



KANSAS MEDICAL ASSISTANCE PROGRAM

Professional Billing Guide

Professional Billing

The Kansas Medical Assistance Program (KMAP) offers different billing options to all providers.

KMAP WEBSITE (www.kmap-state-ks.us)

- **Advantages**
 - Secure
 - Immediate response on claim status
 - High quality of data
- **Requirements**
 - **KMAP provider**
You must be an enrolled provider with KMAP to use the secure KMAP website for submitting claims.
 - **Internet Explorer 7.0 (or higher)**
If you do not have Internet Explorer, download it from the KMAP secure [website](#).
 - **Modem**
 - **Phone line, DSL, or cable connection**
 - **Internet service provider (ISP)**

PAPER CLAIM FORMS

For samples of the paper claim forms and corresponding instructions, click the appropriate form under the **Claims (Sample Forms)** heading on the [Forms](#) page of the KMAP website.

- **Paper claim submission address**
Kansas Medical Assistance Program
Office of the Fiscal Agent
PO Box 3571
Topeka, KS 66601-3571
- **Disadvantages**
 - Requires claim form ordering (not supplied by KMAP)
 - Unable to use front-end editing
 - Takes 8 to 10 days to process
- **Tips for faster processing**
 - Type the information and use a font that is easy to read.
 - Use black or blue ink only.
 - Use an original red claim form.
 - Do not print information outside of the appropriate field.
 - Put comments only in the Comments field.
 - Do not staple attachments to claim – use paperclips.

Note: Paper claim forms must be used for submitting timely filing, adjustments, or claims requiring attachments, such as sterilizations.

PROVIDER ELECTRONIC SOLUTIONS (PES)

Contact Customer Service at 1-800-933-6593 for more information and training.

KMAP Home page

The screenshot shows the KMAP website home page. At the top left is the Kansas state logo with the motto "AD ASTRA PER ASPERA". To the right of the logo is the title "Kansas Medical Assistance Program". Below the title is a dark blue navigation bar with links for Home, FAQs, Links, Beneficiary, Provider, KanCare, KBH, Publications, EDI, and Contact Us. A search bar with the text "Google™ Custom S" and "Search KMAP" is located on the right side of the navigation bar. The main content area is divided into two columns. The left column contains links for "KDHE-DHCF", "KanCare", "KanCare Issues", "Logs", "KanCare Health Plans", and a bulleted list of "Amerigroup", "Sunflower", and "UnitedHealthcare". The right column contains a paragraph about the KMAP website providing information to Medicaid beneficiaries and providers, and another paragraph about general KMAP program information accessible through banner links. Below these paragraphs are three icons representing a family, a doctor, and a pharmacist, each with a corresponding link: "Beneficiary", "Provider", and "Drug Manufacturer". At the bottom of the page, there is a section titled "Instructions for Users with Visual Disabilities" with contact information for alternate format requests and a link to "Important Information Disclaimer".

Kansas AD ASTRA PER ASPERA

Kansas Medical Assistance Program

Home FAQs Links Beneficiary Provider KanCare KBH Publications EDI Contact Us

Google™ Custom S Search KMAP

[KDHE-DHCF](#)

[KanCare](#)


The Kansas Medical Assistance Program (KMAP) website provides information to Medicaid beneficiaries and providers. If you are enrolled in KanCare or providing services to a KanCare member, links for the individual plans are under KanCare Health Plans.


[KanCare Issues](#)
[Logs](#)


KanCare Health Plans

General KMAP program information can be accessed in the banner links above. Users with secure access can log in at the links below.

- [Amerigroup](#)
- [Sunflower](#)
- [UnitedHealthcare](#)

 [Beneficiary](#)

 [Provider](#)

 [Drug Manufacturer](#)


Instructions for Users with Visual Disabilities

To request information on this website in an alternate format, please call 1-800-766-9012 (beneficiaries) or 1-800-933-6593 (providers).

[Important Information Disclaimer](#)

Note: The screen prints offered in this guide can vary slightly from the ones seen on your screen depending on the most recent additions and updates.

KMAP Provider page



Kansas Medical Assistance Program

[Home](#) [FAQs](#) [Links](#) [Beneficiary](#) [Provider](#) [KanCare](#) [KBH](#) [Publications](#) [EDI](#) [Contact Us](#)

Google™ Custom Search

Effective with dates of service January 1, 2013, through December 31, 2014, Medicaid payment rates to primary care physicians for furnishing primary care services will be no less than 100% of Medicare payment rates for 2013 and 2014 respectively (or if greater, the Medicare payment rate in effect in July 1, 2009). Reference [General Bulletins 13006 and 13028](#) for further information. The [Certification and Attestation for Primary Care Rate Increase](#) form can be found under the Provider Information heading on the [Forms page](#). For any forms received after March 31, 2013, the effective date of the rate increase will be the date of the physician's application for attestation. A current [list](#) of providers who have successfully completed the attestation is now available.

Provider

Providers can access publications, interactive tools, and other helpful information.

Publications

- [Manuals](#)
- [Forms](#)
- [Bulletins](#)
- [Enrollment Applications](#)
- [KMAP Policy Meeting Minutes](#)

Interactive Tools

- [Provider login](#)
Authorized providers can access the secure website to inquire about claims and verify member eligibility.
- [Reference Codes](#)
Find current coverage and pricing information.
- [Taxonomy Cross Reference List](#)
- [Third-Party Liability Noncovered List](#)
Find a current listing of the noncovered procedure codes for the major health insurance carriers in the State of Kansas.

Helpful Information

- [Frequently Asked Questions](#)
- [PCP Rate Increase](#)
- [Workshop Schedule](#)
Find locations, dates, and times for the KanCare meetings hosted by KDHE and KDADS. Space is limited and registration is required.
- [Electronic Health Record Incentive Programs](#)
- [EOB Crosswalk](#)
Find HIPAA adjustment reason and remark codes and local codes cross-referenced.
- [5010](#)
- [MS-DRG to CMS-DRG Crosswalk](#)
- [National Provider Identifier](#)
- [Appeal rights](#)
- [Automated Voice Response System Quick Reference Guide](#)
[Adobe Reader](#) software is required to view this document.
- [Drug prior authorization forms](#)
Find pharmacy-related prior authorization forms on the KDHE website.

KMAP secure website

- To access the secure website from the [Provider](#) home page, click **Provider login** under the Interactive Tools heading. If you have never logged on or have forgotten your password, contact KMAP Customer Service to obtain your user name and password. You can then enter this information in the **Already a member?** section and click **Log On**. This information is case sensitive and must be entered exactly as it was created.
- The system prompts you to change your password every 30 days for security purposes.
- Your account is disabled if you do not log on in 90 days or if you mistype your password three consecutive times. To reactivate your account, the contact person associated with the user name must call KMAP Customer Service.

The screenshot shows the KMAP secure website interface. At the top left is the Kansas logo with the motto "AD ASTRA PER ASPERA". To the right is the text "Kansas Medical Assistance Program". Below this is a navigation bar with links for "KMAP Main", "Login", "Help", and "Forgot Password?". A search bar with "Google Custom Search" and "Search KMAP" is on the right. The date and time "Monday 3 June 2013 3:42 pm" are displayed. The main heading is "Welcome to KMAP's Secure Web Site!". The text explains that the site is for providers, clerks, and clearinghouses, requiring a PIN or user ID and password. It lists services like claim status inquiry and drug rebate flyers. A section for "Already a member?" includes fields for "User Name" and "Password" with a "Log On" button. A section for "First time here?" includes fields for "Log On ID" and "PIN" with a "Log On" button. A section for "Information for obtaining PIN?" provides instructions on how to get a PIN. The page footer shows a browser navigation bar.

Kansas AD ASTRA PER ASPERA

Kansas Medical Assistance Program

KMAP Main Login Help Forgot Password?

Monday 3 June 2013 3:42 pm Google Custom Search Search KMAP

Welcome to KMAP's Secure Web Site!

The Kansas Medical Assistance Program's (KMAP's) secure Web site is intended for providers, clerks and clearinghouses. Access to this site requires a personal identification number (PIN) for initial access or a user ID and password. For information on obtaining a PIN, please see [Information on obtaining PIN](#) below.

This site gives you the opportunity to view claim status inquiry, claim summary, prior authorization inquiry and claim payment summary. Also, you may receive messages from the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) that apply specifically to you. Whether you are [already a member](#) or a [first-time user](#), please enter the required information below to enter our secure Web site.

This site provides secure access for drug manufacturers and their drug clerks to view invoices, claim level detail and the quarterly drug rebate flyer.

For help understanding the coming 5010 conversion, please click [here](#)

This Web site is compatible with Microsoft Internet Explorer version 7.0. You may download Internet Explorer from the following location: 

Already a member?

Log on to KMAP's secure Web site.

User Name

Password

First time here?

If you have received a PIN letter, you may set up your account now.

Log On ID

PIN


Information for obtaining PIN?

If you have not completed an application, please select and complete an application from the [Provider Enrollment Applications](#) page that matches your practice or business.

If you have completed the application and have not received the PIN letter or lost the PIN letter, please call the KMAP Customer Service Center at 1-800-933-6593 between 8:00 a.m. and 5:00 p.m. Central Standard Time, Monday through Friday.

KMAP provider menu

- The main provider menu appears after you log on and view your global messages. From here, you can click any of the links on the window to access the corresponding pages.
- An option to Switch Provider Number appears if your clerk ID is associated with more than one provider number. This link gives you the ability to switch between provider numbers. If you use more than one provider number, it is very important to validate which provider number you are working under when submitting claims. Submitting claims under the wrong provider number could result in denied claims.
- You can elect to have a web remittance advice (RA) which is available the first Monday immediately following the previous Friday's claim processing deadline. Click the link below Filename to add this feature.



Kansas Medical Assistance Program

Main Claims Eligibility Pricing Prior Auth. Trade Files EDI Publications Account Mail-box Help Logout

Monday 3 June 2013 3:45 pm

Provider:

Provider Name:

NPI:

- [Claim Submission](#)
- [Claim Inquiry](#)
- [Prior Authorization](#)
- [Eligibility Verification](#)
- [Provider Eligibility](#)
- [Pricing & Limitation](#) information for Procedures, Diagnosis, Drugs, and Revenue Codes
- [Provider Services Profile](#)
- [Training Materials](#)
- [Rights to Appeal](#)
- [RA Banner Search](#)
- [Payment Inquiry](#)
- [DEA Inquiry](#)
- [NPI Capture](#)
- [NPI Search](#)
- [Provider Directory](#)
- [Provider Secure Correspondence](#)
- [5010](#)

If you want to appeal any notice of denial, you may file a request for a fair hearing before an impartial hearing officer. To request a fair hearing, you must file a written request with the Office of Administrative Hearings, 1020 S. Kansas Avenue, Topeka, KS 66612 within 30 days of the written notice. If KHPA mailed this notice of denial to you, K.S.A. 77-531 allows you an additional three days to file such a request.

Your most recent Paper Remittance Advices:

Filename	Date Downloaded
Submit a request to receive remittance advices online.	

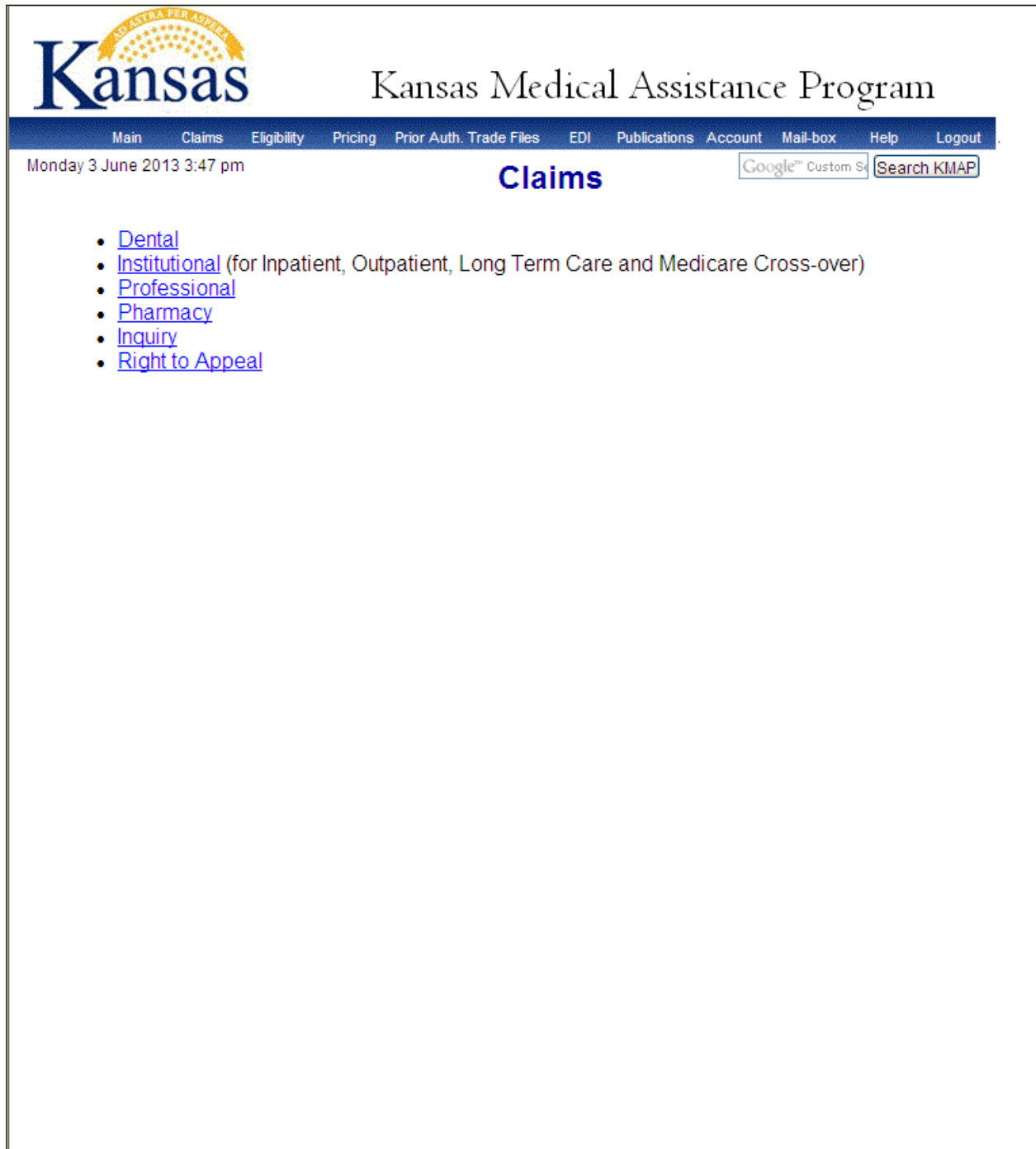
Your most recent 835 Electronic Remittance Advices:


Filename	Date Downloaded
Submit a request to receive 835 electronic remittance advices.	

To receive RAs not listed here, you may [submit a request](#) to have them mailed to your current address. You will need to indicate the provider ID and RA date in order for us to process your request. Requests for RAs older than 60 days from the print date are charged \$25.00 per RA.

Claims page

By clicking **Claim Submission**, you will be able to view the different claim types. Click **Professional** to access the professional claim form.



 **Kansas** Kansas Medical Assistance Program

Main Claims Eligibility Pricing Prior Auth. Trade Files EDI Publications Account Mail-box Help Logout


Monday 3 June 2013 3:47 pm Google™ Custom Search

Claims

- [Dental](#)
- [Institutional](#) (for Inpatient, Outpatient, Long Term Care and Medicare Cross-over)
- [Professional](#)
- [Pharmacy](#)
- [Inquiry](#)
- [Right to Appeal](#)

Professional Claim

KMAP follows the Centers for Medicare and Medicaid Services (CMS) guidelines and uses Health Insurance Portability and Accountability Act (HIPAA)-compliant claim adjustment reason codes (CARCs) and remittance advice reason codes (RARCs).



Kansas Medical Assistance Program

[Main](#)
[Claims](#)
[Eligibility](#)
[Pricing](#)
[Prior Auth](#)
[Trade Files](#)
[EDI](#)
[Publications](#)
[Account](#)
[Mail-box](#)
[Help](#)
[Logout](#)

Professional Claim

Billing Information

Previous ICN

Timely Filing Override ICN

Provider Number

NPI

Beneficiary ID

Last Name

First Name

Date of Birth

Patient Account #

Signature on File?

Service Information

From Date

Thru Date

POS

Accident Related Cause(s)

1

2

Accident Date

Accident State

Acc Diagnosis

Hospitalization Dates Related to Current Service

From To

Charges

Total Charges

Co-Pay Amount

TPL

From DOS

Referring Physician

TPL/MEDICARE

Detail

Item	Procedure	Units	Charges	Status	Allowed Amount
1		0.00	0.00		0.00

Detail Information

Item From DOS To DOS

POS

Procedure Modifiers

NDC Information

NDC	Unit of Measure	Quantity	RX/Reference#
1		0.000	

Diag. Cross-Ref Units Charges

EPSDT/Family Planning

Rendering Physician

NPI Taxonomy Code

Last Organization Name First Name MI

Legacy ID

Status Allowed Amount Co-Pay Amount

Payer Information

Payer	Amount	Date Adjudicated
	0.00	

Payer Amount Date Adjudicated

Claim Adjustment Reason Code (CARC)

Group	Reason Code	Description	Amount
PR	1	DEDUCTIBLE	
PR	2	COINSURANCE	
PR	3	CO-PAYMENT	

Group Code CARCs lookup Amount

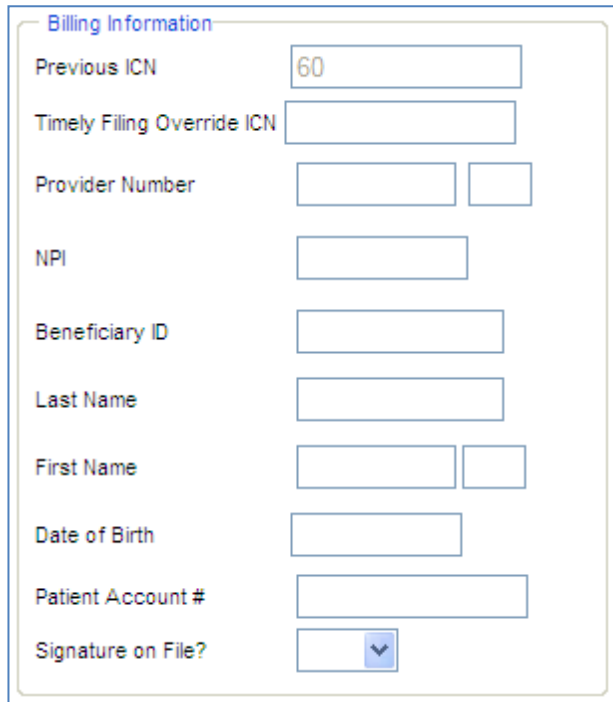
EPSDT Referral

Hard-Copy Attachments

Claim Status Information
Not Submitted yet.

Billing Information

- **Previous ICN:** Do not use.
- **Timely Filing Override ICN:** Enter the internal control number (ICN) of the original claim to document timely filing. An entry in this field is not required. However, the claim could deny for timely filing if the ICN is not entered in this field. When entering a timely filing override ICN, the billing provider ID, beneficiary ID, DOS, revenue codes, and billed amount must match the information on the previously submitted claim. Otherwise, the claim will deny for timely filing. Be sure you are entering the correct timely filing override ICN. Use the KMAP ICN for claims submitted as fee-for-service or the ICN assigned by the MCO for KanCare.
- **Provider Number:** This field auto-populates based on the user. This provider number will be considered the billing KMAP ID.
- **NPI:** This field auto-populates based on the user. This provider number will be considered the billing National Provider Identifier (NPI).
- **Beneficiary ID:** Enter the KMAP beneficiary ID number.
- **Last Name:** This field auto-populates based on the beneficiary ID.
- **First Name:** This field auto-populates based on the beneficiary ID.
- **Date of Birth:** This field auto-populates based on the beneficiary ID.
- **Patient Account #:** Optional – Enter the beneficiary’s account number with your facility.
- **Signature on File?** Choose **Yes** if the provider’s signature is on file.



The screenshot shows a form titled "Billing Information" with the following fields:

- Previous ICN: 60
- Timely Filing Override ICN: [Empty]
- Provider Number: [Empty]
- NPI: [Empty]
- Beneficiary ID: [Empty]
- Last Name: [Empty]
- First Name: [Empty]
- Date of Birth: [Empty]
- Patient Account #: [Empty]
- Signature on File?: [Dropdown menu]

For quicker navigation through the claim, use your **TAB** key.

Service Information

- **From Date:** This field auto-populates based on the information entered in the detail portion of the claim.
- **Thru Date:** This field auto-populates based on the information entered in the detail portion of the claim.
- **POS:** Optional. Place of service (POS) required at detail only.
- **Accident Related Cause(s) 1, 2:** Choose the appropriate primary and secondary accident-related causes from the drop-down box.
- **Accident Date:** Enter the date corresponding to any values indicated in the Accident Related Cause(s). *Note:* This field is required if an Accident Related Cause value is indicated in Fields 1 or 2.
- **Diagnosis:** Enter the appropriate diagnosis code(s) without decimals. Click **Add** to enter multiple diagnosis codes. DO NOT use decimals when reporting diagnosis. When more than one diagnosis code is entered, a scroll bar appears to the right of the diagnosis code values. You may use the scroll bar to see all diagnosis codes entered.

The screenshot shows a form titled "Service Information". It contains the following fields:

- From Date: [Text Box]
- Thru Date: [Text Box]
- POS: [Dropdown Menu]
- Accident Related Cause(s):
 - 1: [Dropdown Menu]
 - 2: [Dropdown Menu]
- Accident Date: [Text Box]
- Accident State: [Dropdown Menu]
- Add Diagnosis: [Text Box] with a dropdown menu set to "Principal".
- Hospitalization Dates Related to Current Service:
 - From: [Text Box]
 - To: [Text Box]

Hospitalization Dates Related to Current Service: Enter the dates that the beneficiary was admitted to and discharged from an inpatient hospital.

Charges

Total Charges: The total claim charges are automatically calculated based on the charges entered in the detail information section of the claim.

The screenshot shows a form titled "Charges". It contains the following fields:

- Total Charges: [Text Box] with the value "0.00".
- Co-Pay Amount: [Text Box] with the value "0.00".

TPL

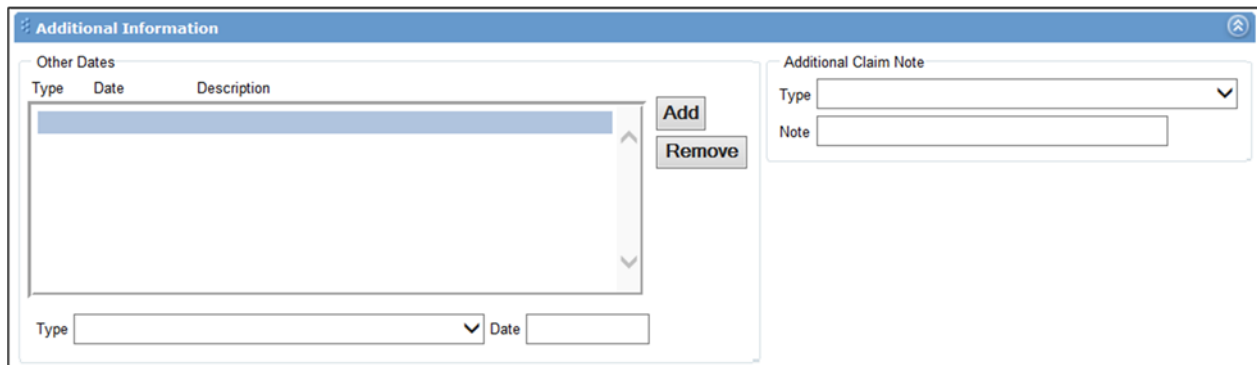
From DOS: Enter a DOS to query for effective third-party liability (TPL) policies. It is not used in claim processing.

The screenshot shows a form titled "TPL". It contains the following field:

- From DOS: [Text Box]

Additional Information

To expand the Additional Information section of the online claim, click on the two arrows pointing downward on the far right side of the blue bar or click the little dots on the far left side. To enter additional lines, click the **Add** button. To remove a line previously entered, click on the line and then the **Remove** button.



- **Other Dates**
 - **Type**

The **Type** options are the same as the allowed qualifiers used in Fields 14 or 15 on the revised CMS-1500 claim form.

 - Click Add. The Type drop-down box will display.
 - Choose the appropriate qualifier. Multiple qualifiers can be added. However, the same qualifier cannot be used more than once.
 - **Date**

When a qualifier is selected, the corresponding date must be added.

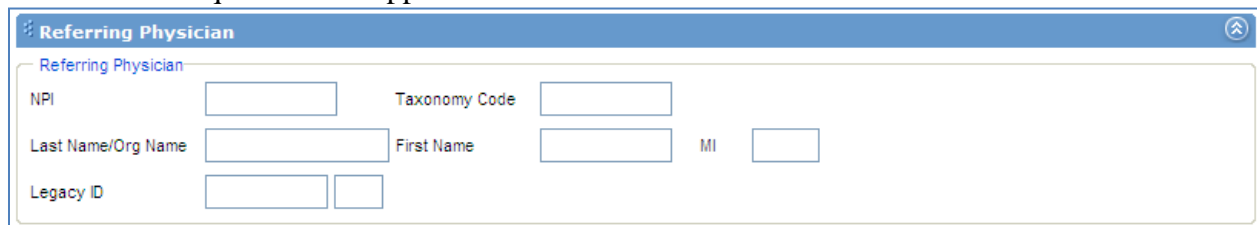
 - Tab to the Date field.
 - Enter the date.
- **Additional Claim Note**
 - **Type**

Select the appropriate claim note type from the drop-down list.
 - **Note**

When a claim note type is selected, an accompanying note must be added. Up to 80 characters of text are allowed in the Note field.

Referring Physician

All fields are required when applicable.



TPL/MEDICARE

To expand the TPL/Medicare section of the online claim, click on the two arrows pointing downward on the far right side of the blue bar containing the word TPL/Medicare or click the little dots next to the title TPL/Medicare in the blue box. If you enter a **From DOS** in the TPL section above, this section expands automatically.

If there is not a TPL or Medicare payment, this section does not apply. This box will not expand if a TPL **From DOS** is not entered. To enter additional lines, click the **Add** button. To remove a line previously entered, click on the line and the **Remove** button. This is considered the header level. CARC information should only be added in the detail section.

TPL/MEDICARE

Last Name	First Name	Policy Number	Plan Name	Payer Number
				Payer1

Add **Remove**

TPL/MEDICARE

Policyholder
Last Name First MI Suffix
Policy # Plan Name Payer ID
Date Adjudicated Paid Amount:
Policyholder Relationship to Patient Insurance Type
Release of Information

Remittance Advice Remarks Codes (RARC)

Code	Description

Add **Remove**

Code [RARCs lookup](#)

Claim Adjustment Reason Code (CARC)

Group	Reason Code	Description	Amount
PR	1	Deductible Amount	
PR	2	Coinsurance Amount	
PR	3	Co-payment Amount	

Add **Remove**

Group Code [CARCs lookup](#) Amount

Most policy information will auto-populate based on the TPL policy information available in the beneficiary's eligibility data, which is reported to KMAP by the beneficiary. Providers can update the TPL policy information using the TPL Update form located under the **Beneficiary Information** heading on the [Forms](#) page of the KMAP website.

- **Last Name:** Enter the last name of the policyholder.
- **First:** Enter the first name of the policyholder.
- **MI:** Enter the middle initial of the policyholder.
- **Suffix:** Enter the suffix (if any) of the policyholder (such as Jr., Sr.).

TPL/MEDICARE screen

- **Policy #:** Enter the policy number of the other insurance.
- **Plan Name:** Enter the name of the plan under which the policyholder has coverage.
- **Payer ID:** If this field is left blank, the system will display a message at submission stating the information is being populated. If there are multiple payers, a unique ID should be tied to the appropriate detail lines.
- **Date Adjudicated:** Enter the appropriate date from the other insurance carrier's explanation of benefits (EOB).
- **Paid Amount:** Enter the amount the other insurance or Medicare paid. The amount should be the total amount paid by the selected payer.
- **Policyholder Relationship to Patient** (relationship of the policyholder to the KMAP beneficiary): Select the relationship from the drop-down box.
- **Insurance Type:** Select the type of insurance from the drop-down box.
- **Release of Information:** Select the release of information from the drop-down box.
- **Remittance Advice Remark Codes (RARC):**
 - RARC information should be added when the CARC information requires a more detailed description. **RARCs must be entered at the header level.**
 - **Code:** Enter the RARC indicating the additional information needed. Use the [RARCs lookup](#) link if needed.
- **Claim Adjustment Reason Code (CARC):**
 - Enter the CARC information when a TPL or Medicare payment has been made. The CARC section will auto-populate with Group, Reason Code, and Description for deductible, coinsurance, and copayment. Enter the information for the three preselected codes.
 - **Group:** Select CO for contractual obligation, CR for correction and reversal, OA for other adjustment, PI for payer-initiated reductions, and PR for patient responsibility.
 - **Code:** Enter the CARC indicating the additional information needed. Use the [CARCs lookup](#) link if needed.
 - **Amount:** Enter the corresponding amount for each line. The amount should be the line detail amount reported by the selected payer.

Note: Medicare and/or TPL EOBs should not be mailed to KMAP or submitted as attachments to the website claim. The EOB should be kept in the provider's records.

Detail screen

Item	Procedure	Units	Charges	Status	Allowed Amount
1		0.00	0.00		0.00

Detail Information

Item: 1 From DOS: [] To DOS: []

POS: []

Procedure: [] Modifiers: [] [] [] []

NDC Information

NDC	Unit of Measure	Quantity	RX/Reference#
1	[]	0.000	[]

Diag. Cross-Ref: [] [] [] [] Units: 0.00 Charges: 0.00

EPSDT/Family Planning: []

Rendering Physician

NPI: [] Taxonomy Code: []

Last/Organization Name: [] First Name: [] MI: []

Legacy ID: [] []

Status: [] Allowed Amount: 0.00 Co-Pay Amount: 0.00

- **Item:** This field auto-populates.
- **From DOS:** Enter the first DOS.
- **To DOS:** Enter the last DOS.
- **POS:** Select the appropriate POS from the drop-down box.
- **Procedure:** Enter the appropriate procedure code.
- **Modifiers:** Enter any modifiers for the procedure code. You can enter up to four modifiers.
- **NDC Information:** To be used if you are billing a Healthcare Common Procedure Coding System (HCPCS) code that requires an NDC.
- **Diag. Cross-Ref:** Enter the diagnosis reference indicator. For instance, if the principle diagnosis code applies to this detail line, enter 1. If the secondary diagnosis in the list of diagnoses you entered in the Diagnosis field under Service Location applies to the detail line, enter 2.
- **Units:** Enter the total number of units.
- **Charges:** Enter the total charge amount corresponding to the service you are billing for this particular detail.
- **EPSDT/Family Planning:** Early Periodic Screening, Diagnosis, and Treatment (EPSDT) or Kan Be Healthy (KBH). Choose an appropriate value from the drop-down box.

Detail screen (continued)

- **Rendering Physician**
 - **NPI:** Enter the rendering/performing provider's NPI number. For a provider in a group, this is the individual physician's NPI number. For a provider not in a group, this NPI is the same as the billing NPI.
 - **Taxonomy Code:** Enter the rendering/performing provider's taxonomy code.
 - **Rendering Physician Last Name/Org Name:** Enter the rendering/performing physician's last name or organization name.
 - **First Name:** Enter the rendering/performing physician's first name.
 - **MI:** Enter the rendering/performing physician's middle initial.
- **Add and Remove:** Use these buttons to add or remove detail lines as needed.

Payer Information

Payment details from a primary payer are entered on this screen. This is considered the detail level. If payer information is not listed in the TPL/Medicare section, this section will not accept entries. It does not apply to a claim that does not have a primary payer.

Claims with multiple line items must have the CARC information entered in this section.

- **Add** and **Remove**: Use these buttons to add or remove payer information as needed.
- Once the TPL/Medicare information is entered in the header above, the payer name will auto-populate below with either Payer 1 or the payer ID.
- Select the line and enter the **Amount** and **Date Adjudicated**. The amount should be the total amount paid by the selected payer.

The **Claim Adjustment Reason Code (CARC)** section will auto-populate with **Group**, **Reason Code**, and **Description** for deductible, coinsurance, and copayment.

- **Group**: Indicate the appropriate group code: CO for contractual obligation, CR for correction and reversal, OA for other adjustment, PI for payer initiated reductions, and PR for patient responsibility. If the group code is not provided by the primary payer, use your best judgment to identify which group code matches the CARC used.
- **Code**: Indicate the CARC code provided by the primary insurance. If the primary payer returned a non-HIPAA compliant CARC, the system displays a message that the default code 192 is being entered.
- **Amount**: Enter a corresponding amount for each line. The amount should be the line detail amount reported by the selected payer.

Note: If multiple line details are entered in the detail section, corresponding payer information needs to be included. Each sum of the line detail payments must balance to the header paid amount.

Claim Inquiry

- Click **Claim Inquiry** from the main provider menu page (see page 6).
- **Beneficiary ID:** If known, enter the beneficiary ID number.
- **Claim Status:** Select the appropriate claim status from the drop-down box: Any Status, Denied, Paid, or Suspended.
- **Claim Destination:** Select the appropriate claim destination from the drop-down box to limit your inquiry results by the organization(s) that will process the claim for payment.
- **Patient Acct. #:** If known, enter the patient account number. It must have been entered on the claim to allow for search criteria.
- **Date Type:** Click the appropriate button.
- **ICN:** If known, enter the ICN.
- **From Date:** Enter the first DOS.
- **Thru Date:** Enter the final DOS.
- **Most Recent Paid Claim:** When this box is checked, providers can sort claims to view the most recent paid claims based on search criteria. This helps providers determine which ICN can be adjusted.
- Click **Search**.

Note: When looking for a claim, enter search criteria in the **Beneficiary ID**, **From Date**, and **Thru Date** boxes. Do not attempt to use all search criteria. Claims submitted to the KanCare managed care organizations (MCOs) through front-end billing (FEB) will only be displayed if submitted on the KMAP website.

The screenshot shows the Kansas Medical Assistance Program (KMAP) website interface. At the top left is the Kansas state logo with the motto "NO STRA PER ASPERA". The page title is "Kansas Medical Assistance Program". A navigation menu includes links for Main, Claims, Eligibility, Pricing, Prior Auth, Trade Files, EDI, Publications, Account, Mail-box, Help, and Logout. The current date and time are "Tuesday 15 October 2013 11:53 am". A search bar contains "Google Custom S" and a "Search KMAP" button. The main heading is "Claim Inquiry". Below this are labels for "Provider:", "Provider Name:", and "NPI:". A "Criteria" section contains several input fields and dropdown menus: "Beneficiary ID" (text box), "Claim Status" (dropdown menu with "Any Status" selected), "Claim Destination" (dropdown menu with "ALL" selected), "Patient Acct. #" (text box), "Date Type:" (radio buttons for "Date of Service" (selected) and "Warrant Date"), "ICN" (text box), "From Date" (text box), and "Thru Date" (text box). There is also a checkbox for "Most Recent Paid Claim" which is currently unchecked. A "Search" button is located at the bottom right of the criteria section.

- To open the Internet claim from the displayed results, click the ICN number in the **ICN** column. The claim details display in a separate window.

Resubmit claim – denied claims only

- Access the denied claims from the Claim Inquiry window using the **Claim Status** field.
- Once you identify the denied claim to correct, open the claim by single clicking on the corresponding ICN link.
- The claim will display and allow you to change the information as needed.
- Once you have entered the correct information, **TAB** to exit the corrected field and click **Re-Submit**.

Adjust claim – paid claims only (not currently available for FEB)

- Access the paid claims from the Claim Inquiry window using the **Claim Status** field.
- Once you identify the paid claim to adjust, open the claim by clicking on the corresponding ICN link.
- Make any corrections, **TAB** to exit the corrected field, and click **Adjust**.
Note: Once the adjustment is processed, KMAP will create either an underpayment or overpayment based on the changes made to the claim by the provider. The underpayment or overpayment will appear on a future RA.

You cannot adjust a previously adjusted claim.

You cannot adjust a claim that is more than 24 months old.

A “locked claim” is a claim that has been adjusted. A claim can be locked due to a SURS, CMS, KDADS, DHCF, SURL, TPL, HMS, CBA, RAC, or KFMC review. A locked claim cannot be adjusted, voided, copied, or rebilled by the provider on the website.

Claims with Medicare or a TPL entity billed primary that need to be adjusted must have the payer information entered at the line detail level regardless of the date of service. If the TPL information was entered in the previous ICN, the information will display in the TPL/Medicare section. Medicare policy information will need to be added. For outpatient claims, input the RARC information at the header level and the CARC information at the detail level.

Note: If the claim cannot be adjusted on the website, a paper adjustment form is required. See Section 5600 of the *General Billing Fee-for-Service Provider Manual* for information regarding filing a paper adjustment.

Void claim – paid claims only (not currently available for FEB)

- Access the paid claims from the Claim Inquiry window using the **Claim Status** field.
- Once you identify the paid claim to void, open the claim by clicking on the corresponding ICN link. The corresponding claim will display.
- Scroll to the bottom of the claim and click **Void**.

A new window appears stating the void was completed. This action creates an account receivable for the amount previously paid. The account receivable will be deducted from a future warrant.

Copy claim – paid claims only (not currently available for FEB)

Note: This is very useful for recurring billing.

- Access the paid claims from the Claim Inquiry window using the **Claim Status** field.
- Once you identify the paid claim to copy, open the claim by clicking once on the corresponding ICN link. The corresponding claim will display.
- Scroll to the bottom of the claim and click **Copy Claim**. A new window will appear with an exact copy of the previously paid claim's data.
- Make any changes to the copied version of the claim and click **Re-Submit**.

Note: It is important to verify whether you are adjusting an existing claim or copying a previously paid claim to submit as a new claim. Adjusting previously paid claims may result in KMAP taking back money.