Provider Portal
Claim Submission User Guide

Professional Claim Submission is available to all users who currently have access to claims data. We recommend conducting a member eligibility search for the claim date of service **prior** to submitting your claim.

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Points of Entry for Submitting a Claim

Once you have logged into the provider portal, there are two entry points for submitting a claim:

1. Select a patient on the **Patient Management** tab and click **Claims**, or
2. Hover over the **Office Management** menu item and click **Claims**.

Option 1: Submitting a Claim through the Patient Management Tab

1. Hover over the **Patient Management** menu item and select **patient*** from the drop-down menu and click **Claims**.

   * If the patient does not appear in the dropdown, click Search Patients to locate the correct person and add them to your list.

2. The patient's claims history will display. To add a new claim, click **Add Claim**.
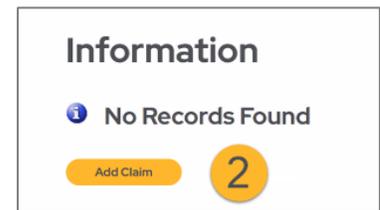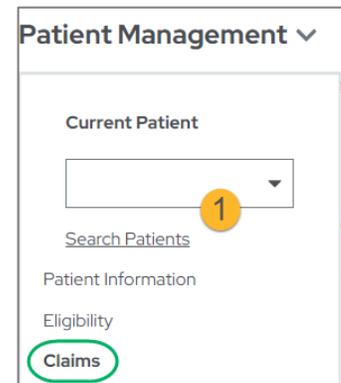
Option 2: Submitting a Claim through the Office Management Tab or the Quick Links

1. Hover over the **Office Management** menu Click **Claims**.

   –OR–

2. In the **Claims box**, click **New**.
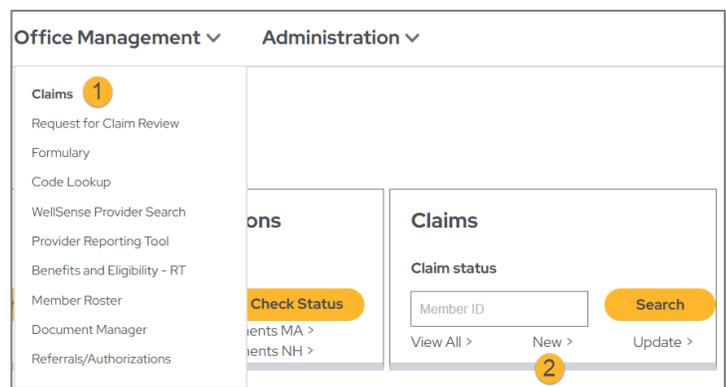
3. Click on the **Add Claim** tab. Search for the Member by writing in their **Last Name**, **Member ID** or **Medicaid ID** in the **Patient Search Field**.

   Locate and choose the correct member from the list by matching: **Name**, **DOB**, **Member ID**, and **Effective Dates**. Click **Select** to add member to the claim screen.

Entering a Claim

The Claim entry screen should appear auto-populated with the member data

Required fields:

- **Patient Account Number**: Number assigned by physician's office to the member
- **Release of Information**: Defaults to Signed Statement/Claims
- **Amount Paid by Patient**: Dollar amount paid by the member at the time of the encounter
- **Date of Illness**: Date of the encounter. The claim must be submitted in a timely manner, per the terms of your agreement with WellSense. Please see the corresponding Provider Manual for additional information. Claims cannot be submitted for a future date **of service.**

1. For claims related to auto, workplace or other types of **accidents**, fill in the appropriate fields in the **Patient Condition Related To** section.

2. To search for the rendering provider, select provider from the drop-down list –OR- search **Provider NPI.** Click

Search in the **Rendering Provider section** for the Provider Search results page.

3. In the **Provider Signature on File** section, contracted providers select **Yes** and non-contracted providers select **No**.

4. The **Provider Accept Assignment** field defaults to *Assigned* and the **Benefits Assigned** field defaults to *Yes*. Adjust each field as needed

If the member has a Referral or Authorization

1. If the member has a referral or authorization, it can be added to the claim submission. **Search** for the referral or authorization by the **Provider NPI** or the **Referral/Authorization number**.

Provider NPI: If searching by the Provider NPI click the radio button next to Provider NPI.

Click **Select** next to the correct search results.

Add Diagnoses, Transportation, & COB Details

1. Add all **diagnose codes** that apply to the claim. Search for each code individually by typing at least three characters into the **Search** field.

2. If using the search function, begin typing a **code** or **description**, then click **Search**. Click on all Codes that apply to the claim. Once they have all been selected, click **Add Diagnosis**.

Repeat steps 1 & 2 for each diagnosis code.

3. **Transportation Details**: Fill in transportation information for the claim as needed.

4. **COB Details**: Fill in Coordination of Benefits (COB) details for the claim as needed.

Required fields:

- Start date
- Place of service
- Procedure code
- Diagnosis code units
- Charge
- Emergency

Complete specific Transportation and/or COB information: Fill in specific transportation or COB information as needed and click **Submit COB**.

Add Service Line Information

1. **Review & Add Services:** Once all required fields have been filled out, click **Add Services** at the bottom of the form to advance to the procedure information. Note that Service Facility Location is required when certain Place of Service(s) are selected

2. Add all the requested Service Line information

3. To add more lines, click **Add Service**.

4. Or click **Submit COB** if finished adding services

Submission Confirmation

Once you have clicked Finished you will be brought back to the main claim entry screen. Scroll to the bottom of the page and click **Submit** to submit your claim.
A confirmation screen will appear saying **Claim Submitted**.