



Medicaid Provider Enrollment and Billing for Services

July 22, 2002

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IDAHO DEPARTMENT OF
HEALTH & WELFARE



- Review Idaho rules governing pharmacist prescriptive authority.
- Review Idaho Medicaid provider enrollment process for mid-level practitioners.
- Explain Idaho Medicaid Medical claim submission process for pharmacist's.
- Recognize Evaluation & Management (E&M) codes for billing pharmacist services.



IDAPA 24.36.01 sec 350 and 351

SUBCHAPTER D – RULES GOVERNING PHARMACIST PRESCRIPTIVE AUTHORITY

350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.

In accordance with Section 54-1704, (This section has been repealed and is in 54-1733) Idaho Code, a pharmacist may independently prescribe non-controlled drugs, non-controlled drug categories, and non-controlled devices provided the following general requirements are met by the pharmacist: (3-31-22)T

01. Education. Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained. (3-31-22)T
02. Patient-Prescriber Relationship. Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code. (3-31-22)T
03. Patient Assessment. Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence. (3-31-22)T
04. Collaboration with Other Health Care Professionals. Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate. (3-31-22)T
05. Documentation. Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan. (3-31-22)T
06. Prescribing Limitation. Only prescribe non-controlled drugs, non-controlled drug categories, and non-controlled devices for the following conditions that: do not require a new diagnosis; are minor and generally self-limiting; have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1998; or are patient emergencies. (3-31-22)T
07. Prescribing Exemption. The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements, devices, and nonprescription drugs. (3-31-22)T



IDAHO CODE TITLE 54 Professions, Vocations, and Businesses Chapter 17 Pharmacist

- **54-1733. VALIDITY OF PRESCRIPTION DRUG ORDERS.**
- (1) A prescription drug order for a legend drug is valid only if it is issued by a prescriber for a legitimate medical purpose arising from a prescriber-patient relationship which includes a documented patient evaluation adequate to establish diagnoses, if applicable, and identify underlying conditions and/or contraindications to the treatment.
- (2) A prescriber who is otherwise authorized to perform any of the activities listed in this section may prescribe or perform any of the following activities for a patient with whom the prescriber does not have a prescriber-patient relationship under the following circumstances:
 - (a) Writing initial admission orders for a newly hospitalized patient;
 - (b) Writing a prescription drug order for a patient of another prescriber for whom the prescriber is taking call;
 - (c) Writing a prescription drug order for a patient examined by a physician assistant, advanced practice registered nurse or other licensed practitioner with whom the prescriber has a supervisory or collaborative relationship;
 - (d) Writing a prescription drug order for a medication on a short-term basis for a new patient prior to the patient's first appointment;
 - (e) Writing a prescription for an opioid antagonist pursuant to section



- (f) In emergency situations where the life or health of the patient is in imminent danger;
- (g) In emergencies that constitute an immediate threat to the public health including, but not limited to, empiric treatment or prophylaxis to prevent or control an infectious disease outbreak;
- (h) Epinephrine auto-injectors in the name of a school pursuant to section 33-520A, Idaho Code; and
- (i) If a prescriber makes a diagnosis of an infectious disease in a patient, prescribe or dispense antimicrobials to an individual who has been exposed to the infectious person in accordance with clinical guidelines.

(3) Treatment, including issuing a prescription drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose.

(4) A prescription drug order shall be issued only by a prescriber including a prescriber who is licensed in a jurisdiction other than the state of Idaho and is permitted by such license to prescribe legend drugs in the course of his professional practice as long as the individual is acting within the jurisdiction, scope and authority of his license when issuing the prescription drug order.



Idaho Pharmacists (non-physician practitioners)

- Idaho registered pharmacists can enroll as ordering ,referring or prescribing providers (ORP).
 - ORP: Any physician or other health care provider who writes orders, prescriptions or referrals for Medicaid participants for healthcare services or supplies.
- Enrolled pharmacists will be able to prescribe and provide services within the specifications allowed under the Idaho Pharmacy Act and bill Idaho Medicaid for their respective pharmacies for Idaho Medicaid payable drugs, medical supplies and services.



Idaho Medicaid contracts with Gainwell Technologies for the Medicaid Management Information System (MMIS) claims processing center, provider training, billing, and operational support for all Medicaid Providers.

- <https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/information-medicaid-providers>

Highly recommend reviewing the Idaho Medicaid Provider Handbook referring to ORP provider enrollment and billing processes.

Following slides are provided by Gainwell Technologies and can be downloaded on the link above.



Provider Enrollment Application(PEA)- Ordering, Referring and Prescribing (ORP)



Overview

- Provider Enrollment Resources
- Application submission for an Ordering, Referring and Prescribing (ORP) provider



ORP New Enrollment Application



PEA- ORP Application

Accessibility A A A English



Medicaid Management Information System

Provider Enrollment Application Back to Portal Home Sign Out Toll Free: 1-866-686-4272

Enrollment Links to start new Enrollment
> **Provider Enrollment**

To perform any type of Maintenance, please use the Action Button associated to the applicable enrollment in the grid below.

My Enrollment Applications							
Case Number	Provider ID	Provider Name	Email Address	Enumeration Type	Enrollment Status	Enrollment Type	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



Provider Enrollment Application

Back to Portal

Home

Sign Out

Toll Free: 1-866-686-4272

Welcome to Idaho Medicaid Provider Enrollment. Please review the user guides for complete instructions before you begin. For assistance with the enrollment process, contact a provider representative at 1-866-686-4272 or email idproviderenrollment@molinahealthcare.com.

Start Enrollment

NPI Number* :

Business Enumeration Type* :

Business Enrollment Type* :

Tax ID Type* : SSN

Enter Tax ID* :

Re-Enter Tax ID* :

RESET

CANCEL

SAVE AND CONTINUE

Help Links and Guidance

▶ Relevant Text Link 1

▶ Relevant Text Link 2

▶ Relevant Text Link 3

▶ Relevant Text Link 4

▶ Relevant Text Link 5

▶ Relevant Text Link 6

▶ Relevant Text Link 7

▶ Relevant Text Link 8

▶ Relevant Text Link 9

▶ Relevant Text Link 10




Ordering/Referring Providers Tab

Ordering/Referring Providers | Documents | Signature

Ordering/Referring Provider | Provider Type/Specialty |

Ordering/Referring Provider

 Billing Provider ID: [REDACTED] Enrollment Case Number: 201840002 Status: **NEW - NEW**

Ordering Provider NPI

Enter the Ordering/Referring Provider NPI. The application will check the current providers and the CMS NPI registry and return this provider Provider(ID) NPI*

Provider ID(NPI)*: 1386905107

Ordering Provider

Status: NEW

First Name*: JANE Middle Name: [REDACTED]

Last Name*: DOE Suffix: --Please Select--

Email*: PROVIDER@OFFICE.CC Primary Phone*: (208)-555-5555

Emergency Phone: [REDACTED] Fax: [REDACTED]

Date of Birth*: 1/1/1985 Gender*: Female

SSN*: *****6789

Mailing Address

Address Line 1*: 123 W PROVIDER ST Address Line 2: [REDACTED]

Zip Code*: 83704 Zip Code Extn*: 0000

City*: BOISE County*: ADA

State*: ID Country*: USA

Practice Physical Address

Same as Mailing Address

Address Line 1*: 123 W PROVIDER ST Address Line 2: [REDACTED]

Zip Code*: 83704 Zip Code Extn*: 0000

City*: BOISE County*: ADA

State*: ID Country*: USA

Ordering Provider Conviction

Have you or any entity you are or were either an agent, owner, or managing employee of, ever been found to have violated federal or state laws, rules or regulations governing Medicare or Idaho Medicaid Program or any other state's Medicaid program or any other publicly funded federal or state health care or health insurance program? Yes No

Please check all that apply*: Sanctioned Excluded Convicted


Explanation*: Type details here



Provider Type/Specialty Tab

Ordering/Referring Providers | Documents | Signature

Ordering/Referring Provider | **Provider Type/Specialty**

 **Provider Type/Specialty**

Billing Provider ID: [REDACTED] Enrollment Case Number: 201840002 Status: **NEW - NEW**

Ordering Provider Details

Ordering Provider NPI : 1386905107 - JANE, DOE City, State : BOISE, ID

Specialties: You must enter your PRIMARY specialty first.
To view or edit, highlight a Specialty.

Provider Type	Specialty	Begin Date	Term Date
No records to display.			

Provider Type/Specialty

Provider Type* : Begin Date* :

Specialty* : Term Date :

Provider Type and Specialty Details

Do you have prescribing/dispensing privileges?* : Yes No

Do you provide laboratory services in your office/facility?* : Yes No

License

Enter your number exactly as it is shown on your License (including dashes, commas, and spaces).

Licensing Board	License#	Begin Date	Term Date
[REDACTED]	[REDACTED]	6/1/2018	12/31/2022

Additional Information


Medicare Enrollment #* : [REDACTED] Begin Date* : Term Date :



Documents Tab

Ordering/Referring Providers | **Documents** | Signature

Ordering/Referring Provider Docs |

 **Ordering/Referring Provider Supporting Documents**

Billing Provider ID: Enrollment Case Number: 201840002 Status: **NEW - NEW**

Your Enrollment is not complete until all required documentation listed below has been received. Failure to submit supporting documentation will delay the approval of your application and result in non-payment of claims.

Uploading images of the required documents is highly encouraged to expedite the processing time of your application. Choose the Method of Submission from the dropdown for each document listed and submit to DXC Provider Enrollment.

Refer to the User Guides found at www.IDMedicaid.com for detailed instructions regarding uploading documents. Fax, email, and mailing address information can also be found at www.IDMedicaid.com by selecting the Contact Us link.


Document Name	NPI	Name	Method Of Submission	Actions	Submitted/Signed Documents
* Medicaid Provider Agreement	<input type="text"/>	DOE, JANE	Sign-Electronically	Download Document Upload View Uploaded Document	Review before Signing



Signature Tab

Ordering/Referring Providers | Documents | **Signature**

Signature | Summary

 **Signature**

Billing Provider ID: [] Enrollment Case Number: 201840002 Status: **NEW - NEW**

Signature

Regarding this application:

- I certify that I am the provider, owner, or officer with the legal authority to sign this application and I certify that all of the information provided in this application is true, correct, and complete.
- Incorrect information may lead to the denial of the application or delay the approval process. Please verify that all information is true, correct, and complete, before submitting the application.
- If I become aware that any information in this application is not true, correct, or complete, I will notify the Department or designee of this fact immediately.
- I authorize the Department or designee to verify the information contained herein.

Ongoing maintenance requirements:

- Per your Provider agreement changes must be reported to the Department or designee as follows:
 - I understand that a change in the ownership of my organization or my status as an individual or group biller must be reported within 35 days of the change and may require a new application.
 - All other changes to the information contained in this enrollment must be reported within 30 days of the date of that change.
 - Either of these types of changes may require a new application.

By my signature, I declare, under penalty of perjury, that I have the legal authority as a current Owner, Board Member or Managing Employee, to enter into this Agreement and hereby bind all entities and individuals that comprise the Provider.

I Attest *

Provider Application Enrollment Signature

Provider Name*: JANE DOE

Signatory Title*: Owner

Signatory Name*: Jane Doe


Date*: 7/2/2020

IP Address*: []

I confirm that all the information contained in the application is correct *


I Attest, All demographic information is up to date and correct. *

Override Submission *


 **Signature Affiliation** X

Your enrollment has been submitted and is currently being processed. An email will be sent with the current status. Please review the email to see if further action is required.

Resuming Application

My Enrollment Applications							
Case Number	Provider ID	Provider Name	Email Address	Enumeration Type	Enrollment Status	Enrollment Type	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
> 190860001	1881939676	John Doe	provider@acme.com	Type 2 - Organization	NEW	ORP	

Actions

 Resume Enrollment



Idaho Medicaid allows billing for provider services using Evaluation and Management codes (E&D codes)

- Coding system that involve the use of CPT codes from the range 99202 to 99499 which represent services provided by a physician or other qualified healthcare professional.
- These evaluation and management CPT codes are utilized when the provider is involved in either evaluating or managing patient health.



Common E&M CPT codes for pharmacist:

99605 CPT Code: Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient.

99606 CPT Code: Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient.

99607 CPT Code: Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)

Codes are also listed with level of Medical Decision Making (MDM)

- Straightforward, low, moderate or high.
- Different codes for complexity of services.
- <https://www.aapc.com/evaluation-management/em-coding.aspx#em-categories-table>
- Refer to handout.



Medical Claim Submission Training for Pharmacies



Overview

- General billing information
- Claim submission options
- Navigating the secure HealthPAS provider portal

Note that this information applies to non-pharmacy claims. Prescription drugs such as oral tablets, capsules, liquids, etc. that are self-administered by the patient are submitted in the usual way through the Magellan POS System.



General Billing Information



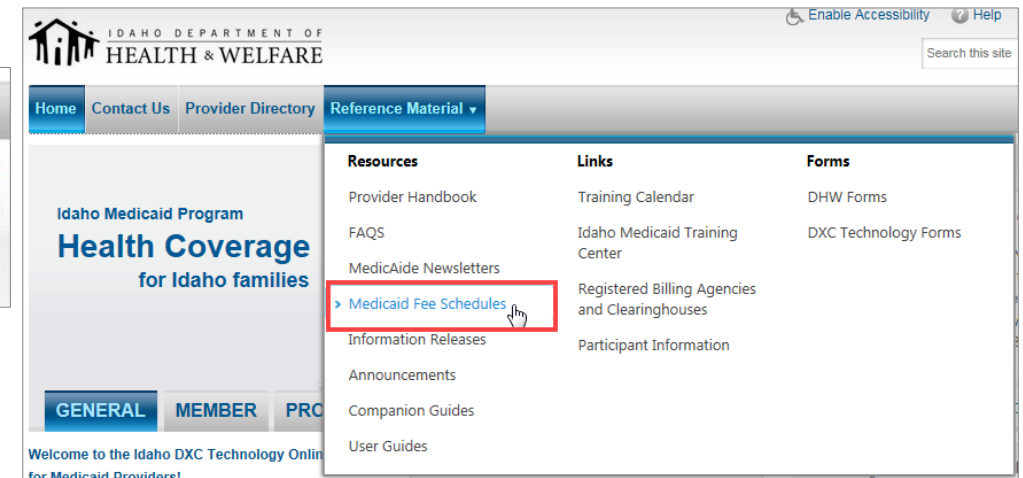
General Medical Claim Billing Information

- Enrolled Idaho Medicaid pharmacies are eligible to bill for certain services rendered by the pharmacist, under the pharmacy or clinic billing NPI. A pharmacist cannot bill directly for services.
- Effective 08/28/2020, the existing override process that is in place to allow pharmacies to bill claims without the pharmacists' information will be removed and claims will be denied if the ORP is not billed on the claim.
- The pharmacist must be enrolled as a Non-billing Ordering, Referring or Prescribing (ORP) provider and the billing pharmacy or clinic must include the pharmacist's information on the claim.
- These claims are submitted as a Medical claims and processed by Gainwell, rather than Magellan.



Eligibility for Medical Services

- Idaho Medicaid providers are required to verify a participant's eligibility for service, prior to rendering.
- Eligibility can be verified using the HealthPAS provider portal and the Medicaid Fee Schedule
- All services should be provided within the scope outlined in the Idaho Pharmacy Act





Professional Dispensing Fee - IDAPA 16.03.09.665.01g

Amount paid over and above the ingredient cost, to compensate the provider for the pharmacist's professional services related to dispensing a prescription to a Medicaid participant, including

- Looking up information about a participant's coverage on the computer;
- Performing drug use review activities;
- Measuring or mixing the covered outpatient drug;
- Filling the container;
- Participant counseling;
- Physically providing the completed prescription to the Medicaid participant;
- Special packaging; and
- Overhead associated with maintaining the facility and equipment necessary to operate the dispensing entity



Medication Management Services (MTM)

Medication therapy management services provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided.

CPT 99605: New patient, initial 15 minutes

CPT 99606: Established patient, initial 15 minutes

CPT 99607: Each additional 15 minutes, regardless if patient is new or established

Documentation should be available to support the level of care provided



Claim Submission Options



Claim Submission Options

1. Paper claim
2. Electronic 837P submission
3. HealthPAS provider portal

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0812

1. PATIENT INFORMATION

2. PATIENT'S ADDRESS (No. Street), CITY, STATE, ZIP CODE, TELEPHONE (Include Area Code)

3. PATIENT'S NAME (Last Name, First Name, Middle Initial)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S BIRTH DATE, SEX

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No. Street), CITY, STATE, ZIP CODE, TELEPHONE (Include Area Code)

8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

9. EMPLOYMENT? (Current or Former)

10. INSURED'S DATE OF BIRTH, SEX

11. INSURED'S POLICY GROUP OR PROGRAM NUMBER

12. PATIENT'S CONDITION RELATED TO:

13. INSURED'S POLICY GROUP OR PROGRAM NUMBER

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY DATE

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF RENDERING PROVIDER ON OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAST

21. DATE SUBMISSION

22. PRIOR AUTHORIZATION NUMBER

23. DATES OF SERVICE, PLACE OF SERVICE, PROVIDER, CHARGE, MODIFIER, POINTER, CHANGES, RENDERING PROVIDER ID #

24. FEDERAL TAX I.D. NUMBER, SSN, EIN, PATIENT'S ACCOUNT NO., ACCOUNT ASSIGNMENT, TOTAL CHARGE, AMOUNT PAID

25. SIGNATURE OF PHYSICIAN OR SUPPLIER

26. SERVICE FACILITY LOCATION INFORMATION

27. BILLING PROVIDER INFO #

NUCC Instruction Manual available at www.nucc.org PLEASE PRINT OR TYPE APPROVED BY CMB 0305-1197 FORM 1630 (02-12)

837 Claim Data Example

```
NM1*IL*DOE*JOHN*JR*MI*123456~DMG*D8*200
50704*F~NM1*IL*1*JONES*SAM*T*JR*MI*12345
~N3*RFD 10*100 FAKE
LANE*N4*BOISE*ID*12345-
6789~Loop82000B*SBR*P**GRP123456*02*****
*MB~NM1*DN*1*LASTNAME*FIRSTNAME*W*JR*3
4~NM1*DN*1*XX*NPI#~DTP*472*RD8*20190907
-
20190908~SV1*HC*99211:25*12.25*UN*1*11**1
:2:3*N~SV1*HC*99211:25*12.25*UN*1*11**1:2:
3*N~AMT*B6*100.00~QTY*BF*4~NM1*82*1*PRO
VIDER*NAME*SR*XX*123456789~
```

You Are Here: Claim Wizard - Professional Claim

Enter Information in the fields provided below and click the Submit button.

*** Required Field**

Claim Information

Billing Provider: ACME HEALTH

Member Name: DOE, JANE

Date of Birth: 4/1/1965

Member ID: 1234567890

Rendering Provider: [Select Rendering Provider]

Service Location: [Select Service Location]

Condition Codes: [Multiple Choice: Select a maximum of 6]

Ordering Provider: [Select Ordering Provider]

Supervising Provider: [Select Supervising Provider]

Code Version: ICD-9 ICD-10 CMS claims guidelines for implementing ICD-10

NOTE: At least one Diagnosis code is required

Line #	Code	Description	Type	ICD Version
1				

Services

Line #	DOS From	DOS To	Place of Service	Code	Modifier(s)	Related Diagnosis	Charge	Units	Minutes	EPSDT	Emergency	Auth #	Rendering Provider
1													ACME HEALTH

Service Code Description: [Text Box]

Total: 30.00
Minutes: 0
Units: 0.0

Additional Information

Employment Auto Accident Other Accident

Date of Accident: [MM/DD/YYYY]



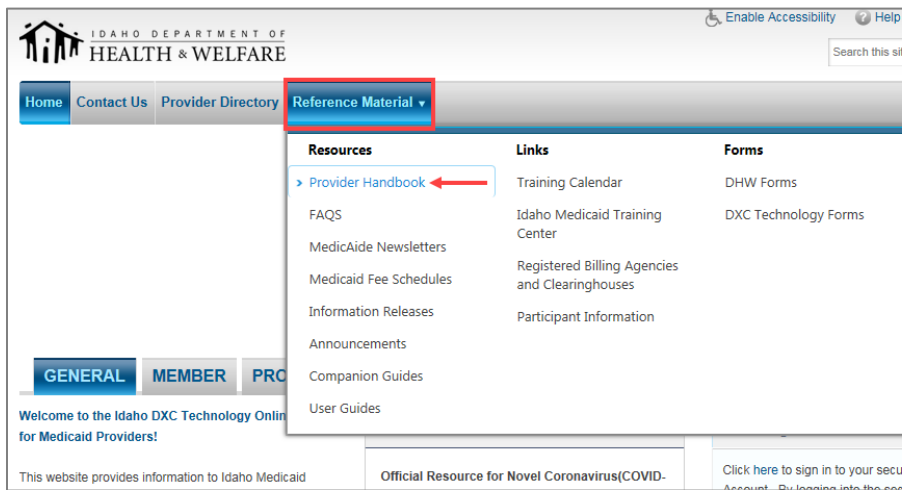


Paper Claim Submission



Paper Claim Submission

- Paper claims can be submitted to Gainwell via paper mail Mail to: Gainwell Technologies, PO BOX 70084, Boise, ID 83707
- The name, NPI and qualifier of the pharmacist is required in box 17. Qualifier to report DN for referring provider.
- Billing instructions are located in the Provider Handbook, General Billing Instructions found on www.idmedicaid.com



The image shows a detailed Health Insurance Claim Form (NUCC 0313) with various fields for patient and provider information. The form is titled 'HEALTH INSURANCE CLAIM FORM' and includes sections for Patient Information, Insurance Information, and Billing Information. A red arrow points to the 'General Billing Instructions' link in the previous screenshot.

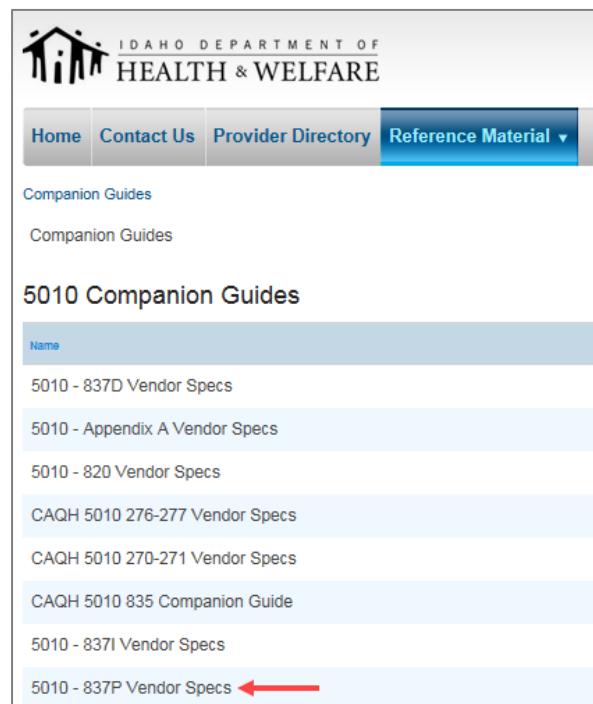
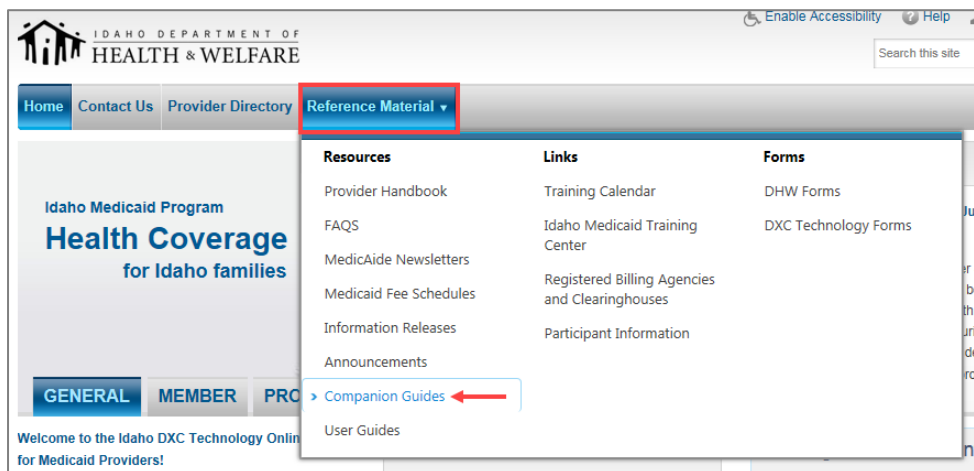


Electronic Claim Submission



837P Electronic Claim Submission

- Electronic 837P claims can be submitted to Gainwell Technologies from the Pharmacy.
- The pharmacists name and NPI is required in loops 2310A and 2420F segment: NM1
- System specifications are located in the Companion Guides on www.idmedicaid.com



837 Claim Data Example

```

NM1*IL*DOE*JOHN*JR*MI*123456~DMG*D8*200
50704*F~NM1*IL*1*JONES*SAM*T*JR*MI*12345
~N3*RFD 10*100 FAKE
LANE*N4*BOISE*ID*12345-
6789~Loop82000B*SBR*P**GRP123456*02*****
*MB~NM1*DN*1*LASTNAME*FIRSTNAME*W*JR*3
4~NM1*DN*1*XX*NPI#~DTP*472*RD8*20190907
-
20190908~SV1*HC*99211:25*12.25*UN*1*11**1
:2:3*N~SV1*HC*99211:25*12.25*UN*1*11**1:2:
3*N~AMT*B6*100.00~QTY*BF*4~NM1*82*1*PRO
VIDER*NAME*SR*XX*123456789~

```




HealthPAS Provider Portal Navigation and Claim Submission



Navigating the Secure Portal

IDAHO DEPARTMENT OF HEALTH & WELFARE

Enable Accessibility Help **Sign In** or Register

Search this site SEARCH

Home Contact Us Provider Directory Reference Material ▾

Sign In

User Name

[Forgot User Name?](#) [Retrieve](#)

Password

[Forgot Password?](#) [Reset](#)

I have read and accept the HIPAA PHI privacy policy

SIGN IN

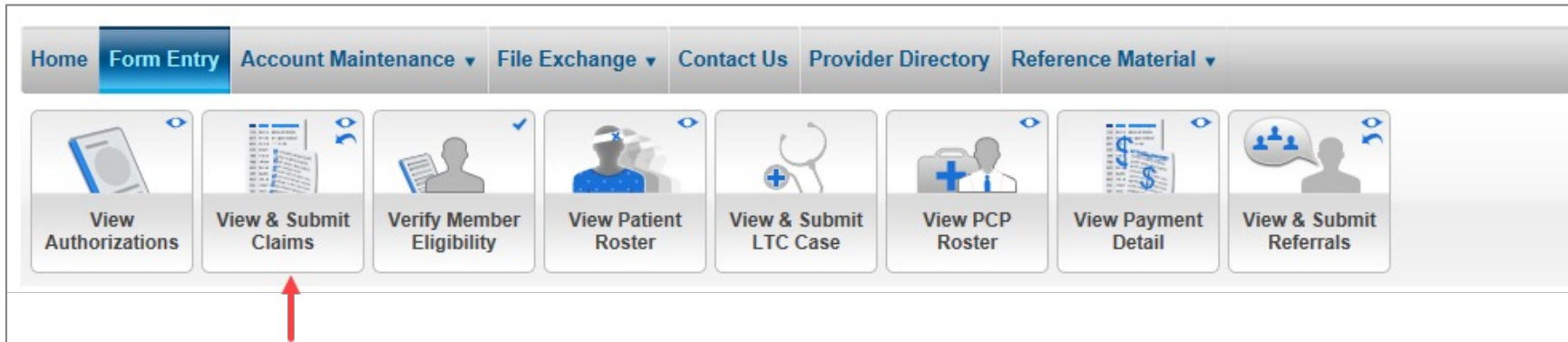
Attention HIPAA PHI: Special Handling Required.
This website contains Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal law mandates that you not use or disclose the information contained herein in any way that will compromise the privacy, security or confidentiality of the individual to whom the information pertains.



Navigating the Secure Portal

The screenshot displays the Health PAS-OnLine secure portal. At the top is a navigation menu with tabs for Home, Form Entry (selected), Account Maintenance, File Exchange, Contact Us, Provider Directory, and Reference Material. Below the menu is a row of eight icons with labels: View Authorizations, View & Submit Claims, Verify Member Eligibility, View Patient Roster, View & Submit LTC Case, View PCP Roster, View Payment Detail, and View & Submit Referrals. The main content area starts with a breadcrumb 'Home > Provider' and a 'Welcome to Health PAS-OnLine' message. A paragraph follows, describing the portal as a web-based administrative tool for medical information and transactions. To the right, a 'Messages & Alerts' section shows 'SECURE MESSAGING' with 0 unread messages and 'ALERTS' with 0 unread documents. Below this is a 'Provider Enrollment / Maintenance' section with a link to 'Provider Enrollment Application'. The bottom right features 'Provider Training Opportunities', including a list of training links: How to Register, Training Calendar, Training Materials, and Idaho Medicaid Training Center. On the left side of the main content, there are two boxes: 'DXC Technology Contacts' with links to 'DXC Technology Provider Relations Consultants Contact Information' and 'Idaho Medicaid Contact Information (Provider Services, Provider Enrollment, and DXC Technology partners)'; and 'Resources & Links' with links to 'Provider Handbook', 'Medicaid Newsletters', 'Announcements', 'Medicaid Fee Schedules', 'User Guides', 'Provider Enrollment Forms', 'DHW Forms', 'DXC Technology Forms', and 'Information Releases'.

View & Submit Claims



Home **Form Entry** Account Maintenance ▾ File Exchange ▾ Contact Us Provider Directory Reference Material ▾

View Authorizations View & Submit Claims Verify Member Eligibility View Patient Roster View & Submit LTC Case View PCP Roster View Payment Detail View & Submit Referrals

You Are Here: Claims Status

Billing Providers:

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

<u>Claim #</u>	<u>Claim Type</u>	<u>Patient Name</u>	<u>Primary Diag Code</u>	<u>Dates of Service</u>	<u>Status</u>
<input type="radio"/> 12345X0000000	1500	DOE, JANE	R11.0	6/9/2017 - 6/9/2017	OPEN
<input type="radio"/> 12344X0000001	1500	RUTH, BABE	R05	6/8/2017 - 6/8/2017	OPEN



Billed Amount: \$120.00
Paid Amount: \$0.00


Billed Amount: \$100.00
Paid Amount: \$0.00



Claim Submission | Professional

You Are Here: Submit Claim - Find Member

Select Billing Provider:  

Select a Claim Type: Professional  Dental Institutional Copy Last Claim

Select your claim type:

- Professional, CMS 1500

Copy Last Claim can be used any time after your first claim submission for the participant.



Member Search

Find Member

To search for a member, enter search criteria in any two rows. For example enter the Name (last and first) and the Date of Birth.

Member ID:	<input type="text"/>		
Name (Last and First):	<input type="text"/>	<i>And</i>	<input type="text"/>
Date of Birth:	<input type="text" value="MM/DD/CCYY"/>		
Social Security Number:	<input type="text" value="###-##-####"/>	<input type="button" value="Submit"/>	<input type="button" value="Reset"/>

Note: Two pieces of information are required; MID and DOB are recommended.



Claim Submission | Professional

You Are Here: Claim Wizard - Professional Claim

Enter information in the fields provided below and click the **Submit** button.

*** Required Field**

Claim Information

Billing Provider: ACME HEALTH

Member Name: DOE, JANE

Date of Birth: 4/1/1965

Member ID: 1234567890

Referring Provider:

Rendering Provider *:

Service Location:

Patient Account #:

Medical Record #:

Condition Codes:

Ordering Provider:

Supervising Provider:

Diagnosis

Code Version* : ICD - 9 ICD - 10 [CMS claims guidelines for implementing ICD-10](#)

NOTE: At least one Diagnosis code is required

Line #	Code	Description	Type	ICD Version
1				

Services

Enter NDC Codes

Line #	DOS From *	DOS To *	Place of Service *	Code *	Modifier(s)	Related Diagnosis *	Charge *	Units *	Minutes *	EPSDT	Emergency	Auth #	Rendering Provider
1										<input type="checkbox"/>	<input type="checkbox"/>		ACME HEALTH

Service Code Description:

Total: \$0.00
Minutes: 0
Units: 0.0

[Enter Oxygen Therapy](#)
[Enter COB Information](#)

Additional Information

Employment Auto Accident Other Accident

State:

Date of Accident:

Submit



Professional Claim Information



Claim Information

Billing Provider: ACME HEALTH

Member Name: DOE, JANE

Date of Birth: 4/1/1965

Member ID: 1234567890

Referring Provider:  


Rendering Provider * :


Service Location:

Patient Account # * :

Medical Record #:

Condition Codes:

Ordering Provider: 

Supervising Provider: 

The participant information auto-fills based on the participant identified. Other fields include:

- **Patient Account #:** (required) The number assigned to the patient in your billing system.
- **Medical Record #:** (optional) As used by your pharmacy.
- **Referring Provider:** NPI of pharmacist who ordered/rendered services.
- **Rendering Provider:** (required) Choose the pharmacy from the drop-down.
- **Service Location:** Choose from the drop-down.
- **Condition Codes, Ordering Provider, and Supervising Provider:** Required for certain provider types and specialties



Diagnosis Codes

Diagnosis

Code Version* : ICD - 9 ICD -10 [CMS claims guidelines for implementing ICD-10](#)

NOTE: At least one Diagnosis code is required

Line #	Code	Description	Type	ICD Version
1				

- Diagnosis codes are required on all claim types
 - Code: Diagnosis code to be entered
 - Description: Populates automatically once the code is entered
 - Type: Primary or secondary fills automatically once code is entered
- Use the correct ICD code set for the date of service (DOS):
 - Only one ICD version may be used per claim
 - DOS on or after October 1, 2015: Use the appropriate ICD-10 code
 - To use more than on diagnosis tab through to the end and it will create another line.



Services

Line #	DOS From *	DOS To *	Place of Service *	Code *	Modifier(s)	Related Diagnosis *	Charge *	Units *	Minutes *	EPSDT	Emergency	Auth #	Rendering Provider
1										<input type="checkbox"/>	<input type="checkbox"/>		ACME HEALTH

Service Code Description:

Total: \$0.00
Minutes: 0
Units: 0.0

[Enter Oxygen Therapy](#)
[Enter COB Information](#)
[Additional Information](#)

Fields marked with an asterisk (*) are required with the exception of minutes. An **Auth #** should be entered if the service requires a prior authorization, and the authorization was obtained.

If the service is for a drug product, click on the **Enter NDC Codes** checkbox. Additional fields will appear for you to enter NDC (National Drug Code) information.

Tab past Rendering Provider field to create additional services lines.

Click on the **Enter COB Information** link for secondary claims. Your pop-up blocker must be off for this screen to open.



COB Information

Filing Indicator *	Payer Name *	Payer Sequence *	Policy Number	Enter COB Details	Delete
Commercial	Blue Cross	Primary			

+ Add Payer

Blue Cross : COB Details

Enter By Claim By Service Line

Line #	Service Code	DOS	Paid Amt	Deductible Amt	Coinsurance Amt	CopayAmt	Adjustment Reason Code	PaidDate	Delete
1	99214	4/13/2020-4/13/2020							

- You will need to select Commercial or Medicare in the filing indicator
- Enter the payer name and sequence, the policy number is optional
- Click the enter COB Details to enter the primary payer details
- It is best to enter by service line
- All fields, except policy number and adjustment reason are required for processing.
- Select submit to go back to claim



Additional Information

Additional Information

Employment Auto Accident Other Accident

State:

Date of Accident:

Submit

Additional Information is for information about whether these services are related to any kind of accident.

Once all the information has been completed on the claim form, select the **Submit** button at the bottom of the screen. You will receive a confirmation screen including the claim number.



Claim Confirmation Page

You Are Here: Claim Wizard - Confirmation

Claim ID: 12345X00000000 ←

Your claim was successfully submitted and processed. Claim Details can be viewed on the [Claim View](#) page.

- **Claim View link:** Opens the claim detail.
- **Adjudicate Claim:** Allows you to see some outstanding claim edits.
- **Edit Claim:** Allows you to modify the claim. (For example, if you realize the dates of service are incorrect, you can immediately fix the claim.)
- **Upload Attachments:** You can add documentation, such as EOBs from primary insurance or supporting medical documentation for services provided
- **New Claim:** Start a new claim.



Adding Attachments

There are two locations for uploading an attachment:

1. On the claim confirmation screen right after submission.
2. By finding the claim in View and Submit Claim, clicking on the radio button in front of the claim number and clicking the Add Attachments button.

Whether you submit your claims via paper, clearinghouse, or portal, you can log into your Trading Partner Account (TPA) to attach a file. You can attach a file to any claim in open, pend or adjudicated status.

Adding Attachments

You Are Here: Claims Status

Billing Providers:

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

<input type="radio"/>	<u>Claim #</u>	<u>Claim Type</u>	<u>Patient Name</u>	<u>Primary Diag Code</u>	<u>Dates of Service</u>	<u>Status</u>
<input type="radio"/>	12345X0000000	1500	DOE, JANE	R11.0	7/10/2017 - 7/10/2017	OPEN
<input type="radio"/>	12344X0000001	1500	DOE, JANE	R05	6/5/2017 - 6/5/2017	WAITDENY
<input checked="" type="radio"/>	12340X0000099	1500	DOE, JANE	A88.1	4/30/2017 - 4/30/2017	PEND
<input type="radio"/>	12333X0101010	1500	DOE, JANE	R11.2	2/20/2017 - 2/20/2017	DENIED
<input type="radio"/>	12300X0123456	1500	DOE, JANE	R07.89	1/16/2017 - 1/16/2017	PAID

Here on the view and submit claims tab you can see where to click add attachments

Adding Attachments

You Are Here: Add Attachments

Claim Number: 12345X000000 **Type:** 1500

Provider Name: ACME HEALTH

Member Name: DOE, JANE **Claim Status:** OPEN

Date of Service: 7/1/2017 - 7/1/2017

Attachments

Type of Attachment: Medic 

File Format: Valid file formats are:
GIF, JPEG, MS Excel, MS Word, PDF, TIFF

Browse... 

Attach **Cancel**

Select your type of attachment as medical.
Click the Browse button to locate the file on your computer.
Click Attach.



Attachment Confirmation

You Are Here: Claims Status

Billing Providers:

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

<u>Claim #</u>	<u>Claim Type</u>	<u>Patient Name</u>	<u>Primary Diag Code</u>	<u>Dates of Service</u>	<u>Status</u>
<input type="radio"/> 12345X000000	1500	DOE, JANE	R11.0	7/10/2017 - 7/10/2017	OPEN
<input type="radio"/> 12344X000001	1500	DOE, JANE	R05	6/5/2017 - 6/5/2017	WAITDENY
<input type="radio"/> <input checked="" type="checkbox"/> 12340X000099	1500	DOE, JANE	A88.1	4/30/2017 - 4/30/2017	PEND
<input type="radio"/> 12333X0101010	1500	DOE, JANE	R11.2	2/20/2017 - 2/20/2017	DENIED
<input type="radio"/> 12300X0123456	1500	DOE, JANE	R07.89	1/16/2017 - 1/16/2017	PAID

Billed Amount: \$120.00
Paid Amount: \$0.00

Billed Amount: \$100.00
Paid Amount: \$0.00

Billed Amount: \$100.00
Paid Amount: \$0.00

Billed Amount: \$100.00
Paid Amount: \$0.00

Billed Amount: \$95.00
Paid Amount: \$95.00

[<- Prev](#) [Next >](#)

Once you have added the attachment, refresh your View and Submit Claims screen and you will see a paper clip confirming your attachment was added.



Splitting Claims

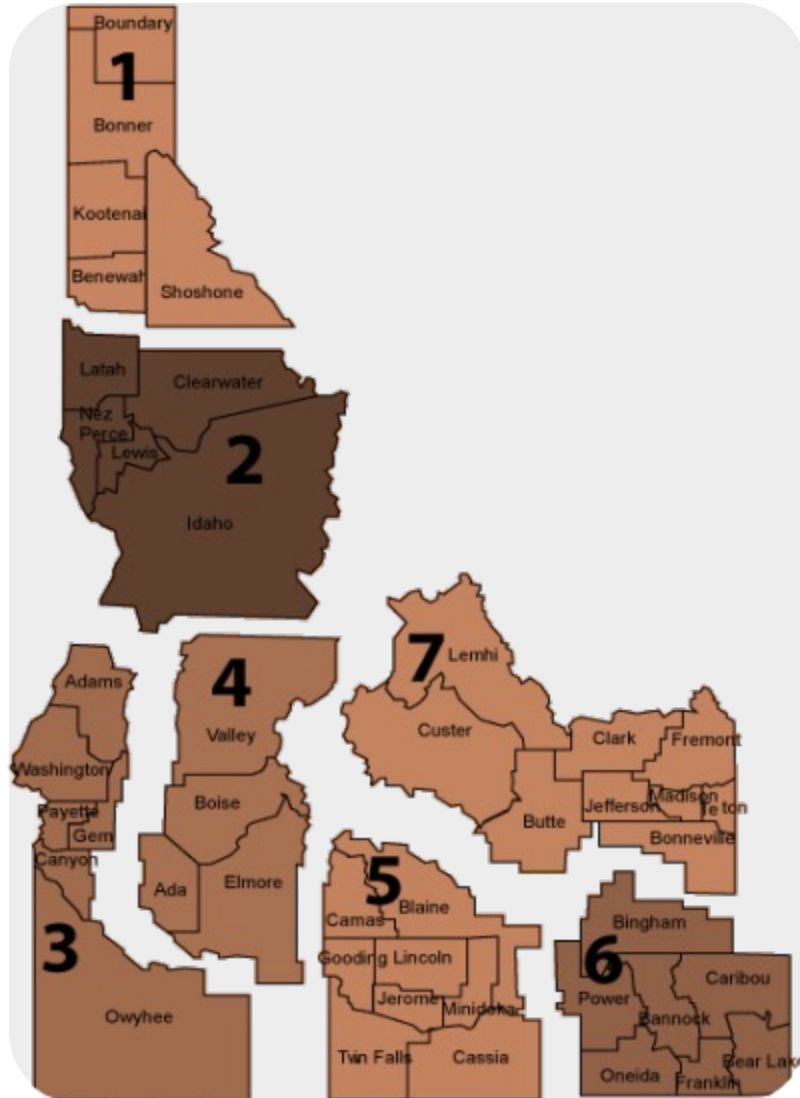
It may be necessary to split your claims:

- A PA number changes in the middle of your DOS range
- The participant has an enrollment change
- The provider has a rate change
- A claim with primary insurance that has covered and non-covered services
- Services span from one month to the next month
- Services span from one year to the next year

Note: This list is not all inclusive.



Provider Relations Consultants



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