

Navigating the Birth to Three Fiscal Portal: Workable Claims-Medicaid

This report shows claim rejections and claim denials. Denied claims deemed workable are claims that providers can correct and resend. It is critical to work denied claims daily due to timely filing is a factor and making sure claim data is accurate. Any claim record the provider cannot not manually correct, the provider should contact PCG support for additional assistance. Best practice is to check these claims daily.

8 Steps [View most recent version](#) 

Created by	Creation Date	Last Updated
Shelbi Neely	Apr 02, 2025	Apr 02, 2025

STEP 1

Click on Birth to Three Fiscal Portal

Log into the Portal

Birth to Three Fiscal Portal

by keyword

Home Claiming Maintenance Reports Help My Account

4/2/2025 : Welcome to EI Billing for: Creative Interventions

is now available under Reports, Claiming. A guide to using this report can be found under Help, Information for providers and it is the first

In-Process Claims Status

Status	# Claims	Amount
INSURANCE	2637	
VOIDED	419	

[Payment Profile](#)

STEP 2

- A. Select Claiming tab
- B. Select Workable Claims button
- C. Select Medicaid button

Birth to Three Fiscal Portal



Search by keyword

Home Claiming Maintenance Reports Help My Account

4/2/2025 Insurance Workable Claims Insurance Medicaid

Alerts

Report

Report is now available under Reports, Claiming. A guide to using this report can be found under Help, Information for p

In-Process Claims Status

Status	# Claims
INSURANCE	2637
VOIDED	419

STEP 3

A. Select Category 1 - Problems Detected by Central Billing Office tab to see claims

B. Select Category 3 - 835 Errors tab to see claims

Connecticut Birth to Three System

Birth to Three Fiscal Portal

What would you like to do? Search by keyword

Home Claiming Maintenance Reports Help My Account

Medicaid Claims Needing Attention

Child Last Name: Child First Name: Service Date From: To: Filter

Category 1 - Problems Detected by Central Billing Office **Category 3 - 835 Errors**

Nothing found.

STEP 4

Claims Information

If you have claims needing attention, you will see Child name, Medicaid/Policy Number, Adjustment Reason Code, Remark Code, Service Date, Procedure Code, and ICD Code.

STEP 5

Billing History

The provider can look at the billing history by selecting the Child's Name that will open their record or selecting Billing History for that specific date of service and Procedure code.

The screenshot displays the 'Birth to Three Fiscal Portal' interface. At the top, there is a header with the 'Connecticut Birth to Three System' logo, the 'Birth to Three Fiscal Portal' title, and the 'PUBLIC CONSULTING GROUP' logo. A search bar and a 'LOGOUT' button are also present. Below the header, a navigation menu includes 'Home', 'Claiming', 'Maintenance', 'Reports', 'Help', and 'My Account'. The main section is titled 'Medicaid Claims Needing Attention'. It features a filter section with input fields for 'Child Last Name', 'Child First Name', 'Service Date From', and 'To', along with a 'Filter' button. Below this, there are two tabs: 'Category 1 - Problems Detected by Central Billing Office' and 'Category 3 - 835 Errors'. The 'Category 1' tab is active, showing a table with columns: Child, Medicaid #, Service Category, Service Type, Adjustment Reason Code, Remark Code, Cycle, Service Date, Procedure Code, ICD Code, and two columns for 'Edit/Fix Claim' and 'Billing History'. The table contains three rows of data, all with an Adjustment Reason Code of 'CO-31' and a Service Date of '03/13/2025'. The first row has a Procedure Code of 'T1028' and an ICD Code of 'F80.9'. The second and third rows have a Procedure Code of 'T1023' and an ICD Code of 'F80.9'. A 'Resubmit Selected Claims' button is located at the bottom left of the table area.

☐	Child	Medicaid #	Service Category	Service Type	Adjustment Reason Code	Remark Code	Cycle	Service Date	Procedure Code	ICD Code	Edit/Fix Claim	Billing History
☐					CO-31			03/13/2025	T1028	F80.9	Edit/Fix Claim	Billing History
☐					CO-31			03/13/2025	T1023	F80.9	Edit/Fix Claim	Billing History
☐					CO-31			03/13/2025	T1023	F80.9	Edit/Fix Claim	Billing History

STEP 6

Open Billing History

When the provider opens the billing history they will see information regarding that service date and code. In this example, you see the claim has been submitted.

The screenshot displays the 'Birth to Three Fiscal Portal' interface. At the top, there is a header with the 'Connecticut Birth to Three System' logo, the portal title, and the 'PUBLIC CONSULTING GROUP' logo. A navigation bar includes links for Home, Claiming, Maintenance, Reports, Help, and My Account, along with a LOGOUT button. The main section is titled 'Billing History' and contains a form with fields for Child, DOB, CIN, EI Data Source, Therapist, Authorization Number, From Date, To Date, Service Category, Service Type, Procedure Code, Invoice Number, Service Date, and Current Status. Below the form, there are tabs for Overview, Escrow, Insurance, and Medicaid. The Medicaid tab is active, showing a table of billing history.

IB#	Payment Source	Status	Claim Number	Billed Electronically?	Date Billed	Response Date	Amount Billed	Service Line ID	Amount Paid	Check Number	Check Date	CPT Code	ICD Code	Units	Denial Code	De So
	Medicaid	RESUBMIT		Yes	03/19/2025	03/25/2025	\$90.00		\$0.00			T1028	F80.9	3		
	Medicaid	NEEDS ATTENTION					\$90.00					T1028	F80.9	3		

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STEP 7

Billing History

The provider see in this example that the claim was denied for CO 31 with the action to resubmit the claim.



Birth to Three Fiscal Portal



What would you like to do?

Home Claiming Maintenance Reports Help My Account

Billing History

Child DOB CIN EI Data Source

Therapist

Authorization Number From Date To Date Service Category Assessment Service Type Speech/Language Pathologist

Procedure Code Invoice Number Service Date 3/13/2025 Current Status MEDICAID

Overview Escrow Insurance Medicaid

heck lumber	Check Date	CPT Code	ICD Code	Units	Denial Code	Denial Source	e277 Information	e277 Claim Reference Number	835 Status	835 CAR Group Code	835 CAR Code	835 Remark Code	835 Cycle	835 Action	Ins. Claim ID	Insurance Company	Policy #
		T1028	F80.9	3			~		RESUBMIT	CO	31			RESUBMIT		Medicaid	
		T1028	F80.9	3			~									Medicaid	

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STEP 8

Why was the Claim Denied?

The provider can look up why that claim was denied by going to x12.org and looking under Claim Adjustment Group Codes. It is then up to the provider to correct the issue and resubmit the claim.

The screenshot displays the x12.org website's 'Claim Adjustment Group Codes' page. The browser's address bar shows 'x12.org/code/claim-adjustment-reason-codes'. The page features a header with the EDIACADEMY logo and a 'FEEDBACK' button on the right. A section titled 'About Claim Adjustment Group Codes' explains that these codes are internal to the X12 standard and assign responsibility for adjustment amounts. Below this, a table lists the codes: CO (Contractual Obligation), CR (Corrections and Reversal), OA (Other Adjustment), PI (Payer Initiated Reductions), and PR (Patient Responsibility). The CR entry includes a note: 'Note: This value is not to be used with 005010 and up.' Further down, there are links for 'Maintenance Request Status' and 'Maintenance Request Form'. A filter section allows users to search by code (with '31' entered) and filter by status (Current, To Be Deactivated, Deactivated). The bottom of the page shows a list of codes, including 31 (Patient cannot be identified as our insured), 131 (Claim specific negotiated discount), and 231 (Mutually exclusive procedures cannot be done in the same day/setting).

Did you receive a code from a health plan, such as: PR32 or CO286? If so Read About Claim Adjustment Group Codes below.

About Claim Adjustment Group Codes

Did you receive a code from a health plan, such as: PR32 or CO286? The "PR" is a Claim Adjustment Group Code and the description for "32" is below. The Claim Adjustment Group Codes are internal to the X12 standard. These codes generally assign responsibility for the adjustment amounts. The format is always two alpha characters. For convenience, the values and definitions are below:

CO	Contractual Obligation
CR	Corrections and Reversal <i>Note: This value is not to be used with 005010 and up.</i>
OA	Other Adjustment
PI	Payer Initiated Reductions
PR	Patient Responsibility

Maintenance Request Status

Maintenance Request Form

Last updated: 3/4/2025

Filter by code:

Filter codes by status:

31	Patient cannot be identified as our insured Start: 03/01/1995 Last Modified: 09/30/2007
131	Claim specific negotiated discount. Start: 02/26/1997
231	Mutually exclusive procedures cannot be done in the same day/setting. Usage: Refer to the 835 Healthcare

