



# 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:

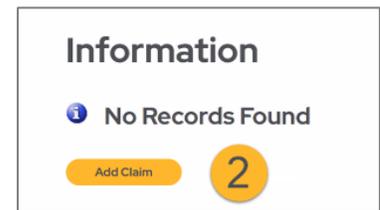
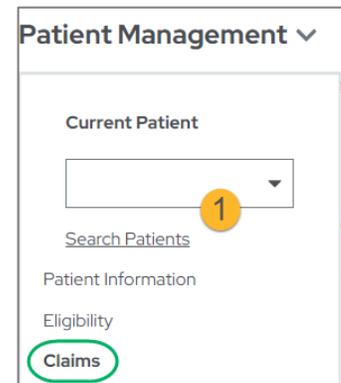
1. Select a patient on the **Patient Management** tab and click **Claims**, or
2. Hover over the **Office Management** menu item and click **Claims**.

## 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**.

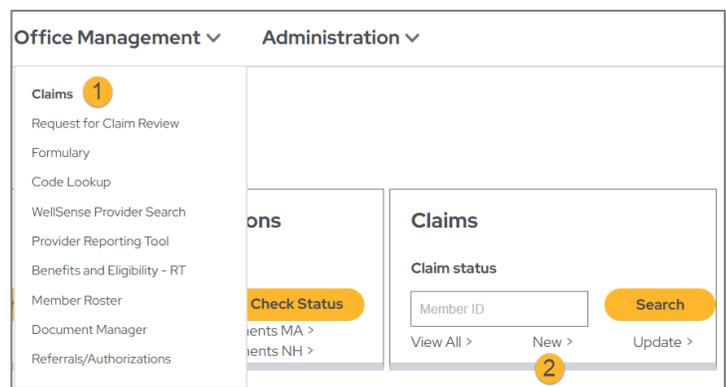


## Option 2: Submitting a Claim through the Office Management Tab or the Quick Links

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

–OR–

2. In the **Claims box**, click **New**.



- 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**.

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

The screenshot shows the 'Rendering Provider' form. It includes several dropdown menus and text input fields. Callout 2 points to the 'Rendering Provider' dropdown. Callout 3 points to the 'Provider Signature on File' dropdown. Callout 4 points to the 'Provider Accept Assignment' dropdown.

## 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.

The screenshot shows the 'Referral and Authorization Information' form. It includes a 'Referring Physician' field, a 'Ref/Auth Search' field, and two radio buttons for 'Name' and 'Provider NPI'. Callout 1 points to the 'Provider NPI' radio button. There are also 'Provider Search' and 'Referral Search' buttons.

## 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**.

The screenshot shows the 'Diagnoses' form. It includes a 'Dx Codes' field with the value 'L23.81' and a 'Search' button. Callout 1 points to the 'Dx Codes' field.

Repeat steps 1 & 2 for each diagnosis code.

**2**

Search Diagnosis Codes

Diagnosis Code

1 - 15 of 13,445

<input type="checkbox"/> M24.561 Contracture, right knee	<input type="checkbox"/> M24.661 Ankylosis, right knee	<input type="checkbox"/> M25.061 Hemarthrosis, right knee
<input type="checkbox"/> M25.161 Fistula, right knee	<input type="checkbox"/> M25.461 Effusion, right knee	<input checked="" type="checkbox"/> M25.761 Osteophyte, right knee
<input type="checkbox"/> M67.461 Ganglion, right knee	<input checked="" type="checkbox"/> M94.261 Chondromalacia, right knee	<input type="checkbox"/> M11.261 Other chondrocalcinosis, right knee
<input type="checkbox"/> M25.361 Other instability, right knee	<input type="checkbox"/> M00.061 Staphylococcal arthritis, right knee	<input type="checkbox"/> M00.161 Pneumococcal arthritis, right knee
<input type="checkbox"/> M06.361 Rheumatoid nodule	<input type="checkbox"/> M12.361 Palindromic	<input type="checkbox"/> M12.561 Traumatic

Currently Selected Diagnosis Codes

M25.761 - Osteophyte, ...  M94.261 - Chondromal...

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

**3**

Transportation

Patient Weight (lbs)

Transport Distance (miles)

Transport Reason

Transport Certification

Transport Condition

Transport Description

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

**4**

COB

Payor Responsibility Sequence Code

Claim Filing Indicator Code

Insurance Type Code

Payor Amount Paid

Other Insured Last Name

Other Insured Middle Name

Other Insured Insurance ID

Other Insured Address 1

Other Insured City

Other Insured ZIP

Other Payor Organization Name

Other Payor Prior Auth Num

Payment Date

Individual Relationship Code

Insured Group or Policy Number

Amount Owed

Other Insured First Name

Other Insured Name Suffix

Other Insured Address 2

Other Insured State

Other Payor Identification Code

Other Payor Ref Num

Add Adjustment(s)

**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

Payment Date

[Add Adjustment\(s\)](#)

**Services**

1

Indicates required field

2. Add all the requested Service Line information

## Add Service 2

**Patient Information**

Patient Name:

Patient Account No.:

Provider:

Practice:

**Services**

Start Date:

End Date:

Place of Service:

Service Facility Location:   Name  Provider NPI

Type of Service:

Procedure Code:  Enter at least two characters

Diagnosis Codes:  I. M25.761 Osteophyte, right knee

Units:

Charge:

3. To add more lines, click **Add Service**.
4. Or click **Submit COB** if finished adding services

To City  To State, ZIP

COB

Other Payor Primary Identifier

Paid Service Unit Count

Service Line Paid Amount

Adjudication or Payment Date

Add Adjustment(s)

**4**

**3**

Indicates required field

### Services

Start	End	POS	TOS	Proc	Mod1	Mod2	Mod3	Mod4	Dx	Emergency	Units	Charge
No Services Added.												

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## 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**.