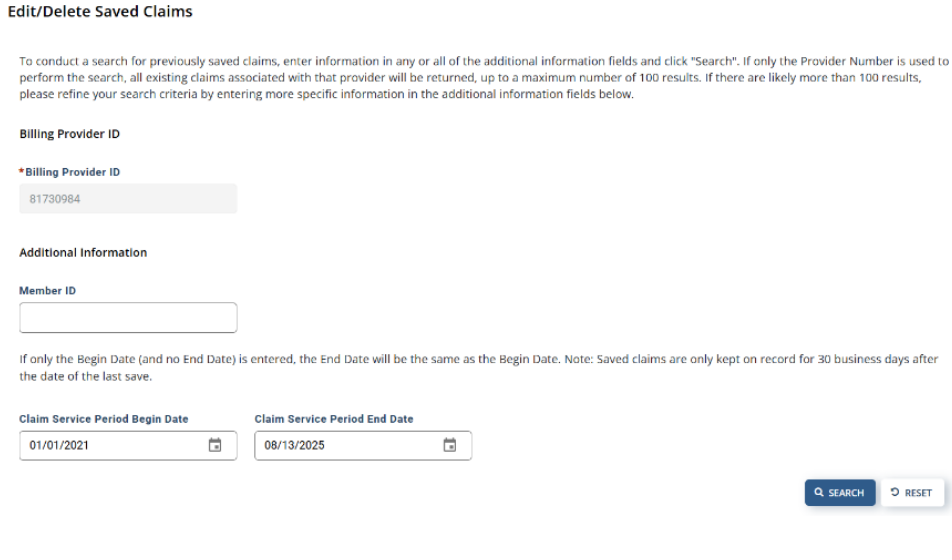
Step	Screenshot												
<p>2. On the <b>Edit/Delete Saved Claims</b> page, enter your search criteria.</p>	<p><b>Edit/Delete Saved Claims</b></p> <p>To conduct a search for previously saved claims, enter information in any or all of the additional information fields and click "Search". If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.</p> <p><b>Billing Provider ID</b></p> <p>*Billing Provider ID 81730984</p> <p><b>Additional Information</b></p> <p>Member ID <input type="text"/></p> <p>If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.</p> <p>Claim Service Period Begin Date: 01/01/2021 <input type="text"/></p> <p>Claim Service Period End Date: 08/13/2025 <input type="text"/></p> <p><input type="button" value="SEARCH"/> <input type="button" value="RESET"/></p>												
<p>3. Select the <b>Search</b> button.</p>	<p><b>Edit/Delete Saved Claims</b></p> <p>To conduct a search for previously saved claims, enter information in any or all of the additional information fields and click "Search". If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.</p> <p><b>Billing Provider ID</b></p> <p>*Billing Provider ID 81730984</p> <p><b>Additional Information</b></p> <p>Member ID <input type="text"/></p> <p>If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.</p> <p>Claim Service Period Begin Date: 01/01/2021 <input type="text"/></p> <p>Claim Service Period End Date: 08/13/2025 <input type="text"/></p> <p><input type="button" value="SEARCH"/> <input type="button" value="RESET"/></p>												
<p>4. A list of claims that meet the search criteria will display. Select the row for the saved claim you wish to edit.</p>	<p><b>Search Results</b></p> <p>Below is a list of claims that met your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.</p> <p>Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Member ID</th> <th>Claim Service Period Begin Date</th> <th>Total Charges</th> <th>Claim Type</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>ZOLLO, TERRELL</td> <td>81739034829332</td> <td>08/20/2024</td> <td>\$253.00</td> <td>Dental</td> <td>1916944634</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-1 of 1  &lt; &gt; </p>	Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By	ZOLLO, TERRELL	81739034829332	08/20/2024	\$253.00	Dental	1916944634
Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By								
ZOLLO, TERRELL	81739034829332	08/20/2024	\$253.00	Dental	1916944634								

Step	Screenshot
<p>5. On the <b>Edit/Delete Saved Claims</b> page, edit the claim information as needed.</p>	 <p>Manage Claims &gt; Edit/Delete Saved Claims &gt; Professional Claim</p> <p>Edit/Delete Saved Claims <span>▼ SUBMIT CLAIM</span> <span>▼ SAVE CLAIM</span> <span>↻ RESET</span></p> <p><b>Basic Claim Info</b> Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement?  <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIE01 Receiver ID/Name: 87654321-CMdS</p> <p>Provider Information</p>
<p>6. Select either the <b>Submit Claim</b> or the <b>Save Claim</b> button, depending on whether you want to submit a completed claim or save an in-progress claim.</p>	 <p>Manage Claims &gt; Edit/Delete Saved Claims &gt; Professional Claim</p> <p>Edit/Delete Saved Claims <span>▼ SUBMIT CLAIM</span> <span>▼ SAVE CLAIM</span> <span>↻ RESET</span></p> <p><b>Basic Claim Info</b> Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement?  <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIE01 Receiver ID/Name: 87654321-CMdS</p> <p>Provider Information</p>

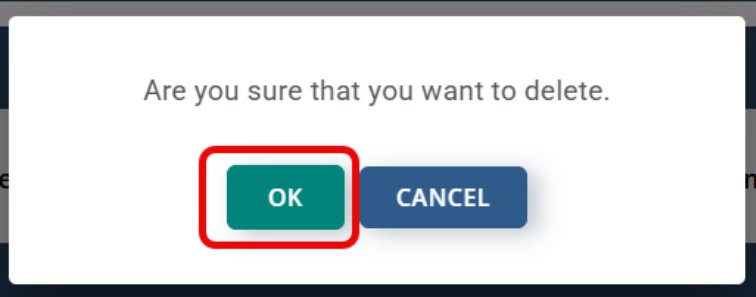
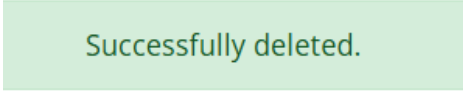
## 5.2 Delete a Saved Claim

You can delete a saved claim online for up to 30 days after it was last saved.

To delete a saved claim, complete the following steps:

Step	Screenshot
<p>1. On the <b>Manage Claims</b> menu, select <b>Edit/Delete Saved Claims</b>.</p>	
<p>2. On the <b>Edit/Delete Saved Claims</b> page, enter your search criteria.</p> <p><b>Note:</b> <i>If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results.</i></p>	

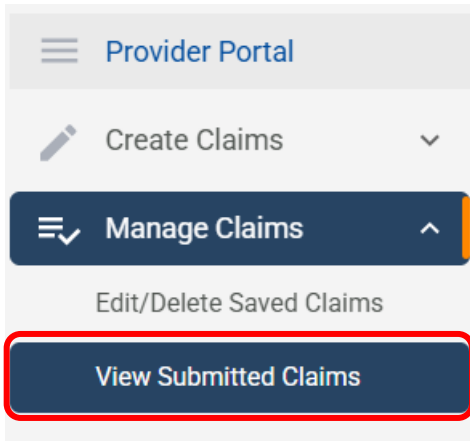
Step	Screenshot												
<p>3. Select the <b>Search</b> button.</p>	<p><b>Edit/Delete Saved Claims</b></p> <p>To conduct a search for previously saved claims, enter information in any or all of the additional information fields and click "Search". If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.</p> <p><b>Billing Provider ID</b></p> <p>*Billing Provider ID 81730984</p> <p><b>Additional Information</b></p> <p>Member ID <input type="text"/></p> <p>If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.</p> <p>Claim Service Period Begin Date: 01/01/2021 Claim Service Period End Date: 08/13/2025</p> <p><b>SEARCH</b> <b>RESET</b></p>												
<p>4. A list of claims that meet the search criteria will display. Select the row for the saved claim you wish to delete.</p>	<p><b>Search Results</b></p> <p>Below is a list of claims that met your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.</p> <p>Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Member ID</th> <th>Claim Service Period Begin Date</th> <th>Total Charges</th> <th>Claim Type</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>ZOLLO, TERRELL</td> <td>81739034829332</td> <td>08/20/2024</td> <td>\$253.00</td> <td>Dental</td> <td>1916944634</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-1 of 1</p>	Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By	ZOLLO, TERRELL	81739034829332	08/20/2024	\$253.00	Dental	1916944634
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<p>5. On the <b>Edit/Delete Saved Claims</b> page, select the <b>Delete</b> button.</p>	<p><b>Edit/Delete Saved Claims</b></p> <p><b>SUBMIT CLAIM</b> <b>SAVE CLAIM</b> <b>RESET</b> <b>CANCEL</b> <b>DELETE</b></p> <p><b>Basic Claim Info</b> Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><b>Submitter Information</b></p> <p>Submitter ID: HVALERIE01 *Receiver ID/Name: 87654321-CMdS</p> <p><b>Provider Information</b></p> <p><b>Member Information</b></p> <p><b>Claim Information</b></p> <p><b>Basic Line Item Information</b></p>												

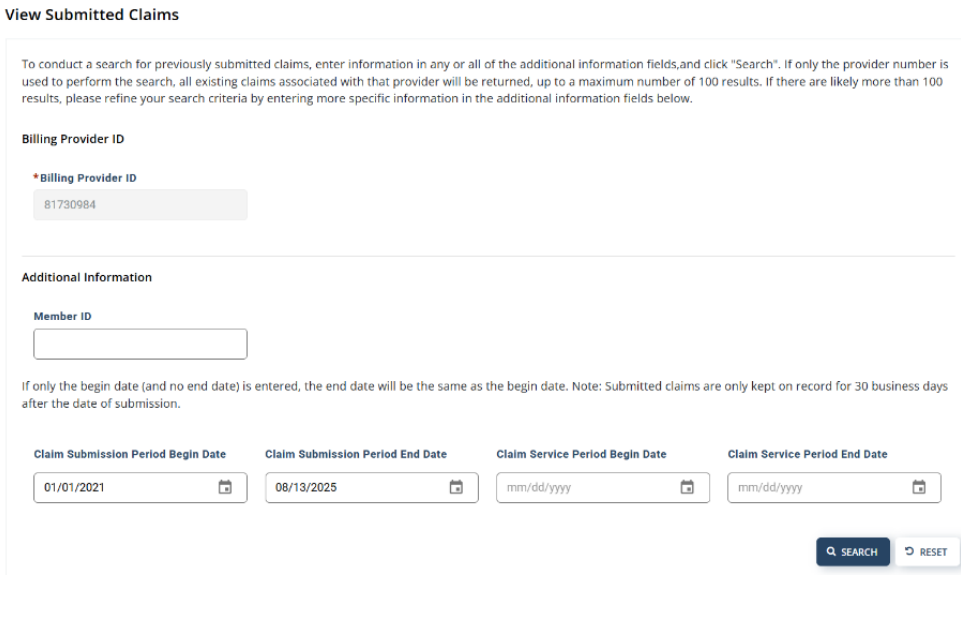
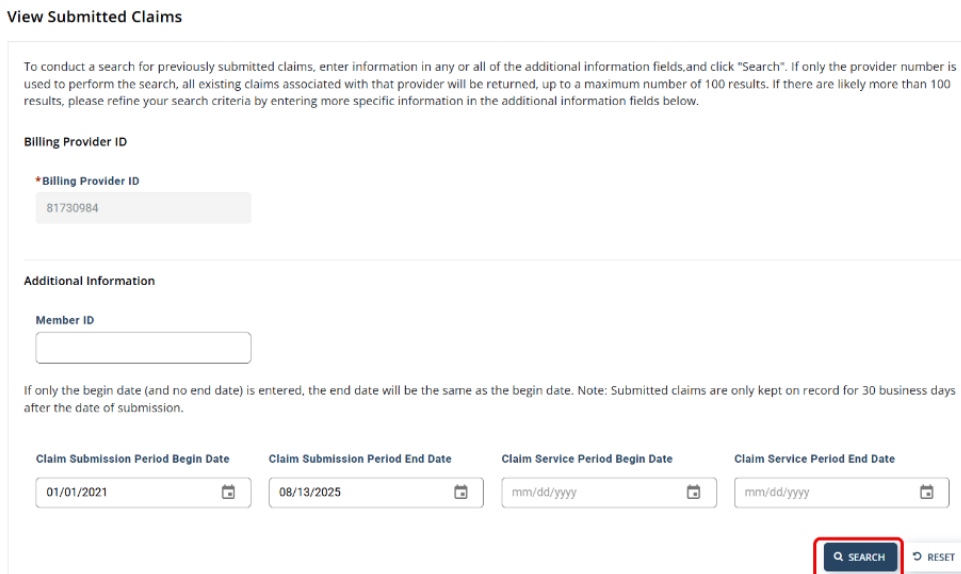
Step	Screenshot
<p>6. When prompted with “Are you sure you want to delete?”, select the <b>OK</b> button.</p>	
<p>7. The system displays a “Successfully deleted” message.</p>	

### 5.3 View a Submitted Claim

You can view submitted claims and their attachments online in read-only mode for up to 30 days from the date the claim was submitted.

To view a submitted claim, complete the following steps:

Step	Screenshot
<p>1. On the <b>Manage Claims</b> menu, select <b>View Submitted Claims</b>.</p>	

Step	Screenshot
<p>2. On the <b>View Submitted Claims</b> page, enter your search criteria.</p> <p><b>Note:</b> <i>If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results.</i></p>	
<p>3. Select the <b>Search</b> button.</p>	

Step	Screenshot																																				
<p>4. A list of claims that meet the search criteria will display. To display the claim details, click the desired row.</p>	<p>Search Results</p> <p>Below is the list of claims that match your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.</p> <p style="text-align: center;">Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Member ID</th> <th>Claim Service Period Begin Date</th> <th>Total Charges</th> <th>Claim Type</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>mcclosky,</td> <td>81739654434772</td> <td>08/12/2025</td> <td>\$200.00</td> <td>Dental</td> <td>CPOLAND01</td> </tr> <tr> <td>melott,</td> <td>81739034328572</td> <td></td> <td>\$200.00</td> <td>Institutional</td> <td>CPOLAND01</td> </tr> <tr style="border: 2px solid red;"> <td>zollo, terrell</td> <td>81739034829332</td> <td>06/01/2025</td> <td>\$120.00</td> <td>Dental</td> <td>MVANESSA01</td> </tr> <tr> <td>zollo, terrell</td> <td>81739034829332</td> <td>06/01/2025</td> <td>\$120.00</td> <td>Dental</td> <td>MVANESSA01</td> </tr> <tr> <td>zollo, terrell</td> <td>81739034829332</td> <td>06/01/2025</td> <td>\$120.00</td> <td>Dental</td> <td>MVANESSA01</td> </tr> </tbody> </table> <p>Page 1 Rows per page: 5 11-15 of 16 &lt; &gt; &gt;&gt;</p>	Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By	mcclosky,	81739654434772	08/12/2025	\$200.00	Dental	CPOLAND01	melott,	81739034328572		\$200.00	Institutional	CPOLAND01	zollo, terrell	81739034829332	06/01/2025	\$120.00	Dental	MVANESSA01	zollo, terrell	81739034829332	06/01/2025	\$120.00	Dental	MVANESSA01	zollo, terrell	81739034829332	06/01/2025	\$120.00	Dental	MVANESSA01
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<p>5. The <b>View Submitted Claim</b> page displays. All fields appear in read-only mode.</p>	<p>View Submitted Claim</p> <p>Basic Claim Info Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIE01 Receiver ID/Name: 87654321-CMds</p> <p>Provider Information</p> <p>Go to Other Claim Info Tab to enter information for other providers.</p> <p>Billing Provider</p> <p>Note: Healthcare Providers are required to submit National Provider ID</p> <table> <tr> <td>Medicaid Provider ID: 81730984</td> <td>National Provider ID:</td> <td>Taxonomy Code:</td> <td>Tax ID: 135790864</td> </tr> <tr> <td>SSN:</td> <td>Location Number:</td> <td></td> <td></td> </tr> </table>	Medicaid Provider ID: 81730984	National Provider ID:	Taxonomy Code:	Tax ID: 135790864	SSN:	Location Number:																														
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## 6 Claim Status Inquiry

A Claim Status Inquiry can be performed as long as the TCN remains valid in Turquoise Claims, even if the claim was originally submitted up to two years ago. The Inquiry screen retrieves the current claim status along with limited claim data, which remains accessible after the 30-day period has passed.

To review the claim status, enter the search criteria and the portal displays the matching claims list, excluding Encounter claims.

At a minimum, either the TCN or the claim service period date(s) must be entered. Entering a TCN will return the exact matching claim. Entering the date and/or member information will return a list of all the claims matching the search criteria. If no End Date is entered, the End Date will either be today's date or one year forward from the Begin Date entered (whichever is less). A maximum of 100 results will be returned; if necessary, refine your search by entering additional search criteria.

The Claims Status Inquiry page has three main panels:

The **Billing Provider ID** section contains information about the billing provider responsible for submitting the claim. The provider ID is a primary field for identification purposes throughout the portal.

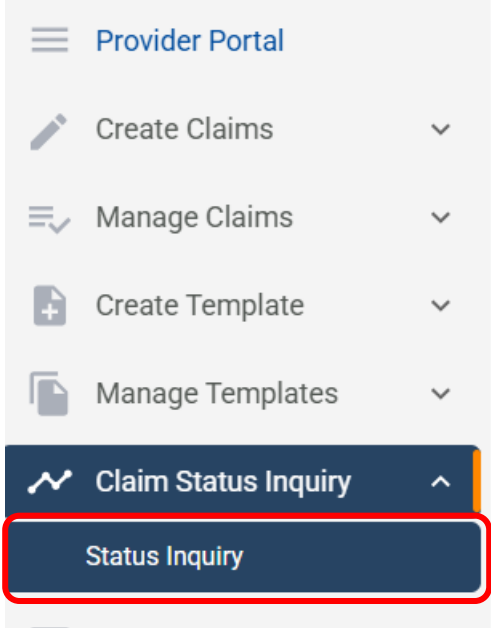
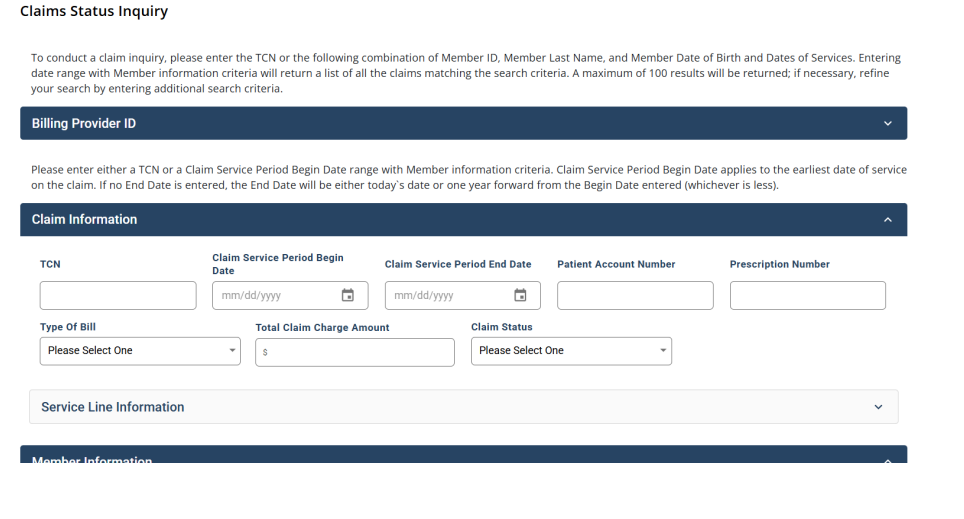
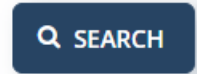
The **Claim Information** section contains details about the specific claim, including service dates, patient account number, prescription number, type of bill, total claim charge amount, and claim status. Additionally, the Service Line Information section provides details about the services rendered. Four fields are required in this section: Procedure Qualifier Code, Line Item Charge Amount, Service Units, and Service Line From Date.

The **Member Information** section provides demographic data for the member.

### 6.1 View the Status of a Claim

You can check the status of a previously processed claim online.

To view the status of a claim, complete the following steps:

Step	Screenshot
<p>1. On the <b>Claim Status Inquiry</b> menu, select <b>Status Inquiry</b>.</p>	
<p>2. On the <b>Claims Status Inquiry</b> page, enter your search criteria.</p>	
<p>3. Select the <b>Search</b> button.</p>	

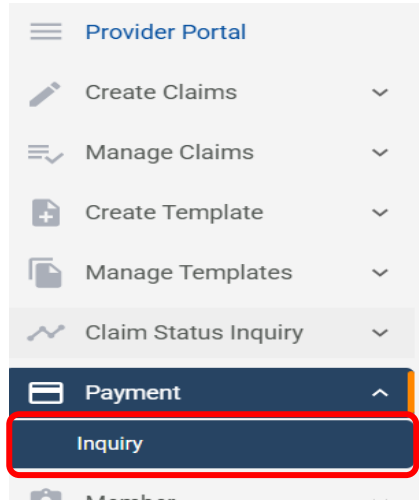
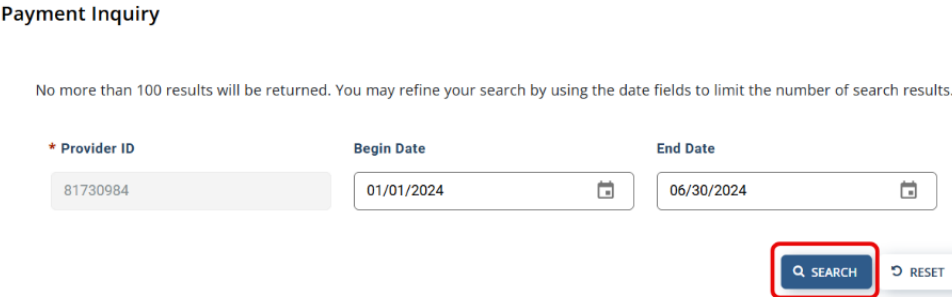
Step	Screenshot																												
<p>4. A list of claims that meet the search criteria will display. Select the row for the claim you wish to view.</p>	<p>Search Results</p> <p>Below is a list of claims that met your search criteria for the selected provider ID. Click on a row to view details associated with that claim. Please note that actual payment amounts for claims in a "To Be Paid Status" are subjected to further review, and may change based on adjustments, recoupments, or other necessary updates.</p> <p>Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>TCN</th> <th>Service Period</th> <th>Claim Status</th> <th>Total Charge Amount</th> <th>Payment Amount</th> <th>Member Name</th> <th>Member ID</th> </tr> </thead> <tbody> <tr> <td>24158409480040762</td> <td>04/17/2024 - 04/17/2024</td> <td>P-Paid</td> <td>\$ 0</td> <td>\$ -444.47</td> <td>NATALIE, MATHRE</td> <td>81739456692609</td> </tr> <tr> <td>24158409480040763</td> <td>04/17/2024 - 04/17/2024</td> <td>P-Paid</td> <td>\$ 0</td> <td>\$ 463.32</td> <td>NATALIE, MATHRE</td> <td>81739456692609</td> </tr> <tr> <td>24115300951000040</td> <td>04/17/2024 - 04/17/2024</td> <td>P-Paid</td> <td>\$ 0</td> <td>\$ 444.47</td> <td>NATALIE, MATHRE</td> <td>81739456692609</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-3 of 3 &lt; &gt; &gt; </p>	TCN	Service Period	Claim Status	Total Charge Amount	Payment Amount	Member Name	Member ID	24158409480040762	04/17/2024 - 04/17/2024	P-Paid	\$ 0	\$ -444.47	NATALIE, MATHRE	81739456692609	24158409480040763	04/17/2024 - 04/17/2024	P-Paid	\$ 0	\$ 463.32	NATALIE, MATHRE	81739456692609	24115300951000040	04/17/2024 - 04/17/2024	P-Paid	\$ 0	\$ 444.47	NATALIE, MATHRE	81739456692609
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<p>5. On the <b>Claim Status Inquiry</b> page, review the claim information. This information cannot be edited.</p>	<p>Claims Status Inquiry</p> <p><b>Claim Data</b></p> <table border="1"> <tr> <td>TCN: 25154100010000010 Status Effective Date: 08/12/2025 Trans Type: 0-Original Claim Status: C-To Be Denied Category Code: F2</td> <td>Claim Status Code: 9 Service Period Begin: 01/01/2001 Service Period End: 01/01/2001 RA# :</td> <td>Claim Type: D-Dental Patient Account #: 987654 Type of Bill: Total Claim Paid: \$ 0</td> </tr> </table> <p>EOB(s) data</p> <table border="1"> <thead> <tr> <th>Line</th> <th>EOB Code</th> <th>EOB Description</th> </tr> </thead> <tbody> <tr> <td>HDR</td> <td>2040</td> <td>Client name or birth date is incorrect or does not match the client. The name on the claim may be misspelled. Verify the birth year on the claim was submitted in four-digit format (ex.1975). The ID number may be incorrectly stated on the claim or does not belong to the client on the claim.</td> </tr> <tr> <td>HDR</td> <td>3001</td> <td>Billing NPI Not Found on Date Of Receipt</td> </tr> <tr> <td>HDR</td> <td>3005</td> <td>Date of service is before the billing provider's enrollment - or - the billing provider's enrollment has expired - or - the billing provider # belongs to an individual within a group and the group needs to bill. Contact the Consolidated Customer Service Center for additional information at 1-800-299-7304.</td> </tr> <tr> <td>HDR</td> <td>3301</td> <td>Rendering NPI Not Found on Date Of Receipt</td> </tr> <tr> <td>HDR</td> <td>3615</td> <td>Billing NPI Required</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 13 &lt; &gt; &gt; </p>	TCN: 25154100010000010 Status Effective Date: 08/12/2025 Trans Type: 0-Original Claim Status: C-To Be Denied Category Code: F2	Claim Status Code: 9 Service Period Begin: 01/01/2001 Service Period End: 01/01/2001 RA# :	Claim Type: D-Dental Patient Account #: 987654 Type of Bill: Total Claim Paid: \$ 0	Line	EOB Code	EOB Description	HDR	2040	Client name or birth date is incorrect or does not match the client. The name on the claim may be misspelled. Verify the birth year on the claim was submitted in four-digit format (ex.1975). The ID number may be incorrectly stated on the claim or does not belong to the client on the claim.	HDR	3001	Billing NPI Not Found on Date Of Receipt	HDR	3005	Date of service is before the billing provider's enrollment - or - the billing provider's enrollment has expired - or - the billing provider # belongs to an individual within a group and the group needs to bill. Contact the Consolidated Customer Service Center for additional information at 1-800-299-7304.	HDR	3301	Rendering NPI Not Found on Date Of Receipt	HDR	3615	Billing NPI Required							
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<p>5. Select the <b>Cancel</b> button to return to the <b>Claim Status Inquiry</b> page.</p> <p><b>Note:</b> If a list of search results is displayed, selecting <b>Cancel</b> returns to the inquiry page with that list.</p>	<p>Claims Status Inquiry</p> <p><b>Claim Data</b></p> <table border="1"> <tr> <td>TCN: 25154100010000010 Status Effective Date: 08/12/2025 Trans Type: 0-Original Claim Status: C-To Be Denied Category Code: F2</td> <td>Claim Status Code: 9 Service Period Begin: 01/01/2001 Service Period End: 01/01/2001 RA# :</td> <td>Claim Type: D-Dental Patient Account #: 987654 Type of Bill: Total Claim Paid: \$ 0</td> </tr> </table> <p>EOB(s) data</p> <table border="1"> <thead> <tr> <th>Line</th> <th>EOB Code</th> <th>EOB Description</th> </tr> </thead> <tbody> <tr> <td>HDR</td> <td>2040</td> <td>Client name or birth date is incorrect or does not match the client. The name on the claim may be misspelled. Verify the birth year on the claim was submitted in four-digit format (ex.1975). The ID number may be incorrectly stated on the claim or does not belong to the client on the claim.</td> </tr> <tr> <td>HDR</td> <td>3001</td> <td>Billing NPI Not Found on Date Of Receipt</td> </tr> <tr> <td>HDR</td> <td>3005</td> <td>Date of service is before the billing provider's enrollment - or - the billing provider's enrollment has expired - or - the billing provider # belongs to an individual within a group and the group needs to bill. Contact the Consolidated Customer Service Center for additional information at 1-800-299-7304.</td> </tr> <tr> <td>HDR</td> <td>3301</td> <td>Rendering NPI Not Found on Date Of Receipt</td> </tr> <tr> <td>HDR</td> <td>3615</td> <td>Billing NPI Required</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 13 &lt; &gt; &gt; </p> <p><b>CANCEL</b></p>	TCN: 25154100010000010 Status Effective Date: 08/12/2025 Trans Type: 0-Original Claim Status: C-To Be Denied Category Code: F2	Claim Status Code: 9 Service Period Begin: 01/01/2001 Service Period End: 01/01/2001 RA# :	Claim Type: D-Dental Patient Account #: 987654 Type of Bill: Total Claim Paid: \$ 0	Line	EOB Code	EOB Description	HDR	2040	Client name or birth date is incorrect or does not match the client. The name on the claim may be misspelled. Verify the birth year on the claim was submitted in four-digit format (ex.1975). The ID number may be incorrectly stated on the claim or does not belong to the client on the claim.	HDR	3001	Billing NPI Not Found on Date Of Receipt	HDR	3005	Date of service is before the billing provider's enrollment - or - the billing provider's enrollment has expired - or - the billing provider # belongs to an individual within a group and the group needs to bill. Contact the Consolidated Customer Service Center for additional information at 1-800-299-7304.	HDR	3301	Rendering NPI Not Found on Date Of Receipt	HDR	3615	Billing NPI Required							
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## 7 Payment Information

Users may view information on payments that have been received. The payment cycle is weekly. To review payment information, enter the search criteria and the portal displays the matching payment list. You can also view the Print Image Remittance Advice (RA) which is available in a PDF format. The remittance advice will provide detailed information on each claim.

### 7.1 Viewing Payment Information

To view payment Information, complete the following steps:

Step	Screenshot
<p>1. On the <b>Payment</b> menu, select <b>Inquiry</b>.</p>	
<p>2. On the <b>Payment Inquiry</b> page, enter the search criteria and select the <b>Search</b> button.</p>	

Step	Screenshot																								
<p>3. A list of payments that meet the search criteria for the selected Provider ID are displayed in the Search Results section.</p> <p><b>Note:</b> <i>No more than 100 results will be displayed. You can refine your search by using the date fields to limit the number of search results.</i></p>	<p>Search Results</p> <p>Below is a list of payments that met your search criteria for the selected provider ID. Print image RAS are available in PDF format. PDF format files can be read using the free Adobe Acrobat Reader from Adobe.</p> <p style="text-align: center;">Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Paid Date</th> <th>Check / EFT Number</th> <th>Reimbursement Amount</th> <th>Print Image RA</th> </tr> </thead> <tbody> <tr> <td>06/28/2024</td> <td></td> <td>\$16,384.43</td> <td><a href="#">4615688</a></td> </tr> <tr> <td>06/24/2024</td> <td></td> <td>\$13,146.32</td> <td><a href="#">4613320</a></td> </tr> <tr> <td>06/17/2024</td> <td></td> <td>\$10,867.06</td> <td><a href="#">4611019</a></td> </tr> <tr> <td>06/10/2024</td> <td></td> <td>\$21,825.19</td> <td><a href="#">4608437</a></td> </tr> <tr> <td>05/31/2024</td> <td></td> <td>\$14,904.82</td> <td><a href="#">4605772</a></td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 26   &lt; &gt;  </p>	Paid Date	Check / EFT Number	Reimbursement Amount	Print Image RA	06/28/2024		\$16,384.43	<a href="#">4615688</a>	06/24/2024		\$13,146.32	<a href="#">4613320</a>	06/17/2024		\$10,867.06	<a href="#">4611019</a>	06/10/2024		\$21,825.19	<a href="#">4608437</a>	05/31/2024		\$14,904.82	<a href="#">4605772</a>
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