

User Guide

ForwardHealth Provider Portal Professional Claims

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

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1 Introduction

Providers may submit professional claims directly to ForwardHealth using Direct Data Entry, an online application, available through their secure provider account on the ForwardHealth Portal (the Portal).

2 Access the Claims Page

1. Access the Portal at forwardhealth.wi.gov/.

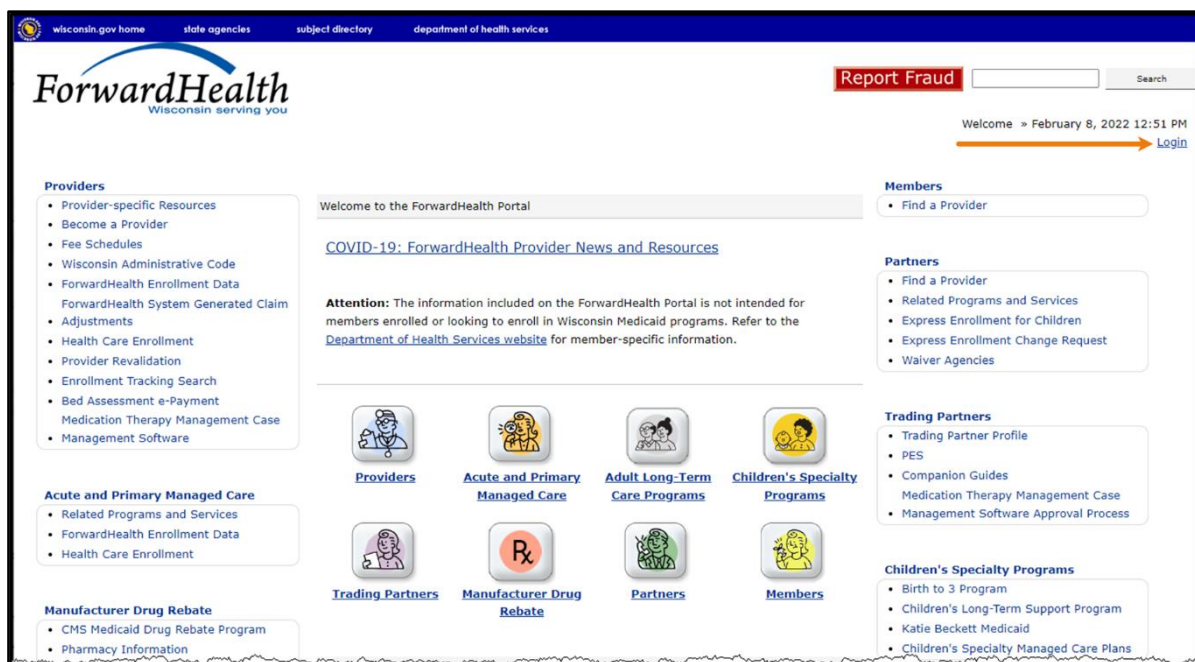
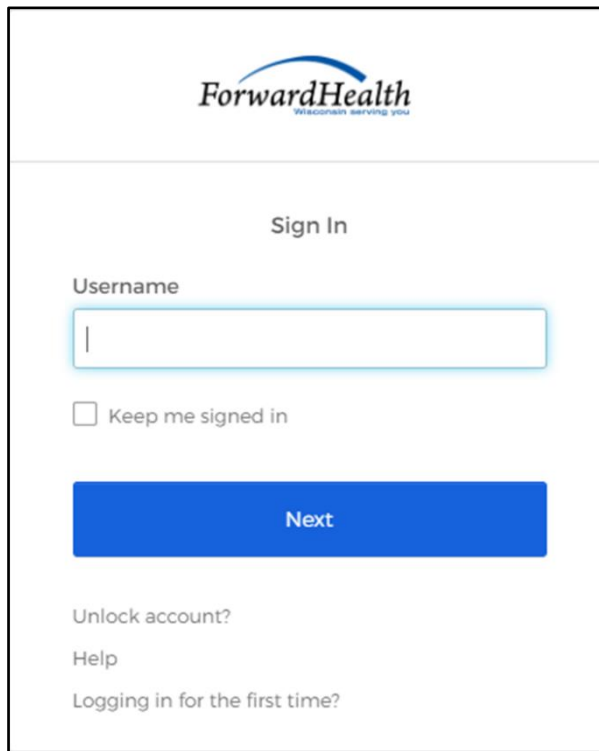


Figure 1 ForwardHealth Portal Homepage

2. Click **Login**. A Sign In box will be displayed.

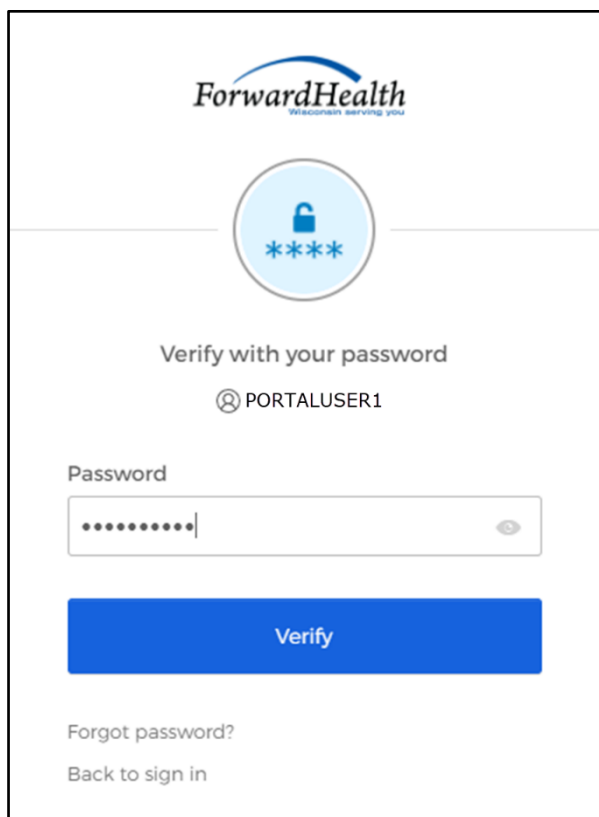


The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'Wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border and a cursor. Below the input field is a checkbox labeled 'Keep me signed in'. Below the checkbox is a blue button labeled 'Next'. At the bottom of the box are three links: 'Unlock account?', 'Help', and 'Logging in for the first time?'.

Figure 2 Sign In Box

3. Enter the user's username.

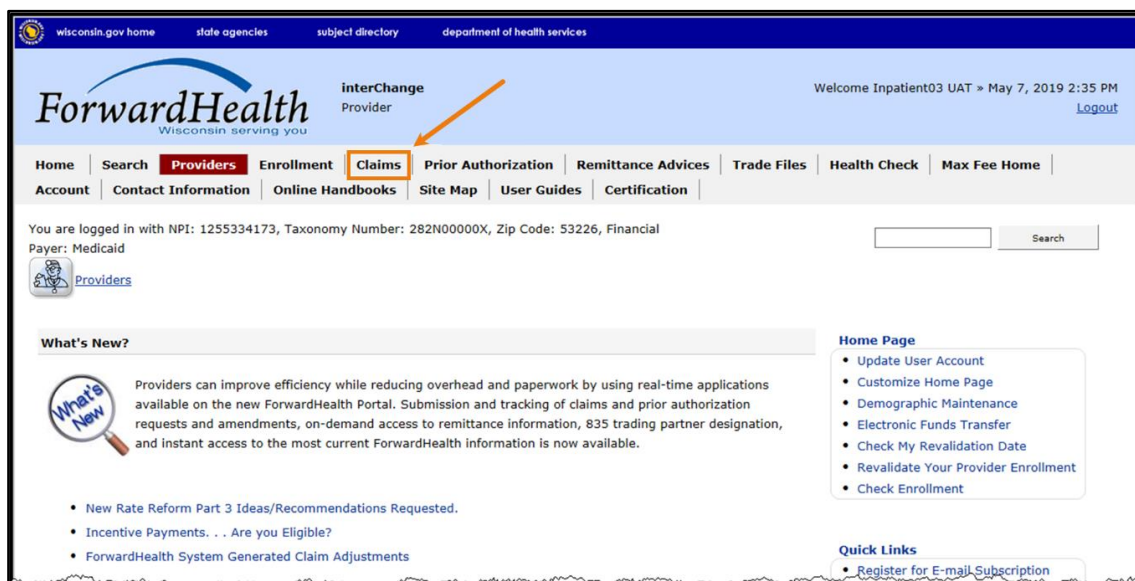
- Click **Next**. A Verify with your password box will be displayed.



The image shows a login verification screen for ForwardHealth. At the top is the ForwardHealth logo with the tagline "Wisconsin serving you". Below the logo is a circular icon containing a padlock and four asterisks. The text "Verify with your password" is centered. Underneath, the username "PORTALUSER1" is displayed with a user icon. A password field is shown with a masked password "*****" and a toggle icon. A blue "Verify" button is positioned below the password field. At the bottom, there are links for "Forgot password?" and "Back to sign in".

Figure 3 Verify With Your Password Box

- Enter the user's password.
- Click **Verify**. The user's secure provider page will be displayed.



The image displays the ForwardHealth secure provider portal. The top navigation bar includes links for "wisconsin.gov home", "state agencies", "subject directory", and "department of health services". The ForwardHealth logo is prominent, with "InterChange Provider" noted next to it. A welcome message for "Inpatient03 UAT" dated May 7, 2019, is shown with a "Logout" link. A main menu contains various options: Home, Search, Providers, Enrollment, Claims (highlighted with an orange box and an arrow), Prior Authorization, Remittance Advices, Trade Files, Health Check, and Max Fee Home. Below the menu, user login details are provided: "You are logged in with NPI: 1255334173, Taxonomy Number: 282N00000X, Zip Code: 53226, Financial Payer: Medicaid". A "Providers" link is also visible. The "What's New?" section features a magnifying glass icon and text about real-time applications. A "Home Page" section lists several tasks: Update User Account, Customize Home Page, Demographic Maintenance, Electronic Funds Transfer, Check My Revalidation Date, Revalidate Your Provider Enrollment, and Check Enrollment. A "Quick Links" section at the bottom includes a link to "Register for E-mail Subscription".

Figure 4 Secure Provider Page

7. Click **Claims** on the main menu at the top of the page. The Claims page will be displayed.

Claims

Claims Submission Options

Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Dental Claim](#)
- [Submit Institutional Claim](#)
- [Submit Compound/Noncompound Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [WWWP Reporting Form Search](#)
- [Submit WWWP Breast Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Cervical Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Breast and Cervical Cancer Screening Activity Report](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.

Figure 5 Claims Page

All claim type submission options are available from this page.

Children's Long-Term Support Program (CLTS) providers will see the followings options on their Claims page.

- Claim search
- Claims Submission Report
- Submit Institutional Claim
- Submit Professional Claim
- Upload Claim Attachments
- Create a Claim From Prior Authorization (PA)

3 Submit a Professional Claim

1. Click **Submit Professional Claim** in the “What would you like to do?” section of the Claims page. The Professional Claim form will be displayed.

Next Search By: ICN

Professional Claim

Required fields are indicated with an asterisk (*).

ICN <input type="text"/>	Rendering Provider <input type="text"/> [Search]
Provider ID 1234567890 NPI <input type="text"/>	Referring Provider 1 <input type="text"/> [Search]
Member ID* <input type="text"/>	Referring Provider 2 <input type="text"/> [Search]
Last Name <input type="text"/>	Medicare Disclaimer <input type="text" value="no disclaimer"/>
First Name, MI <input type="text"/>	Other Insurance Indicator <input type="text"/>
Date of Birth <input type="text"/>	Referral Number <input type="text"/>
Patient Account # <input type="text"/>	Total Charge* <input type="text" value="\$0.00"/>
Medical Record Number <input type="text"/>	Other Insurance Amount <input type="text" value="\$0.00"/>
SOI Date <input type="text"/>	Total Amount Paid <input type="text" value="\$0.00"/>
	Net Difference <input type="text"/>
	PA Number* <input type="text"/>

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 1									0	\$0.00

Type data below for new record.

Line Number <input type="text" value="1"/>	Rendering Provider <input type="text"/> [Search]
From Date of Service* <input type="text"/>	Referring Provider 1 <input type="text"/> [Search]
To Date of Service* <input type="text"/>	Referring Provider 2 <input type="text"/> [Search]
Procedure Code* <input type="text"/> [Search]	Ordering Provider <input type="text"/> [Search]
Modifiers <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]	
Diagnosis Code Pointers <input type="text"/> <input type="text"/> <input type="text"/>	
Units* <input type="text" value="0"/>	
Charge* <input type="text" value="\$0.00"/>	Status <input type="text"/>
Place of Service Code* <input type="text"/> [Search]	Allowed Amount <input type="text" value="\$0.00"/>
Emergency <input type="text"/>	CoPay Amount <input type="text" value="\$0.00"/>
Family Planning <input type="text"/>	
Notes <input type="text"/>	Professional Service Description <input type="text"/>

[NDCs for JCode](#)

Medicare Information(Detail)

Line Number <input type="text" value="1"/>	Medicare Deductible <input type="text" value="\$0.00"/> +
Medicare Date Paid <input type="text"/>	Medicare Coinsurance <input type="text" value="\$0.00"/> +
Medicare Paid Amount <input type="text" value="\$0.00"/>	Psychiatric Reduction <input type="text" value="\$0.00"/> +
Medicare Non Covered Charge <input type="text" value="\$0.00"/>	Medicare Copayment <input type="text" value="\$0.00"/> +
Remaining Patient Liability* <input type="text" value="\$0.00"/> =	

Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Attachment Control Number <input type="text"/>	
Description <input type="text"/>	

Claim Status Information

Claim Status

Figure 6 Professional Claim Form

3.1 Professional Claim Panel

Users may enter a claim's header information on the Professional Claim panel.

Note: Fields marked with an asterisk (*) are required fields. Certain fields may not apply to the user's claim type or program. CLTS providers can contact the CLTS operations team at 844-942-5870 for any questions about their program requirements.

The screenshot shows the 'Professional Claim' panel with a title bar and a help icon. Below the title, a note states: 'Required fields are indicated with an asterisk (*).' The form is organized into two columns. The left column contains fields for ICN, Provider ID (populated with '1234567890 NPI'), Member ID*, Last Name, First Name, MI, Date of Birth, Patient Account #, Medical Record Number, and SOI Date. The right column contains fields for Rendering Provider, Referring Provider 1, Referring Provider 2, Medicare Disclaimer (a dropdown menu set to 'no disclaimer'), Other Insurance Indicator, Referral Number, Total Charge* (populated with '\$0.00'), Other Insurance Amount (populated with '\$0.00'), Total Amount Paid (populated with '\$0.00'), Net Difference, and PA Number*. At the bottom, there are five tabs: 'Diagnosis', 'Condition', 'Medicare', 'Anesthesia', and 'Other Insurance'.

Figure 7 Professional Claim Panel

Information cannot be entered in the ICN field. ForwardHealth will automatically assign an internal control number (ICN) when the claim is submitted.

For all providers except hospitals and non-healthcare providers, the Provider ID field will be populated with the National Provider Identifier (NPI) under which the user is logged in. For non-healthcare providers, the Provider ID field will be populated with their Medicaid ID.

For users logged in with a hospital account, this field will have drop-down menu containing the hospital's main NPI and any sub-part NPIs assigned to that hospital.

From the Provider ID drop-down menu, select the NPI to be indicated on the claim being submitted.

This screenshot shows the 'Professional Claim' panel with the 'Provider ID' dropdown menu open. An orange arrow points to the dropdown arrow. The dropdown menu lists the following options: '1234567890 NPI' (highlighted), '0987654321 SUB', '1234509876 NPI', and '0987612345 SUB'. The rest of the form fields are the same as in the previous screenshot, including the note about required fields and the tabs at the bottom.

Figure 8 Provider ID Drop-Down Menu for Hospital Accounts

2. Enter the member's ID in the Member ID field.

Note: After entering the member's ID, click anywhere on the gray area of the form. The Last Name, First Name, MI, and Date of Birth fields will populate with the member's information.

3. Enter the provider's internal number assigned to the patient's account in the Patient Account # field.
4. Enter the provider-assigned medical record number for the service(s) being processed in this claim in the Medical Record # field.
5. Enter the NPI or Medicaid ID of any provider who performed services in the Rendering Provider field.
6. Enter the NPI or Medicaid ID of the provider, or providers, who referred the member for services in the Referring Provider 1 and Referring Provider 2 fields if applicable. Users may enter an NPI or Medicaid ID in the field, or search for the NPI or Medicaid ID using the adjoining Search link.

Note: If a field exists at both the header and detail level, enter the information in one or the other but not necessarily both. The header will apply automatically to all details. Enter information at the detail only if different than the header value for these details.

7. Select a Medicare disclaimer status from the Medicare Disclaimer drop-down menu for traditional Medicare Part A, traditional Medicare Part B, or Medicare Advantage payers. The only valid options include the following:
 - *No Disclaimer*—No disclaimer exists.
 - *7 Mcare disallowed/denied pymt*—Medicare has disallowed or denied the payment according to Medicare rules. This code applies when Medicare denies the claim for reasons related to policy (not billing errors), or the member's lifetime benefit, spell of illness, or yearly allotment of available benefits is exhausted.
 - *8 Noncovered Mcare srv*—The service provided to the member was not billed to Medicare because the service is not covered under certain circumstances.

Note: The Medicare Disclaimer field should be used to indicate a claim by a Medicare provider for a member with Medicare coverage that the provider wishes to have processed as if it were a primary claim by ForwardHealth (that is, not secondary to Medicare). If a Medicare disclaimer is used, no information should be entered in the Medicare Information (Header) or the Medicare Information (Detail) panels.

8. The Other Insurance Indicator drop-down menu is no longer used on claims submitted on or after June 14, 2014, but remains on this panel for viewing claims submitted before June 14, 2014. Providers are required to use the Other Insurance Header, Detail, and EOB Information panels to report other insurance (OI) information.
9. Enter the referral number in the *Referral Number* field. The referral number is a unique identifier that can be used to locate the records of a submitted claim.

10. Enter the total charge for the service(s) being provided to the member in the Total Charge field.
11. Enter the amount that was paid by a commercial insurance carrier in the Other Insurance Amount field.

Information cannot be entered in the Total Amount Paid field. The total amount paid will be automatically calculated after the claim is submitted.

12. The Net Difference is the paid amount differences between the original ICN and adjustment ICN. This amount is displayed after an adjustment is processed to completion (paid/deny) for an ICN.
13. Enter the prior authorization number in the PA Number field.

Note: The PA Number field will only be displayed for CLTS providers.

3.1.1 Diagnosis Panel

1. Click **Diagnosis** at the bottom of the Professional Claim panel.

The screenshot displays the 'Professional Claim' form. At the bottom of the form, there is a navigation bar with five links: 'Diagnosis', 'Condition', 'Medicare', 'Anesthesia', and 'Other Insurance'. The 'Diagnosis' link is highlighted with an orange box, and an orange arrow points to it from the left. The form fields are organized into two columns. The left column includes fields for ICN, Provider ID (with a sample value '1234567890 NPI'), Member ID*, Last Name, First Name, MI, Date of Birth, Patient Account #, Medical Record Number, and SOI Date. The right column includes fields for Rendering Provider, Referring Provider 1, Referring Provider 2, Medicare Disclaimer (a dropdown menu set to 'no disclaimer'), Other Insurance Indicator (a dropdown menu), Referral Number, Total Charge* (with a value of '\$0.00'), Other Insurance Amount (with a value of '\$0.00'), Total Amount Paid (with a value of '\$0.00'), Net Difference, and PA Number*.

Figure 9 Diagnosis Link

The Diagnosis panel will be displayed.

Diagnosis		
Sequence 1	Diagnosis 1	[Search]
Sequence 2	Diagnosis 2	[Search]
Sequence 3	Diagnosis 3	[Search]
Sequence 4	Diagnosis 4	[Search]
Sequence 5	Diagnosis 5	[Search]
Sequence 6	Diagnosis 6	[Search]
Sequence 7	Diagnosis 7	[Search]
Sequence 8	Diagnosis 8	[Search]
Sequence 9	Diagnosis 9	[Search]
Sequence 10	Diagnosis 10	[Search]
Sequence 11	Diagnosis 11	[Search]
Sequence 12	Diagnosis 12	[Search]

Figure 10 Diagnosis Panel

- Enter a diagnosis code from the International Classification of Diseases (ICD) coding structure in the Diagnosis 1 field or search for a code using the Search link to the right of the field.

Note: Do not use a decimal point when entering a diagnosis code. For example, for ICD diagnosis code 041.00, enter 04100.

For more information about covered services and reimbursement, refer to the [ForwardHealth Online Handbook](#).

To search for a diagnosis code, complete the following steps:

- Click **Search** to the right of the applicable Diagnosis field. The Diagnosis search panel will be displayed.

Diagnosis 1 [Close]

Search

Diagnosis

Description

ICD Version

search clear

Search Results

*** No rows found ***

Figure 11 Diagnosis Search Panel

- Enter a description of the code.
 - If the entire description is unknown, enter a key word or partial description.
 - When entering a partial description, use the percent symbol (%) as a wildcard search character on either side of a word to display all codes containing that word.

- Click **Search**. Any diagnosis codes matching the query will be displayed in the “Search Results” section of the panel.

Diagnosis	ICD Version	Description
487	ICD-9	INFLUENZA
4870	ICD-9	INFLUENZA WITH PNEUMONIA
J09	ICD-10	INFLUENZA DUE TO CERTAIN IDENTIFIED INFLUENZA VIRUSES
J09X	ICD-10	INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS
J09X1	ICD-10	INFLUENZA DUE TO IDENT NOVEL INFLUENZA A VIRUS W PNEUMONIA
J09X3	ICD-10	INFLUENZA DUE TO IDENT NOVEL INFLUENZA A VIRUS W GI MANIFEST
J10	ICD-10	INFLUENZA DUE TO OTHER IDENTIFIED INFLUENZA VIRUS
J100	ICD-10	INFLUENZA DUE TO OTH IDENTIFIED INFLUENZA VIRUS W PNEUMONIA
J1008	ICD-10	INFLUENZA DUE TO OTH IDENT INFLUENZA VIRUS W OTH PNEUMONIA
J102	ICD-10	INFLUENZA DUE TO OTH IDENT INFLUENZA VIRUS W GI MANIFEST

1 2 3 Next >

Figure 12 Search Results Panel

- Click the applicable diagnosis code. The Diagnosis search panel will close, and the selected code will populate the Diagnosis field.

Diagnosis		
Sequence 1	Diagnosis 1 487	[Search]
Sequence 2	Diagnosis 2	[Search]
Sequence 3	Diagnosis 3	[Search]
Sequence 4	Diagnosis 4	[Search]

Figure 13 Diagnosis Code Added to Professional Claim Form

- Add additional diagnosis codes to the claim, if necessary. To delete a diagnosis code, erase the entry.

Note: The same procedure can be used for other search links on the Professional Claim form.

- Enter additional diagnosis codes, if necessary. Providers may enter up to 12 diagnosis codes per claim.

3.1.2 Condition Panel

Through the Condition panel, users can enter a code(s) identifying a condition related to this claim, if applicable. For more information, refer to the UB-04 Billing Manual available through the National Uniform Billing Committee website at nubc.org/.

1. Click **Condition** at the bottom of the Professional Claim panel.

SOI Date Total Amount Paid \$0.00
 Net Difference
 PA Number*

[Diagnosis](#) **[Condition](#)** [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 1									0	\$0.00

Type data below for new record.

Line Number 1 Rendering Provider [Search]
 From Date of Service* Referring Provider 1 [Search]

Figure 14 Condition Link

The Condition panel will be displayed.

Condition ?

Sequence	<input type="text"/> 1	Condition 1	<input type="text"/>	[Search]
Sequence	<input type="text"/> 2	Condition 2	<input type="text"/>	[Search]
Sequence	<input type="text"/> 3	Condition 3	<input type="text"/>	[Search]
Sequence	<input type="text"/> 4	Condition 4	<input type="text"/>	[Search]
Sequence	<input type="text"/> 5	Condition 5	<input type="text"/>	[Search]
Sequence	<input type="text"/> 6	Condition 6	<input type="text"/>	[Search]
Sequence	<input type="text"/> 7	Condition 7	<input type="text"/>	[Search]
Sequence	<input type="text"/> 8	Condition 8	<input type="text"/>	[Search]
Sequence	<input type="text"/> 9	Condition 9	<input type="text"/>	[Search]
Sequence	<input type="text"/> 10	Condition 10	<input type="text"/>	[Search]
Sequence	<input type="text"/> 11	Condition 11	<input type="text"/>	[Search]
Sequence	<input type="text"/> 12	Condition 12	<input type="text"/>	[Search]

Figure 15 Condition Panel

2. Enter the code that identifies conditions relating to the claim that may affect processing in the Condition Code 1 field or search for a code using the Search link to the right of the field.
3. Enter additional condition codes, if necessary. Providers may enter up to 12 condition codes per claim.

3.1.3 Medicare Information (Header) Panel

Through the Medicare Information panels (Header and Detail), users can report Medicare (or Medicare Advantage Plan) payment and adjustment information, which allows ForwardHealth to process a Medicare secondary claim. Note: If Medicare does not cover the entire claim, do not use the Medicare Information (Header) and/or Medicare Information (Detail) panels. Return to [Step 7 of 3.1 Professional Claim Panel](#) to select the appropriate Medicare disclaimer code.

1. Click **Medicare** at the bottom of the Professional Claim panel.

The screenshot shows the Professional Claim panel with the following elements:

- SOI Date:
- Total Amount Paid:
- Net Difference:
- PA Number*:
- Navigation tabs: [Diagnosis](#), [Condition](#), **[Medicare](#)**, [Anesthesia](#), [Other Insurance](#)
- Detail section with a table:

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A	1								0	\$0.00
- Form fields below the table:
 - Line Number:
 - From Date of Service*:
 - Rendering Provider: [Search]
 - Referring Provider 1: [Search]

Figure 16 Medicare Link

The Medicare Information (Header) panel will be displayed.

The Medicare Information (Header) panel displays the following fields:

Medicare Date Paid	<input type="text"/>	Medicare Deductible	<input type="text" value="\$0.00"/>
Medicare Paid Amount	<input type="text" value="\$0.00"/>	Medicare Coinsurance	<input type="text" value="\$0.00"/>
Medicare Non Covered Charge	<input type="text" value="\$0.00"/>	Psychiatric Reduction	<input type="text" value="\$0.00"/>
		Medicare Copayment	<input type="text" value="\$0.00"/>

Clear

Figure 17 Medicare Information (Header) Panel

2. Enter the date that Medicare paid the claim in the Medicare Date Paid field.
3. Enter the amount Medicare paid for the claim in the Medicare Paid Amount field.

Note: The Medicare paid amount on the Medicare Information (Header) panel should be a sum of the paid amounts on the Medicare Information (Detail) panel. The paid amounts must be entered on both panels or the claim will not pay correctly.

4. Enter the amount of the claim not allowed by Medicare in the Medicare Non Covered Charge field. (The noncovered amount on the Medicare Information [Header] panel is the difference between the claim's total charge amount on the Professional Claim panel and the Medicare paid amount on the Medicare Information [Header] panel.)

The Medicare Deductible field will be inactive on the Medicare Information (Header) panel. The Medicare deductible amount must be entered on the Medicare Information (Detail) panel.

The Medicare Coinsurance field will be inactive on the Medicare Information (Header) panel. The Medicare coinsurance amount must be entered on the Medicare Information (Detail) panel.

The Psychiatric Reduction field will be inactive on the Medicare Information (Header) panel. The Medicare psychiatric reduction amount must be entered on the Medicare Information (Detail) panel.

The Medicare Copayment field will be inactive on the Medicare Information (Header) panel. The Medicare copayment amount must be entered on the Medicare Information (Detail) panel.

3.1.4 Anesthesia Panel

1. Click **Anesthesia** at the bottom of the Professional Claim panel.

The screenshot shows the Professional Claim panel with the following fields and links:

- SOI Date:
- Total Amount Paid:
- Net Difference:
- PA Number*:
- Links: [Diagnosis](#), [Condition](#), [Medicare](#), **[Anesthesia](#)**, [Other Insurance](#)
- Detail** section:

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 1									0	\$0.00
- Below the table: "Type data below for new record."
- Form fields:
 - Line Number:
 - From Date of Service*:
 - Rendering Provider: [Search]
 - Referring Provider 1: [Search]

Figure 18 Anesthesia Link

The Anesthesia panel will be displayed.

The Anesthesia panel contains the following fields:

- Primary Procedure Code: [Search]
- Secondary Procedure Code: [Search]

Figure 19 Anesthesia Panel

2. Enter a primary anesthesia ICD procedure code in the Primary Procedure Code field or search for a code using the Search link to the right of the field, if applicable.
3. Enter a secondary anesthesia ICD procedure code in the Secondary Procedure Code field or search for a code using the Search link to the right of the field, if applicable.

3.1.5 Other Insurance Header Information Panel

The Other Insurance Header Information panel is used to enter header level information for each OI carrier.

1. Click **Other Insurance** at the bottom of the Professional Claim panel.

SOI Date Total Amount Paid \$0.00

Net Difference

PA Number

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) **[Other Insurance](#)**

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 1									0	\$0.00

Type data below for new record.

Line Number 1

From Date of Service*

Rendering Provider [Search]

Referring Provider 1 [Search]

Figure 20 Other Insurance Link

The Other Insurance Header Information panel will be displayed. The [Other Insurance Detail Information](#) and [Other Insurance EOB Information](#) panels will also be displayed further down the form.

Other Insurance Header Information

*** No rows found ***

Carrier Number [Search]

Carrier Name

Claim Filing

Payment Date

Payment Amount

OI Circumstance

Delete Add

Figure 21 Other Insurance Header Information Panel

2. Click **Add**. The page will refresh, a yellow row will be added to the top of the panel and the fields will become active to allow for information to be entered.

Other Insurance Header Information

[Carrier Number](#) [Carrier Name](#) [Claim Filing](#) [Payment Date](#) [Payment Amount](#)

A

Carrier Number* [Search]

Carrier Name*

Claim Filing*

Payment Date

Payment Amount \$0.00

OI Circumstance

Delete Add

Figure 22 Add Other Insurance

3. Enter a carrier number and name, or search for a carrier using the Search link next to the Carrier Number field.

To search for a Carrier, complete the following steps:

- Click **Search** to the right of the Carrier Number field. The Carrier Number search panel will be displayed.

The screenshot shows a 'Carrier Number' search panel. It has a title bar with a 'Close' button. Below the title bar is a 'Search' section with two input fields: 'Carrier Number' and 'Carrier Name'. To the right of these fields are 'search' and 'clear' buttons. Below the search section is a 'Search Results' section that displays '*** No rows found ***'.

Figure 23 Carrier Number Search Panel

- Enter a full or partial name for the carrier, if the user knows the carrier's number, they may also search using that number.
- Click **Search**. Any carrier matching the query will be displayed in the "Search Results" section of the panel.

The screenshot shows the same 'Carrier Number' search panel, but now the 'Carrier Name' field contains 'AETNA'. The 'Search Results' section displays a list of carriers matching the query. The results are as follows:

Carrier Number	Carrier Name
001	AETNA SERVICES INC 009
002	AETNA SERVICES INC 024
01H	AETNA US HEALTHCARE 076
02H	AETNA SERVICES INC 434
03B	AETNA SERVICES INC 728
03H	AETNA SERVICES INC 704
04H	AETNA US HEALTHCARE 106
05H	AETNA SERVICES INC 042
06H	AETNA US HEALTHCARE 032
07H	AETNA SERVICES INC 723

At the bottom of the results list, there is a pagination control: '1 2 3 4 5 6 7 8 9 10 ... Next >'.

Figure 24 Search Results Panel

- Click the applicable carrier. The Carrier Number search panel will close, and the selected carrier's number and name will populate the carrier fields.

The screenshot shows the 'Other Insurance Header Information' section of a form. It contains a table with the following data:

Carrier Number	Carrier Name	Claim Filing	Payment Date	Payment Amount
A 001	AETNA SERVICES INC 009			\$0.00

Below the table, there are input fields for 'Carrier Number*', 'Carrier Name*', 'Claim Filing*', 'Payment Date', 'Payment Amount', and 'OI Circumstance'. The 'Carrier Number*' field contains '001' and the 'Carrier Name*' field contains 'AETNA SERVICES INC 009'. There are 'Delete' and 'Add' buttons at the bottom right.

Figure 25 Carrier Number and Name Added to Professional Claim Form

Note: The above procedure can be used for other search links on the Professional Claim Form.

4. Add additional carriers to the claim if necessary.

To delete a carrier, select the applicable row and click **Delete**.

5. Select the Claim Filing from the drop-down menu.

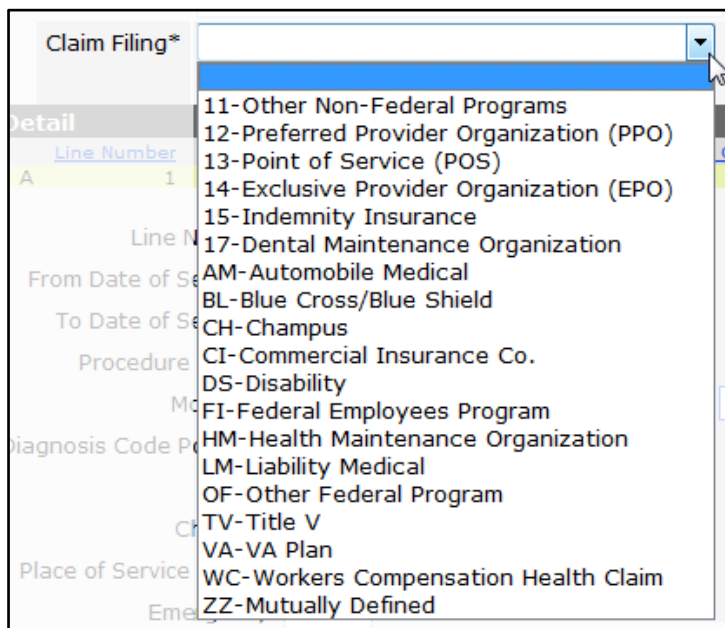


Figure 26 Claim Filing Drop-Down Menu

The claim filing indicates the type of OI billed prior to Medicaid claims submission.

6. Enter the Payment Date.
7. Enter the Payment Amount.

Note: The Payment Date and Payment Amount will not be active if “Y” is selected in the OI Circumstance drop-down menu. If the user inadvertently enters information in these fields and then selects “Y,” the information will be deleted, and the fields will be blank.

8. Use the OI Circumstance drop-down menu to select “Y” for any of the reasons listed below.

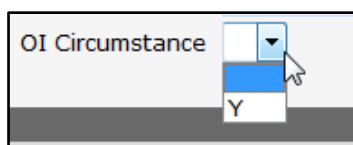


Figure 27 OI Circumstance Drop-Down Menu

“Y” indicates the member has commercial health insurance or commercial HMO coverage, but the commercial plan was not billed for reasons including, but not limited to, the following:

- The member denied coverage or will not cooperate.
- The provider knows the service in question is not covered by the carrier.
- The member's commercial health insurance failed to respond to initial and follow-up claims.
- Benefits are not assignable or cannot get assignment.
- Benefits are exhausted.

For any carrier where OI Circumstance is set to Y, the user is not allowed to enter a paid amount, paid date, or detail or explanation of benefits (EOB) information.

9. Click **Add** to add any other carriers.

Carrier Number	Carrier Name	Claim Filing	Payment Date	Payment Amount
A 107	DELTA DENTAL PLAN OF WISCONSIN	11		\$0.00
A 001	AETNA SERVICES INC 009	11	01/20/2014	\$50.00

Carrier Number* 107 [Search] Payment Date []

Carrier Name* DELTA DENTAL PLAN OF WISCONSIN Payment Amount []

Claim Filing* 11-Other Non-Federal Programs OI Circumstance []

[Delete] [Add]

Figure 28 Noncovered Carrier Added to Claim

When finished adding carriers, the information for the last carrier entered will be added to the top row when proceeding on to another panel or clicking the Submit button.

3.2 Detail Panel

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 1									0	\$0.00

Type data below for new record.

Line Number 1 Rendering Provider [] [Search]

From Date of Service* [] Referring Provider 1 [] [Search]

To Date of Service* [] Referring Provider 2 [] [Search]

Procedure Code* [] [Search] Ordering Provider [] [Search]

Modifiers [] [Search] [] [Search] [] [Search] [] [Search]

Diagnosis Code Pointers [] [] [] [] [] [] [] []

Units* 0

Charge* \$0.00 Status []

Place of Service Code* [] [Search] Allowed Amount \$0.00

Emergency [] CoPay Amount \$0.00

Family Planning []

Notes [] Professional Service Description []

[Delete] [Add]

[NDCs for JCode](#)

Figure 29 Detail Panel

The Line Number field will be populated with the number of the detail currently being added. Line number 1 will be automatically added when the Professional Claim form is loaded.

1. Enter the date that the service began in the From Date of Service field.
2. Enter the date that the service was completed in the To Date of Service field.
3. Enter the procedure code that identifies the service performed or provided in the Procedure Code field or search for a code using the Search link to the right of the field.
4. Enter the modifier that may be added to the procedure code to provide additional information about the service performed or provided in the first Modifiers field or search for a modifier using the Search link to the right of the field. Enter all the modifiers that apply to the procedure code indicating the service performed or provided.
5. Enter the number (1, 2, 3, or 4) in the Diagnosis Code Pointers field that points to the applicable diagnosis code in the Diagnosis panel that indicates which diagnosis (or diagnoses) applies to this detail line.

Note: The Diagnosis Code Pointers field is only required when it is necessary to point to a diagnosis related to the detail line. This field is always required for the CLTS Program.

6. Enter the number of units billed by the provider in the Units field.
7. Enter the total charge of the detail line in the Charge field.
8. Enter a place of service code identifying where the service was provided or performed in the Place of Service Code field or search for a code using the Search link to the right of the field.
9. Enter a brief description in the Notes field if additional information is needed to substantiate the medical treatment indicated if the information is not supported elsewhere on the claim form.
10. Enter the NPI or Medicaid ID of the provider performing the services in the Rendering Physician field if the rendering provider ID is different from the ID the user is logged in with and the ID was not entered at the header level. Generally, only enter a number if there are two or more rendering providers on the claim and it is necessary to distinguish between the providers at the detail level.
11. Enter the NPI or Medicaid ID of the provider, or providers, who referred the member for services in the Referring Provider 1 and Referring Provider 2 fields if applicable and if the ID was not entered at the header level.
12. Select **Yes** or **No** from the Emergency drop-down menu to indicate if the service was provided as a result of an emergency situation. The field will default to No if an option is not selected.
13. Select **Y** from the Family Planning drop-down menu if the service provided is related to family planning services. Leave the field blank if the service provided is not related to family planning services.

Information cannot be entered in the Status, Allowed Amount, and CoPay Amount fields. Information will populate these fields when the claim is submitted.

14. Enter a description of the service provided or performed in the Professional Service Description field if the provider is indicating an unlisted or not otherwise classified procedure code. In addition, enter information in this field for manual pricing purposes.
15. Click **Add** to add more details to the claim. Enter the necessary information for each detail added. Providers may enter up to up to 50 detail lines per claim.
16. Select the desired row and click **Delete** to remove a detail line. A dialog box will be displayed. Click **OK** to delete the specified row.

3.2.1 NDC Panel

ForwardHealth requires NDCs to be indicated on claims for all provider-administered drugs to identify the drugs and invoice a manufacturer for rebates, track utilization, and receive federal funds. A provider-administered drug is either an oral, injectable, intravenous, or inhaled drug administered by a physician or a designee of the physician (for example, nurse, nurse practitioner, physician assistant) or incidental to a physician service.

1. Click **NDCs for JCode** at the bottom of the Detail panel. The NDC panel will be displayed.

NDC (Detail Item 1)
 *** No rows found ***
 Select row above to update -or- click Add button below.

RX Number Unit of Measure

NDC Code Drug Unit Price

Quantity Unit Prescription Date

Figure 30 NDC Panel

Note: A corresponding detail line must be selected before any information can be entered on the NDC panel.

2. Click **Add**. A row will be added to the NDC panel, and the fields will activate.

NDC (Detail Item 1)

RX Number	NDC Code	Quantity Unit	Unit of Measure	Drug Unit Price	Prescription Date
A		0		\$0.00	

Type data below for new record.

RX Number Unit of Measure*

NDC Code* Drug Unit Price \$0.00

Quantity Unit* 0 Prescription Date

Figure 31 NDC Panel With Added Row

3. Click the applicable line item from the Detail panel if the user added multiple line items to the Detail panel. The NDC panel title will reflect the detail line item selected.
4. Enter the prescription number of the NDC in the RX Number field. If more than three numbers are entered, the up and down arrows will become active, allowing the user to scroll through the information entered.

5. Enter the NDC that supplements the procedure code entered on the detail line item in the NDC Code field.
6. Enter the number of units that are being requested for this claim in the Quantity Unit field.
7. Select the applicable Unit of Measure from the drop-down menu. Available options include the following:
 - F2—International Unit
 - GR-Gram
 - ME—Milligram
 - ML—Milliliter
 - UN—Unit
8. Enter the price per unit in the Drug Unit Price field.
9. Enter the date of the prescription in the Prescription Date field.

3.3 Other Insurance Detail Information Panel

The Other Insurance Detail Information panel is used to enter OI related information for the claim details.

If any information is entered in the Other Insurance Detail Information panel, all information must be supplied, even if it seems similar to information entered in the Other Insurance Header Information panel.

Other Insurance Detail Information

*** No rows found ***

Detail 1

Carrier Number

Carrier Name

Payment Date

Payment Amount

Delete Add

Figure 32 Other Insurance Detail Information Panel

Note: Other Insurance information should be added to only the header, or both the header and detail depending on how the individual carrier adjudicated the claim.

- If the other payer's EOB to the provider contains detail specific information, the information should be added to both the header and detail.
- If the other payer adjudicated the claim only at the header (no detail specific information), the provider can only enter header information.
- If there is more than one other payer involved, it is possible for one payer to be entered only in the header and the other in both the header and detail depending on how the individual carriers adjudicated the claim.

To enter an Other Insurance detail:

1. If there is more than one carrier in the Other Insurance Header Information panel, scroll up to that panel and click the carrier for which to add the detail. The page will refresh and the carrier will be highlighted.

Carrier Number	Carrier Name	Claim Filing	Payment Date	Payment Amount
A 107	DELTA DENTAL PLAN OF WISCONSIN	11	01/20/2014	\$50.00
A 001	AETNA SERVICES INC 009		01/20/2014	\$50.00

Carrier Number* 001 [Search] Payment Date* 01/20/2014
 Carrier Name* AETNA SERVICES INC 009 Payment Amount* \$50.00
 Claim Filing* 11-Other Non-Federal Programs OI Circumstance [v]

Delete Add

Figure 33 Select Carrier in Header

If there is only one carrier listed in the Other Insurance Header panel, step 1 may be skipped.

2. Return to the Other Insurance Detail Information panel and click **Add**.

*** No rows found ***

Detail 1

Carrier Number [] Payment Date []
 Carrier Name [] Payment Amount []

Delete Add

Figure 34 Other Insurance Detail Panel

Note: If Y is selected for a carrier in the OI Circumstance field in the header, the user will be unable to add information for that carrier in the Other Insurance Detail Information panel.

The page will refresh, and a yellow row will be added to the top of the panel with the carrier's name and number. The fields will also become active to allow for further information to be entered. The Detail number will display as "1" but can be changed when adding additional information.

Detail	Carrier Number	Carrier Name	Payment Date	Payment Amount
A 1	001	AETNA SERVICES INC 009	\$0.00	\$0.00

Detail* 1

Carrier Number 001 Payment Date* []
 Carrier Name AETNA SERVICES INC 009 Payment Amount* \$0.00

Delete Add

Figure 35 Carrier Added to Other Insurance Detail Information Panel

3. Select the detail number for which the OI information applies from the drop-down menu, if applicable. The default setting is the number of the detail selected on the Other Insurance Detail Information panel. A header value of 0 (zero) is not allowed on this panel.
4. Enter the date the other insurance paid the claim in the Payment Date field.
5. Enter the total amount of dollars the OI carrier paid on the detail in the Payment Amount field.

- To add another carrier, scroll up to the Other Insurance Header Information panel and click the carrier for which to add the detail information.

Carrier Number	Carrier Name	Claim Filing	Payment Date	Payment Amount
A 107	DELTA DENTAL PLAN OF WISCONSIN	11	01/20/2014	\$50.00
A 001	AETNA SERVICES INC 009	11	01/20/2014	\$50.00

Carrier Number* 107 Payment Date* 01/20/2014

Carrier Name* DELTA DENTAL PLAN OF WISCONSIN Payment Amount* \$50.00

Claim Filing* 11-Other Non-Federal Programs OI Circumstance

Figure 36 Select Additional Carrier in Header

When returning to the Other Insurance Detail Information panel, the previous carrier's information will be removed, and the fields will be grayed out.

*** No rows found ***

Detail 1

Carrier Number Payment Date

Carrier Name Payment Amount

Figure 37 Blank Other Insurance Detail Information Panel

- Click **Add**. The page will refresh, a yellow row will be added to the top of the panel with the carrier's name and number. The fields will also become active to allow for further information to be entered.

Detail	Carrier Number	Carrier Name	Payment Date	Payment Amount
A 1	107	DELTA DENTAL PLAN OF WISCONSIN		\$0.00

Detail* 1

Carrier Number 107 Payment Date*

Carrier Name DELTA DENTAL PLAN OF WISCONSIN Payment Amount* \$0.00

Figure 38 Additional Carrier Added

- When finished adding carriers, the information for the last carrier entered will be added to the top row when going to another panel or clicking the Submit button.

3.4 Other Insurance EOB Information Panel

The Other Insurance EOB Information panel is used to enter the adjustment codes that explain why a carrier did not pay the billed amount.

Figure 39 Other Insurance EOB Information Panel

Note: If Y is selected for a carrier in the OI Circumstance field in the header, information cannot be added for that carrier in the Other Insurance EOB Information panel.

To enter an OI EOB code:

1. Click **Add**. A yellow row will be added to the top of the panel and the fields will become active to allow further information to be entered.
2. Select the Detail Number from the drop-down menu, if applicable. Leave at "0" (zero) if the OI paid at the header. Detail "0" indicates that the other insurance paid the claim at the header.
3. Use the drop-down menu in the Carrier Number field to select the Carrier Number from the carriers already entered on the claim.

Figure 40 Select Carrier Number

4. In the Adjustment Code field, enter the EOB adjustment code from the carrier's EOB. The EOB description will be entered automatically.

If an adjustment code is not available, search for one.

- To search for an adjustment code, click **Search** to the right of the Adjustment Code field.

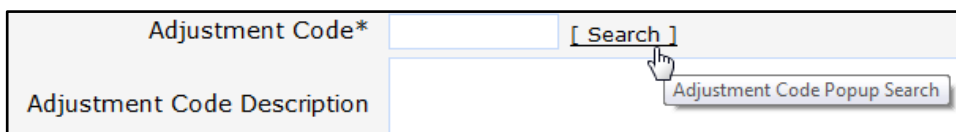


Figure 41 Adjustment Code Search Link

The Adjustment Code search panel will be displayed.

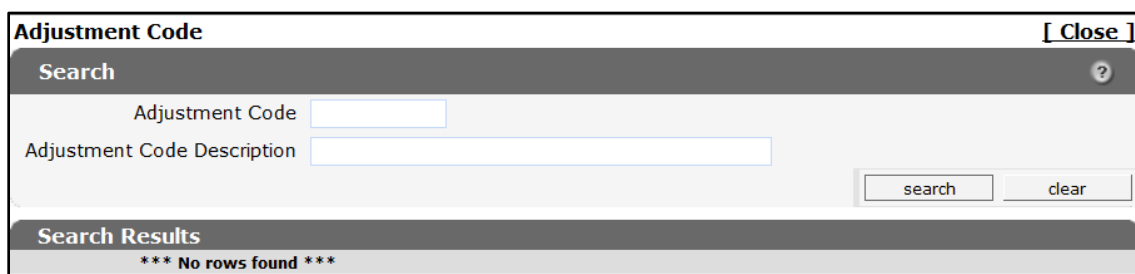


Figure 42 Adjustment Code Search Panel

- Enter the adjustment code description.




Figure 43 Exact Description

If the exact description is unknown, use the “%” sign as a wildcard to search for any word or group of words in the description.

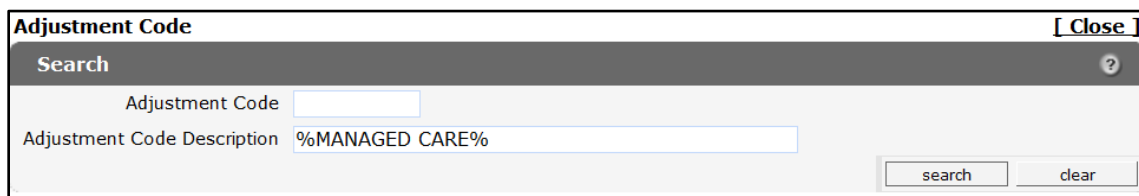


Figure 44 Wild Card Search

- Click **Search**. The codes matching the query will be displayed in the “Search Results” section of the panel.

Adjustment Code [Close]

Search ?

Adjustment Code

Adjustment Code Description

Search Results

Adjustment Code	Adjustment Code Description
120	Patient is covered by a managed care plan.

Figure 45 Search Results for Exact Description

Adjustment Code [Close]

Search ?

Adjustment Code

Adjustment Code Description

Search Results

Adjustment Code	Adjustment Code Description
104	Managed care withholding.
120	Patient is covered by a managed care plan.
24	Charges are covered under a capitation agreement/managed car
256	Service not payable per managed care contract.

Figure 46 Wildcard Search Results

- Click the applicable code. The Adjustment Code search panel will close, and the selected adjustment code and description will populate the fields on the Other Insurance EOB Information Panel.

Adjustment Code* [Search] Group Code*

Adjustment Code Description

Figure 47 Adjustment Code and Description Added to the Panel

The following list includes some common American National Standards Institute (ANSI) codes that are used by ForwardHealth to process claims. Refer to wpc-edi.com/reference/ online for the most current and complete listing of all valid ANSI codes.

Code	Description
1	Deductible Amount.
2	Coinsurance Amount.
3	Co-payment Amount.
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
24	Charges are covered under a capitation agreement/managed care plan.
35	Lifetime benefit maximum has been reached.

Code	Description
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
66	Blood Deductible.
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or National Council for Prescription Drug Programs Reject Reason Code.)
119	Benefit maximum for this time period or occurrence has been reached.
122	Psychiatric reduction.
149	Lifetime benefit maximum has been reached for this service/benefit category.

- Enter the Adjustment Amount.
- Select the Group Code from the drop-down menu.

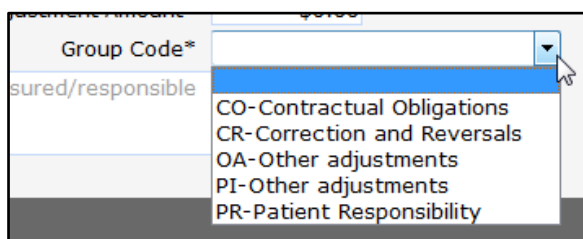


Figure 48 Select Group Code

- Click **Add** to add additional adjustment codes.

Figure 49 EOB Added

When finished adding EOBs, the last EOB entered will be added to the top row when going on to another panel or clicking the Submit button.

3.5 Medicare Information (Detail) Panel

Enter information on the Medicare Information (Detail) panel if the claim is secondary to a Medicare-allowed service.

Medicare Information(Detail)			
Line Number	1	Medicare Deductible	\$0.00 +
Medicare Date Paid		Medicare Coinsurance	\$0.00 +
Medicare Paid Amount	\$0.00	Psychiatric Reduction	\$0.00 +
Medicare Non Covered Charge	\$0.00	Medicare Copayment	\$0.00 +
		<hr/>	
		Remaining Patient Liability*	\$0.00 =

Figure 50 Medicare Information (Detail) Panel

The Line Number field will be populated with the corresponding detail line number selected in the Detail panel.

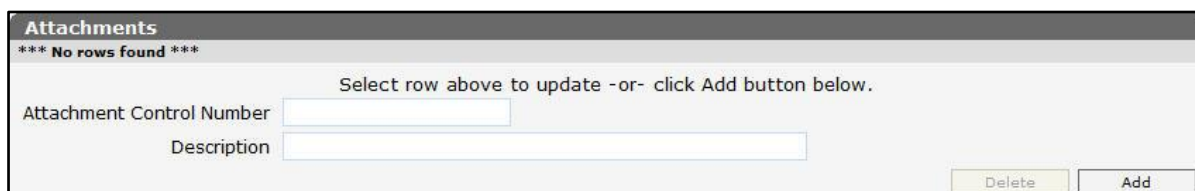
Note: If Medicare denied a service, leave the fields on the Medicare Information (Detail) panel blank (or zero).

1. Enter the date that Medicare paid the detail line in the Medicare Date Paid field.
2. Enter the total amount that Medicare paid for the detail line in the Medicare Paid Amount field.
3. Enter the amount of the detail line not allowed by Medicare in the Medicare Non Covered Charge field.

Note: If Medicare does not cover the entire claim, do not use the Medicare Information (Header) and/or Medicare Information (Detail) panels. Return to [Step 7 of 3.1 Professional Claim Panel](#) to select the appropriate Medicare disclaimer code.

4. Enter the deductible amount that Medicare applied to the detail line in the Medicare Deductible field.
5. Enter the coinsurance amount indicated by Medicare for the detail line in the Medicare Coinsurance field.
6. Enter the amount of psychiatric service reduction for the detail line in the Psychiatric Reduction field.
7. Enter the Medicare copayment amount that the member paid for the detail line in the Medicare Copayment field.
8. Enter the remaining patient liability amount in the Remaining Patient Liability field. The remaining patient liability must equal the sum of the deductible amount, coinsurance amount, psychiatric reduction amount, and copayment amount.

3.6 Attachments Panel



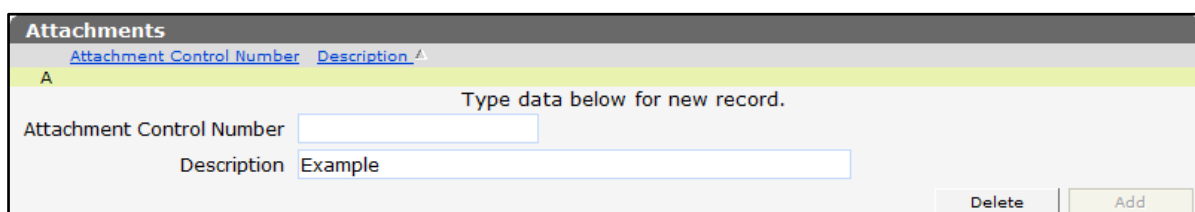
The screenshot shows the 'Attachments' panel. At the top, it says '*** No rows found ***'. Below this, there is a text prompt: 'Select row above to update -or- click Add button below.' There are two input fields: 'Attachment Control Number' and 'Description'. At the bottom right, there are two buttons: 'Delete' and 'Add'.

Figure 51 Attachments Panel

1. Click **Add** if any attachments need to be included with the claim. A row will be added to the Attachments panel, and the Description field will activate.

The Attachment Control Number field is read-only. ForwardHealth will assign a number after the claim is submitted.

2. Enter a description of the attachment being submitted.



The screenshot shows the 'Attachments' panel with one row added. The row has a yellow background and contains the text 'A' in the first column and 'Type data below for new record.' in the second column. Below this, there are two input fields: 'Attachment Control Number' and 'Description'. The 'Description' field contains the text 'Example'. At the bottom right, there are two buttons: 'Delete' and 'Add'.

Figure 52 Attachments Panel With Added Row

Note: If it is indicated that an attachment will be included with the claim, the claim will suspend for seven days pending the receipt of the indicated attachment. Users may upload attachments electronically through the Portal or submit the attachment by mail or fax using the Claim Form Attachment Cover Page, F-13470, available on the [Forms](#) page of the Portal.

3.7 Submit the Claim

The Claim Status Information panel at the bottom of the Professional Claim form will indicate that the claim has not yet been submitted.



The screenshot shows the 'Claim Status Information' panel. It contains a text field with the value 'Not submitted yet'. At the bottom right, there are two buttons: 'Submit' and 'Cancel'.

Figure 53 Claim Status Information Panel

1. Ensure that information has been entered in all the required fields on the Professional Claim form.

Note: Since there is no Save feature for the Professional Claim form, if the claim is not submitted successfully and assigned an ICN, all information will be lost.

2. Click **Submit**.

If there is a problem and the claim does not process, an ICN will not be assigned, and an error message that indicates what needs to be corrected will be displayed at the top of the page.

The following messages were generated:
A valid PA Number is required.

Professional Claim

Required fields are indicated with an asterisk (*).

ICN	Rendering Provider	[Search]
Provider ID 1960256372 NPI	Referring Provider 1	[Search]
Member ID*	Referring Provider 2	[Search]
Last Name	Medicare Disclaimer	no disclaimer
First Name, MI	Other Insurance Indicator	▼
Date of Birth	Referral Number	
Patient Account #	Total Charge*	\$0.00
Medical Record Number	Other Insurance Amount	\$0.00
SOI Date	Total Amount Paid	\$0.00
	Net Difference	
	PA Number*	

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Figure 54 Error Message

If an attachment was indicated to be submitted with the claim, the claim will suspend, an attachment control number will be added to the Attachments panel, and the Upload Claim Attachments button will be displayed at the bottom of the page.

Claim Status Information

Claim Status **SUSPEND**

Claim ICN 2311266001001

Paid Amount \$0.00

EOB Information

Detail Number	Code	Description
0	2222	Policy not currently enforced.

Upload Claim Attachments

Figure 55 Submitted Claim With Attachments

If not ready to upload a file, exit from this page or go to another area of the Portal.

If ready to upload an attachment, click **Upload Claim Attachments**.

The Upload Claim Attachment File panel will be displayed. For information about uploading attachments, refer to the ForwardHealth Portal Uploading Claim Attachments Instruction Sheet, which is located on the Portal User Guides page of the ForwardHealth Portal.

If the claim is successfully submitted without an attachment, the Claim Status Information panel will display the ForwardHealth-assigned ICN and the claim's status. In addition, the EOB

Information panel will be displayed indicating how the claim was processed by ForwardHealth.

Claim Status Information		
Claim Status	PAY	
Claim ICN	2211259001022	
Paid Date	09/16/2011	
Paid Amount	\$11.91	

EOB Information		
Detail Number	Code	Description
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.

Figure 56 Claim Status Information and EOB Information Panels

If the claim is denied or adjusted, an EOB code or codes will be displayed indicating the reason for the adjustment.

4 Create a Claim From Prior Authorization

CLTS providers can search for a PA and create a claim from an existing PA via the Create a Claim From PA link on the Claims page.

1. Click **Claims** on the main menu at the top of the page. The Claims page will be displayed.

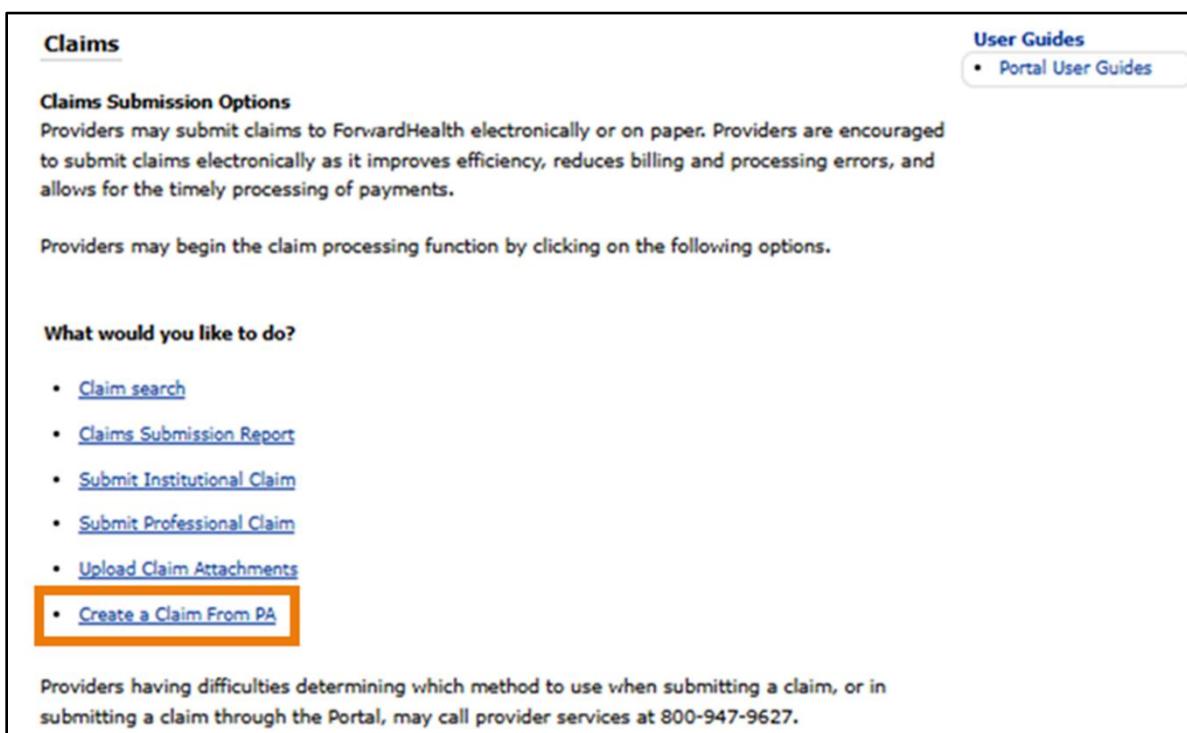
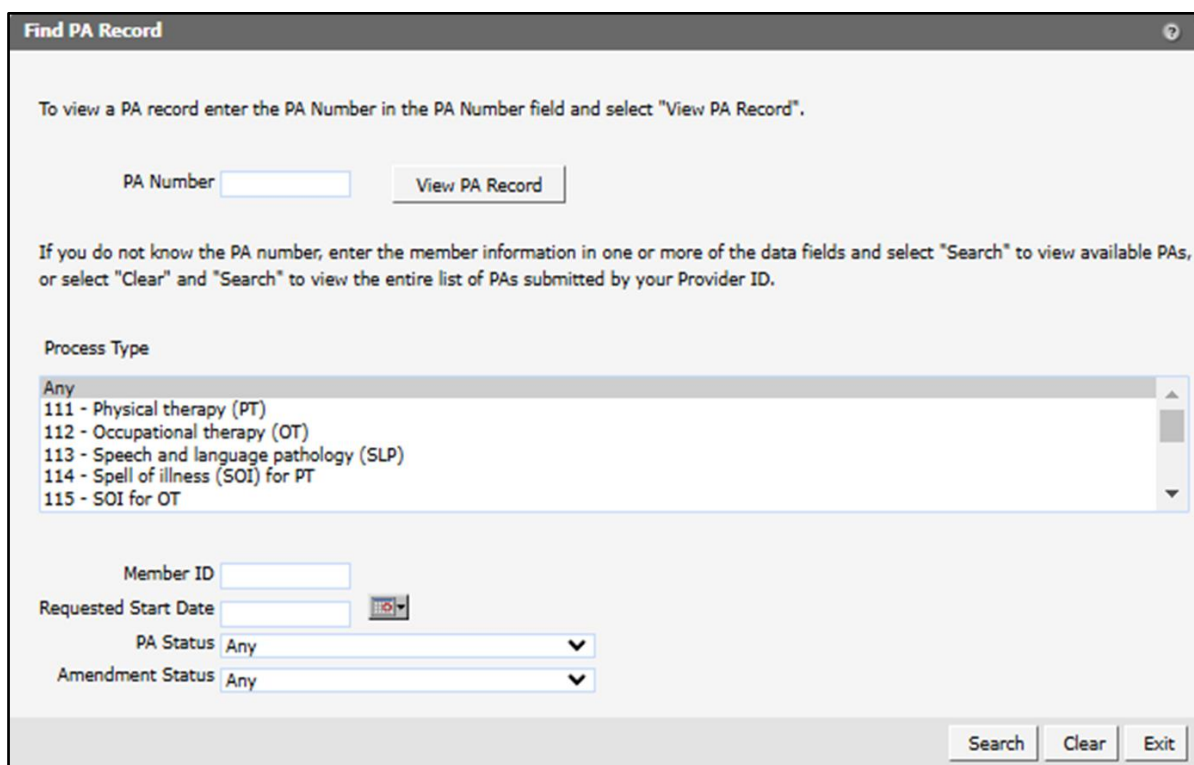


Figure 57 Claims Page

2. Click **Create a Claim From PA** on the claims page. The Find PA Record panel will be displayed.



The 'Find PA Record' panel is a web-based interface for searching prior authorization records. It features a title bar with a question mark icon. Below the title, a text instruction reads: 'To view a PA record enter the PA Number in the PA Number field and select "View PA Record".' This is followed by a text input field labeled 'PA Number' and a 'View PA Record' button. A second instruction states: 'If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.' Below this, there is a 'Process Type' section with a scrollable list box containing the following options: 'Any', '111 - Physical therapy (PT)', '112 - Occupational therapy (OT)', '113 - Speech and language pathology (SLP)', '114 - Spell of illness (SOI) for PT', and '115 - SOI for OT'. Further down, there are input fields for 'Member ID', 'Requested Start Date' (with a calendar icon), and dropdown menus for 'PA Status' and 'Amendment Status', both currently set to 'Any'. At the bottom right, there are three buttons: 'Search', 'Clear', and 'Exit'.

Figure 58 Find PA Record Panel

The provider can find a PA by either entering a PA number or entering information in one or more of the data fields.

4.1 Search by Prior Authorization Number

1. Enter the PA number in the PA number field.
2. Click **View PA Record**. If no results match the search, an error message will be displayed at the top of the page.

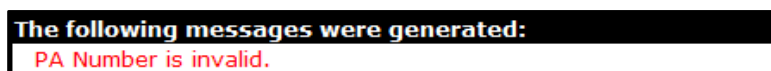


Figure 59 Example Error Message

If the entered PA number is valid, the PA Record page will be displayed with information that was previously submitted.

PA Record

- The PA record below is in "APPROVED" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

PA Message

- ***There are No PA Messages***

PA Information

PA Number: 555555554 Media Type: WEB
 First Name: JOSE Member ID: 0987654321
 Last Name: CLTS Date of Birth: 08/10/2021
 PA Status: APPROVED [View PA Decision Notice](#)
 Amendment Status:
 Process Type: 147 - Childrens Long-Term Support
 Program: Medicaid
 HealthCheck Other Service: No Start Date - SOI:
 Requested Start Date: 10/01/2024 First Date of Treatment - SOI:
 Primary Diagnosis Code: Z418 Description: ENCNR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATI
 Secondary Diagnosis Code: Description:
 National Provider Identifier: Name - Prescribing/Referring/Ordering Provider:
 Prescribing/Referring/Ordering Provider:
[Create a Claim From PA](#)

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	T1016	1.000	\$100.00	1.000	\$100.00	10/01/2024	09/30/2025

Select row above to display a different line item's data below.

Line Item: 01
 Status: APPROVED
 Rendering Provider ID: 1234567890 NPI
 Prescribing Provider ID:
 Service Code Type: Procedure Code
 Service Code: T1016
 Service Code Description:
 Tooth: Area of the Oral Cavity:
 Modifiers:
 Place of Service: 99
 Units Requested: 1.000 Dollars Requested: \$100.00
 Units Authorized: 1.000 Dollars Authorized: \$100.00
 Units Remaining: 0.000 Dollars Remaining: \$0.00
 Grant Date: 10/01/2024
 Expiration Date: 09/30/2025

[Previous](#) [Exit](#)

Figure 60 PA Record Panel

3. Click Exit to return to the Prior Authorization page.

4.2 Search by Other Criteria

If the PA number is unknown, the provider can search for the PA using any of the remaining fields on the page. To refine a search, enter information in more than one field.

1. Enter or select information for any of the following fields:

- Process Type

- Member ID
- Requested Start Date
- PA Status
- Amendment Status

To view all previously submitted PAs, leave all the fields blank.

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

Any

111 - Physical therapy (PT)

112 - Occupational therapy (OT)

113 - Speech and language pathology (SLP)

114 - Spell of illness (SOI) for PT

115 - SOI for OT

Member ID 0987654321

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

Figure 61 Search by Other Criteria

2. Click **Search**.

If no results match the criteria entered, an error message will be displayed at the top of the page. Revise the search criteria. Click **Search** again.

The following messages were generated:
No PA records can be found in the system matching the criteria entered.

Figure 62 Example Error Message

If the entered information is valid, the Choose PA Record page will be displayed.

Choose PA Record

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

PA Number	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
555555554	CLTS	JOSE		147 - Childrens Long-Term Support	APPROVED		10/01/2024	10/01/2024	09/30/2025	Decision Notice

Previous Exit

Figure 63 Choose PA Record Page

Note: To sort the results by category, click a column heading once to sort the results in ascending order. Click the heading twice to sort the results in descending order.

3. Select the PA the user wishes to view. The PA Record page will be displayed.

PA Record

- The PA record below is in "APPROVED" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

PA Message

- ***There are No PA Messages***

PA Information

PA Number: 555555554 Media Type: WEB
 First Name: JOSE Member ID: 0987654321
 Last Name: CLTS Date of Birth: 08/10/2021
 PA Status: APPROVED [View PA Decision Notice](#)
 Amendment Status:
 Process Type: 147 - Childrens Long-Term Support
 Program: Medicaid
 HealthCheck Other Service: No Start Date - SOI:
 Requested Start Date: 10/01/2024 First Date of Treatment - SOI:
 Primary Diagnosis Code: Z418 Description: ENCNR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATI
 Secondary Diagnosis Code:
 Description:
 National Provider Identifier-
 Prescribing/Referring/Ordering Provider:
 Name - Prescribing/Referring/Ordering Provider:
[Create a Claim From PA](#)

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	T1016	1.000	\$100.00	1.000	\$100.00	10/01/2024	09/30/2025

Select row above to display a different line item's data below.

Line Item 01
 Status: APPROVED
 Rendering Provider ID: 1234567890 NPI
 Prescribing Provider ID:
 Service Code Type: Procedure Code
 Service Code: T1016
 Service Code Description:
 Tooth:
 Area of the Oral Cavity:
 Modifiers:
 Place of Service: 99
 Units Requested: 1.000 Dollars Requested: \$100.00
 Units Authorized: 1.000 Dollars Authorized: \$100.00
 Units Remaining: 0.000 Dollars Remaining: \$0.00
 Grant Date: 10/01/2024
 Expiration Date: 09/30/2025

[Previous](#) [Exit](#)

Figure 64 PA Record Page

4. Click **Exit** to return to the Prior Authorization page.

4.3 Create a Claim From Prior Authorization

1. Click **Create a Claim From PA** on the PA Record panel.

The screenshot displays the 'PA Record' panel. At the top, it states the PA record is in 'APPROVED' status and provides instructions on how to view the decision or submit an amendment. Below this is a 'PA Message' section indicating no messages are present. The main section is 'PA Information', which contains various fields for patient and PA details. An orange arrow points to a button labeled 'Create a Claim From PA' in the bottom right corner of the PA Information section.

PA Information	
PA Number	5555555554
Media Type	WEB
First Name	JOSE
Member ID	0987654321
Last Name	CLTS
Date of Birth	08/10/2021
PA Status	APPROVED
Amendment Status	
Process Type	147 - Childrens Long-Term Support
Program	Medicaid
HealthCheck Other Service	No
Start Date - SOI	
Requested Start Date	10/01/2024
First Date of Treatment - SOI	
Primary Diagnosis Code	Z418
Description	ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STAT
Secondary Diagnosis Code	
Description	
National Provider Identifier- Prescribing/Referring/Ordering Provider	
Name - Prescribing/Referring/Ordering Provider	

Create a Claim From PA

Figure 65 PA Record Panel—Create a Claim From PA Link

The Professional Claim panel will be displayed.

Next Search By: ICN

Professional Claim

Required fields are indicated with an asterisk (*).

ICN <input type="text"/>	Rendering Provider <input type="text"/> [Search]
Provider ID 1234567890 NPI <input type="text"/>	Referring Provider 1 <input type="text"/> [Search]
Member ID* 0987654321 <input type="text"/>	Referring Provider 2 <input type="text"/> [Search]
Last Name CLTS <input type="text"/>	Medicare Disclaimer no disclaimer <input type="text"/>
First Name, MI JOSE <input type="text"/>	Other Insurance Indicator <input type="text"/>
Date of Birth 08/10/2021 <input type="text"/>	Referral Number <input type="text"/>
Patient Account # <input type="text"/>	Total Charge* <input type="text"/> \$100.00
Medical Record Number <input type="text"/>	Other Insurance Amount <input type="text"/> \$0.00
SOI Date <input type="text"/>	Total Amount Paid <input type="text"/> \$0.00
	Net Difference <input type="text"/>
	PA Number* 555555554 <input type="text"/>

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 0			T1016						1.00	\$100.00

Select row above to update -or- click Add button below.

Line Number <input type="text"/>	Rendering Provider <input type="text"/> [Search]
From Date of Service <input type="text"/>	Referring Provider 1 <input type="text"/> [Search]
To Date of Service <input type="text"/>	Referring Provider 2 <input type="text"/> [Search]
Procedure Code <input type="text"/> [Search]	Ordering Provider <input type="text"/> [Search]
Modifiers <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]	
Diagnosis Code Pointers <input type="text"/> <input type="text"/> <input type="text"/>	
Units <input type="text"/>	
Charge <input type="text"/>	Status <input type="text"/>
Place of Service Code <input type="text"/> [Search]	Allowed Amount <input type="text"/>
Emergency <input type="text"/>	CoPay Amount <input type="text"/>
Family Planning <input type="text"/>	
Notes <input type="text"/>	Professional Service Description <input type="text"/>

[NDCs for JCode](#)

Medicare Information(Detail)

Line Number 1 <input type="text"/>	Medicare Deductible <input type="text"/> \$0.00 +
Medicare Date Paid <input type="text"/>	Medicare Coinsurance <input type="text"/> \$0.00 +
Medicare Paid Amount <input type="text"/> \$0.00	Psychiatric Reduction <input type="text"/> \$0.00 +
Medicare Non Covered Charge <input type="text"/> \$0.00	Medicare Copayment <input type="text"/> \$0.00 +
Remaining Patient Liability* <input type="text"/> =	

Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Attachment Control Number <input type="text"/>
Description <input type="text"/>

Claim Status Information

Claim Status Not submitted yet

Figure 66 Professional Claim Panel

Information from the PA will be displayed such as the procedure code, units, and charge.

2. The user can edit fields in the “Detail” section by clicking the desired row.

Next Search By: ICN

Professional Claim

Required fields are indicated with an asterisk (*).

ICN <input type="text"/>	Rendering Provider <input type="text"/> [Search]
Provider ID 1234567890 NPI	Referring Provider 1 <input type="text"/> [Search]
Member ID* 0987654321	Referring Provider 2 <input type="text"/> [Search]
Last Name CLTS	Medicare Disclaimer no disclaimer ▼
First Name, MI JOSE	Other Insurance Indicator ▼
Date of Birth 08/10/2021	Referral Number <input type="text"/>
Patient Account # <input type="text"/>	Total Charge* \$100.00
Medical Record Number <input type="text"/>	Other Insurance Amount \$0.00
SOI Date <input type="text"/>	Total Amount Paid \$0.00
	Net Difference <input type="text"/>
	PA Number* 555555554

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A	0		T1016						1.00	\$100.00

Type data below for new record.

Line Number <input type="text" value="0"/>	Rendering Provider 1234567890 NPI [Search]
From Date of Service* <input type="text"/>	Referring Provider 1 <input type="text"/> [Search]
To Date of Service* <input type="text"/>	Referring Provider 2 <input type="text"/> [Search]
Procedure Code* T1016 [Search]	Ordering Provider <input type="text"/> [Search]
Modifiers <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]	
Diagnosis Code Pointers <input type="text"/> <input type="text"/> <input type="text"/>	
Units* 1.00	Status <input type="text"/>
Charge* \$100.00	Allowed Amount \$0.00
Place of Service Code* 99 [Search]	CoPay Amount \$0.00
Emergency ▼	
Family Planning ▼	
Notes <input type="text"/>	Professional Service Description <input type="text"/>

Figure 67 Professional Claim Panel—Detail Section

3. Once changes are made, click the desired row, and updates will be displayed.

Next Search By: ICN

Professional Claim

Required fields are indicated with an asterisk (*).

ICN <input type="text"/>	Rendering Provider <input type="text"/> [Search]
Provider ID 1234567890 NPI	Referring Provider 1 <input type="text"/> [Search]
Member ID* 0987654321	Referring Provider 2 <input type="text"/> [Search]
Last Name CLTS	Medicare Disclaimer no disclaimer ▼
First Name, MI JOSE	Other Insurance Indicator ▼
Date of Birth 08/10/2021	Referral Number <input type="text"/>
Patient Account # <input type="text"/>	Total Charge* \$100.00
Medical Record Number <input type="text"/>	Other Insurance Amount \$0.00
SOI Date <input type="text"/>	Total Amount Paid \$0.00
	Net Difference <input type="text"/>
	PA Number* 555555554

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A	0	02/01/2024	02/02/2024	T1016					1.00	\$100.00

Type data below for new record.

Line Number <input type="text" value="0"/>	Rendering Provider 1234567890 NPI [Search]
From Date of Service* 02/01/2024	Referring Provider 1 <input type="text"/> [Search]
To Date of Service* 02/02/2024	Referring Provider 2 <input type="text"/> [Search]
Procedure Code* T1016 [Search]	Ordering Provider <input type="text"/> [Search]
Modifiers <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]	
Diagnosis Code Pointers <input type="text"/> <input type="text"/> <input type="text"/>	
Units* 1.00	Status <input type="text"/>
Charge* \$100.00	Allowed Amount \$0.00
Place of Service Code* 99 [Search]	CoPay Amount \$0.00
Emergency ▼	
Family Planning ▼	
Notes <input type="text"/>	Professional Service Description <input type="text"/>

Figure 68 Professional Claim Panel—Detail Section Updated

4. Refer to the [Submit a Professional Claim chapter](#) of this user guide for complete claim submission instructions.

5 Prior Authorization Search-Bulk

CLTS providers can search for and view PA information in bulk via the PA Search-Bulk link on their secure provider page.

1. On the secure Provider page, click **PA Search-Bulk**.

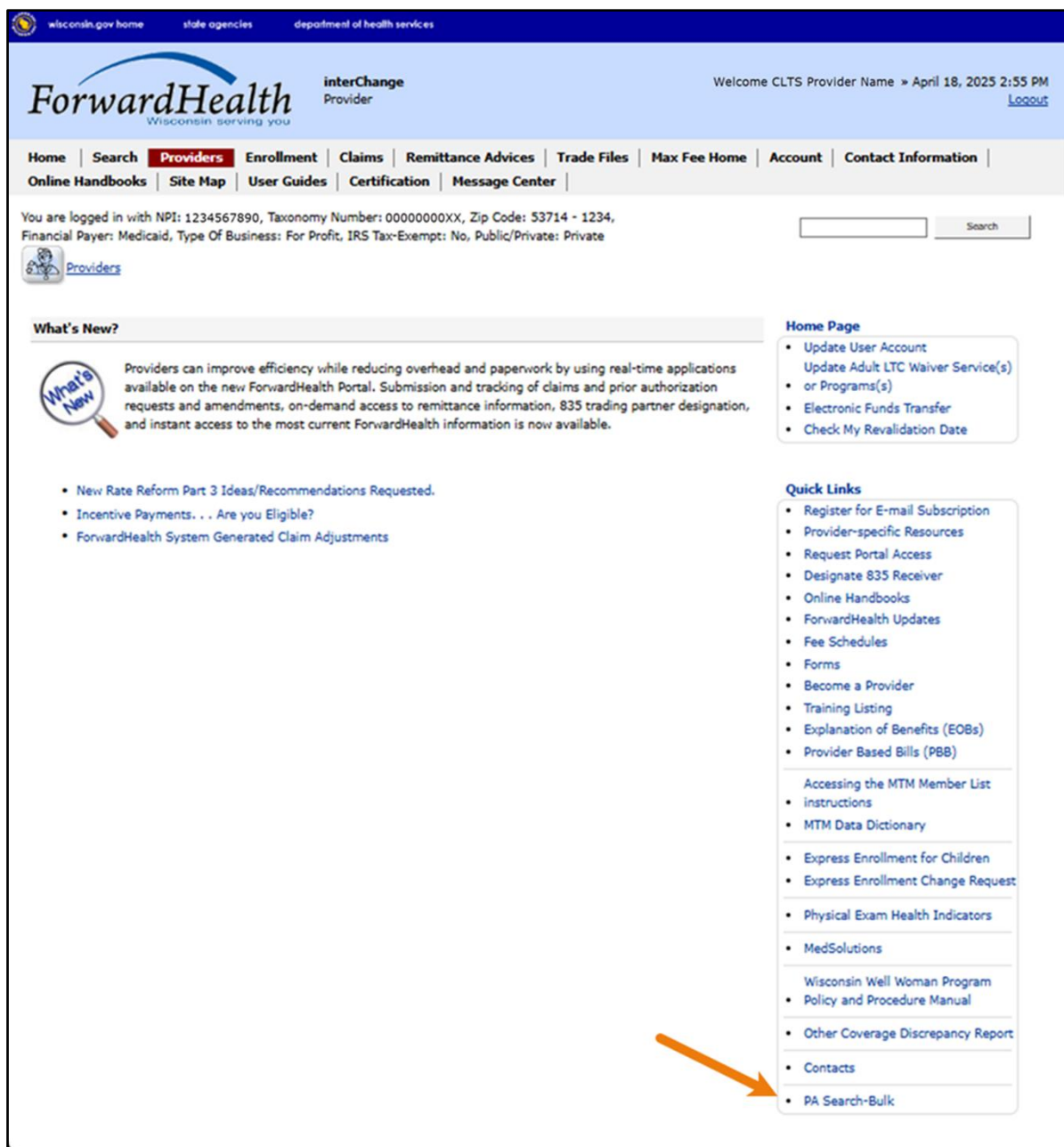


Figure 69 Secure Provider Page—PA Search-Bulk

The PA Search-Bulk panel will be displayed.

PA Search-Bulk

Required fields are indicated with an asterisk(*).

Search Criteria

CWA ID

Provider ID

PA Number

CWA PA Number

Member ID

Service Code

From DOS*

To DOS*

Search **Export**

Search Results

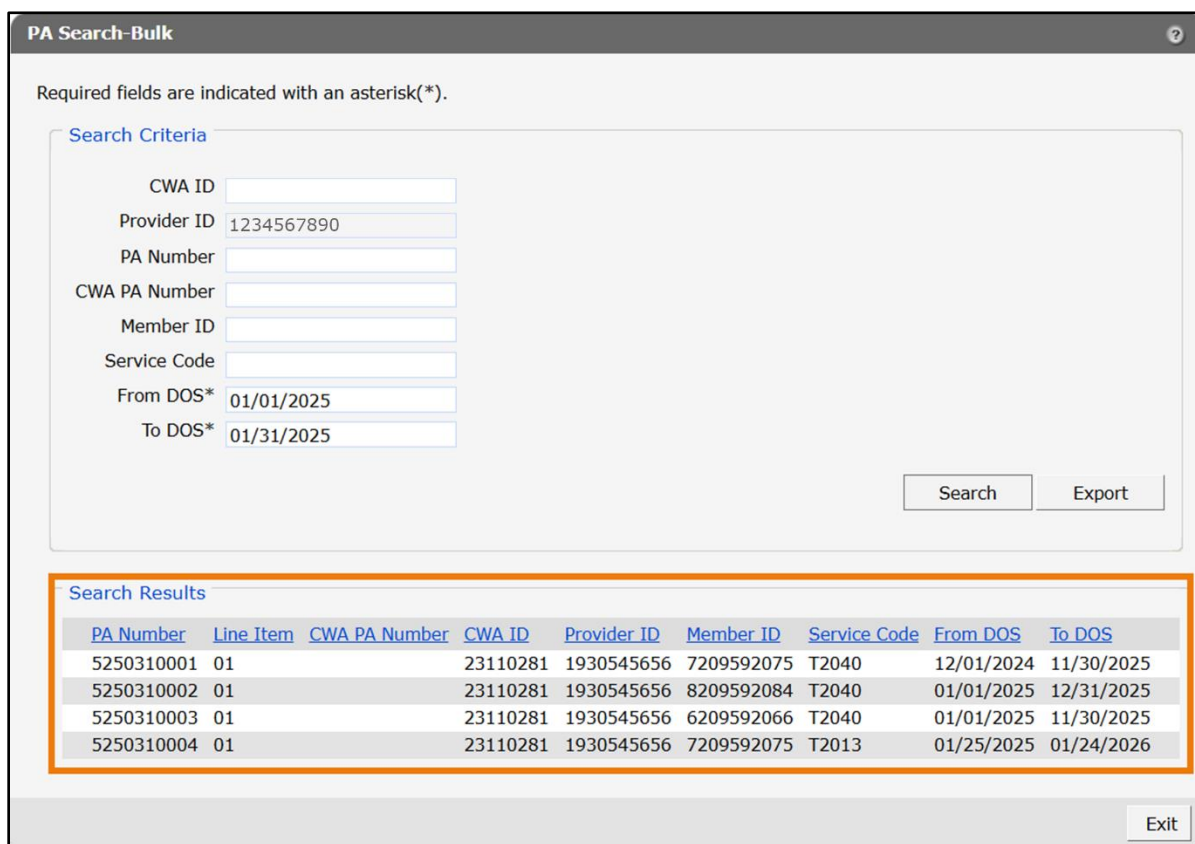
*** No rows found ***

Exit

Figure 70 PA Search-Bulk Panel

2. Enter the information into the following fields. In order to search, users are required to enter the desired date span in the From DOS* and To DOS* fields in MM/CC/CCYY format.
 - CWA ID—This is the number identifying the waiver agency.
 - Provider ID—This is the number identifying the provider.
 - PA Number—This is the number assigned to a PA request.
 - CWA PA Number—This is the PA number assigned by the CWA.
 - Member ID—This is the recipient's ID as specified on the PA request.
 - Service Code—This is the service code as specified on the PA request.
 - From DOS*—This is the authorized PA start date.
 - To DOS*—This is the authorized PA stop date.

- Click **Search**. The search results will be displayed at the bottom of the panel.



PA Search-Bulk

Required fields are indicated with an asterisk(*).

Search Criteria

CWA ID

Provider ID

PA Number

CWA PA Number

Member ID

Service Code

From DOS*

To DOS*

Search Results

PA Number	Line Item	CWA PA Number	CWA ID	Provider ID	Member ID	Service Code	From DOS	To DOS
5250310001	01		23110281	1930545656	7209592075	T2040	12/01/2024	11/30/2025
5250310002	01		23110281	1930545656	8209592084	T2040	01/01/2025	12/31/2025
5250310003	01		23110281	1930545656	6209592066	T2040	01/01/2025	11/30/2025
5250310004	01		23110281	1930545656	7209592075	T2013	01/25/2025	01/24/2026

Figure 71 PA Search-Bulk-Search Results

- Click **Export**. A PA bulk report Excel file will be downloaded.
- Navigate to the location where the file was downloaded on the computer.

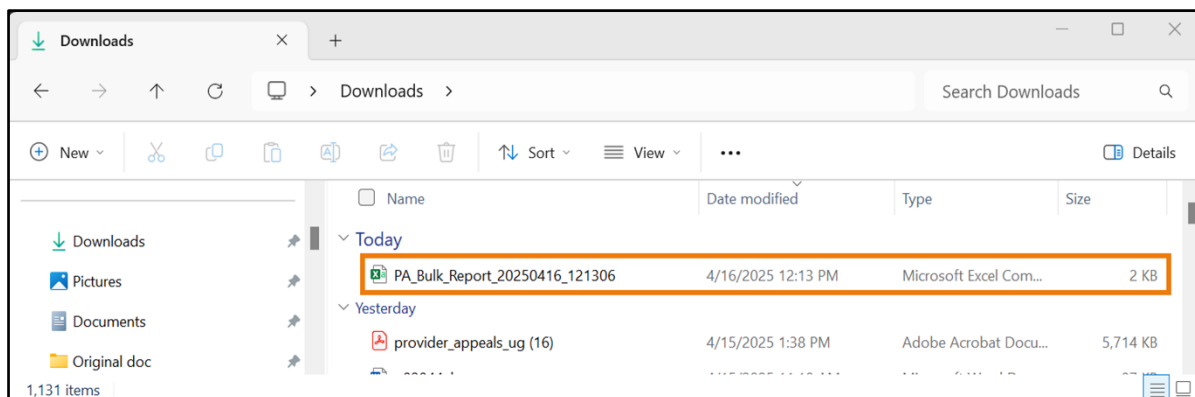


Figure 72 Downloads

6. Double-click to open the file. The comma-separated values file will be displayed in Excel.

PA Number	Line Item	CWA PA	CWA ID	Billing Provider	Member ID	First Name	Last Name	Start Date	End Date	Amendment	Primary Diagnosis	Secondary Diagnosis	Rendering Provider	Service Code	Service Code Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Units	Units Used	Units Remaining	Dollars Allowed	Dollars Billed	External Text
5.25E+09	1	23110281	1.93E+09	7.21E+09	JOSE	CLTS		20241201	20251130	N			1.93E+09	T2040	FINANCIAL GT	HQ	UN			5	0	5	200	0	200
5.25E+09	1	23110281	1.93E+09	6.21E+09	SOPHIA	CLTS		20250101	20251231	N			1.93E+09	T2040	FINANCIAL GT	HQ	UN			5	0	5	200	0	200
5.25E+09	1	23110281	1.93E+09	6.21E+09	MARIANA	CLTS		20250101	20251130	N			1.93E+09	T2040	FINANCIAL GT	HQ	UN			5	0	5	200	0	200
5.25E+09	1	23110281	1.93E+09	7.21E+09	JOSE	CLTS		20250125	20260124	Y			1.93E+09	T2013	HABIL ED V GT					10	0	10	100	0	100

Figure 73 Microsoft Excel Window-PA Bulk Report

Information for the following fields will be displayed:

- **PA Number**—This is the number assigned to a PA request.
- **Line Item Number**—This represents the PA line item number for the PA record. Each PA record may have up to 10 line items.
- **CWA PA Number**—This is the PA number assigned by the CWA.
- **CWA ID**—This is the number identifying the waiver agency.
- **Billing Provider ID**—This is the billing provider’s ID as specified on the PA request.
- **Member ID**—This is the recipient’s ID as specified on the PA request.
- **First Name**—This is the recipient’s first name.
- **Last Name**—This is the recipient’s last name.
- **Start Date**—This is the authorized PA start date.
- **End Date**—This is the authorized PA stop date.
- **Amendment Status**—Indicates “Y” or “N” if the PA has been amended.
- **Primary Diagnosis Code**—This is the primary diagnosis code as specified on the PA request.
- **Secondary Diagnosis Code**—This is the secondary diagnosis code as specified on the PA request.
- **Rendering Provider ID**—This is the performing provider ID as specified on the PA request.
- **Service Code**—This is the service code as specified on the PA request.
- **Service Code Description**—This is the service code description. This allows the entry of descriptions for unlisted procedure codes.
- **Modifiers 1–4**—These are procedure code modifiers of the PA.

- Units Authorized—This is the number of units authorized for the PA line item service.
 - Units Used—This is the number of services that have been used to date for a service/PA line item for a particular claim detail.
 - Units Remaining—This indicates the remaining units quantity, which is calculated by subtracting the used units quantity from the authorized units quantity.
 - Dollars Authorized—This is the dollar amount authorized for the PA line item service.
 - Dollars Used—This is the dollar amount that has been used to date for a service/PA line item for a particular detail.
 - Dollars Remaining—This indicates the remaining units quantity, which is calculated by subtracting the used amount from the authorized amount.
 - External Text—This displays the WPS-assigned PA number for the converted PAs.
7. Certain column field names may be cut off or may show scientific notation in place of long numbers such as PA numbers.

The screenshot shows an Excel window with a table. The 'PA Number' column contains values in scientific notation (5.25E+09), which are truncated. An orange box highlights these values. The table has columns: PA Number, Line Item, CWA PA N, CWA ID, and Billing Pr.

PA Number	Line Item	CWA PA N	CWA ID	Billing Pr
5.25E+09	1		23110281	1930
5.25E+09	1		23110281	1930
5.25E+09	1		23110281	1930
5.25E+09	1		23110281	1930

Figure 74 Microsoft Excel Window

8. To correct this, click and drag the vertical line at the top of the field column to expand the column.

The screenshot shows the same Excel window after the 'PA Number' column has been expanded. The values are now displayed in full (5250310001, etc.). An orange box highlights these values. A red arrow points to the vertical line at the top of the column header, indicating where to click and drag to expand the column. The table has columns: PA Number, Line Item, CWA PA N, CWA ID, and Billing Pr.

PA Number	Line Item	CWA PA N	CWA ID	Billing Pr
5250310001	1		23110281	1930
5250310002	1		23110281	1930
5250310003	1		23110281	1930
5250310004	1		23110281	1930

Figure 75 Microsoft Excel Window

9. Click **Save As** and name the file.
10. Choose a location on the computer or network and save the file.