

Claims Submission Process

To access our portal, visit BuckeyeHealthPlan.com/providers.html



Claims

To access Claim information from inside the patient record,

1. Select **Claims** on the left.

Note: The Claims tab of the patient record allows you to view any recent claims for the patient, and also create a new claim. If the patient has any recent claims, they display on this tab.

The following screen appears:

The screenshot shows the 'Claims' tab selected in a patient record. The top navigation bar includes 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below the navigation bar, there are search filters for 'Viewing Patients For:' and a 'Find Patient' button. The main content area features a 'Back to Patient List' button and a table of claims. The table has columns for CLAIM NO., REF/ACCT NO., DOS RANGE, PAYMENT DATE, PAYMENT DATE, SERVICING PROVIDER, BILLED/PAID, and STATUS. One claim is listed with a status of 'PAID'. Below the table, it says 'One item found, Page 1/1 1' and there is a green 'Create a New Claim' button.

CLAIM NO. ↑	REF/ACCT NO. ↓	DOS RANGE ↓	PAYMENT DATE ↓	PAYMENT DATE ↓	SERVICING PROVIDER ↓	BILLED/PAID ↓	STATUS ↓
0331042400		01/28/2015 - 01/28/2015	02/09/2015	01/31/2015		\$230.00 / \$53.44	PAID

2. Click the Green Create a Claim button to begin a new claim for this patient.

The following screen appears:

The screenshot shows the 'Create Claim' screen. The top navigation bar is the same as the previous screen. Below the navigation bar, there are search filters for 'Viewing Claims For:' and a 'Create Claim' button. The main content area features a 'Choose Claim for:' section and a 'Choose a Claim Type' section. The 'Choose a Claim Type' section has two options: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim', each with a green arrow button.

1. Select **Professional Claim** by clicking the green button.

The following screen appears.

Professional Claim for Your Progress

THIS SECTION
General Info Information about the dates of the claim.

Next →

* Required field

Patient's Account Number* XXXXXXXXXXXX 26

Date of current illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY 14

Other Date Select Type... MM/DD/YYYY 15

2. In the General Info section, populate the Patient's Account Number, and other information related to the patient's condition by typing into the appropriate fields.
3. Click **Next**.

Adding Diagnosis codes and coordination of benefits

4. Add the Diagnosis Codes for the patient in Box 21
5. Click the Add button to save the appropriate Diagnoses code for the patient

Professional Claim for Your Progress

THIS SECTION
Diagnosis Codes Diagnosis Code and Additional Insurance information.

← Back Next →

* Required field

ICD Version Indicator* ICD 9 Please note that for the claim statement dates entered, valid ICD-9 codes only are accepted.

Diagnosis Codes* XXXX e.g. 140! Add (Enter diagnosis code and click on Add button) 21.

473 -- CHRONIC SINUSITIS Remove X

Add Coordination of Benefits

← Back Next →

6. Click the **Coordination of Benefits Button** (if applicable) or the **Next** button.

Adding Coordination of Benefits

7. Click Add Coordination of Benefits to include any payments made by another insurance carrier (if applicable)

The following screen appears:



The screenshot shows a web form titled "Primary Insurance" with a red "x Remove" button next to it. Below the title is a notice: "Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web." The form contains two input fields: "Carrier Type*" with a dropdown menu showing "C50M -- Commercial" and "Policy Number*" with a text input field. At the bottom of the form are two buttons: "← Back" and "Next →".

8. Enter the Carrier Type and the Policy Number
9. Click **Next**

The following screen appears:

Primary Insurance
Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Amount Allowed*	100.00
Deductible	XXXX.XX
Copay	XXXX.XX
Co-Insurance	XXXX.XX
Amount Paid	100.00

Service Line Denial Reasons
Select denied category, enter amount and click "Add Denied Reason" to add a denied amount to your claim.

Denied Category	Select..	▼
Denied Amount	XXXX.XX	
<input type="button" value="Add Denied Reason"/>		
\$ 158.39 Non-Covered Service		<input type="button" value="Remove X"/>

- 10. Enter the pertinent information from the primary insurance
- 11. Select Save/Update
- 12. Click Next

Adding Service Lines to the claim

The following screen appears:

Professional Claim for Your Progress

THIS SECTION: **Service Lines** Enter maximum of 50 service lines.

← Back Next →

Total: \$100.00 * Required field Delete Save / Update

Now Viewing 99214 / \$100.00

+ New Service Line

PROCEDURE / CHARGES

99214 / \$100.00

Dates of Service* From 03/03/2014 To 03/03/2014 24 a

Place of Service* 11 - PROVIDERS OFFICE 24 b

Procedure Code* 99214 24 d

Modifiers XX Add Please enter the modifier and click the Add button.

Diagnosis Code(s)* 473 - CHRONIC SINUSITIS 24 e

Charges* 100.00 24 f

Days / Units* 1 24 g

Family Planning Yes No EPSDT Select... 24 h

NDC NDC NDC

13. In the Service Lines section, add your service line information.

*****Note:** When entering charges for the service billed, include the decimal point to ensure the data is populated accurately. For example, 99.00 convert to \$99.00.

14. To add additional service lines, click the **Save/Update** button and then click the **New Service Line** button. Enter up to 99 service lines.

15. Click **Next**

Adding Provider Information to the claim

The following screen appears:

Professional Claim for Your Progress

THIS SECTION: **Providers** Providers on this claim

[← Back](#) [Next →](#)

* Required field

Referring Provider

NPI [Find Provider](#) 17

Last Name or Organizational Name [Find Provider](#) First Name

Rendering Provider

Only enter rendering provider information if not the same as Billing Provider information.

NPI Medicaid Provider # Tax ID [Find Provider](#) 24

Last Name or Organizational Name First Name [Clear X](#)

Billing Provider

Tax ID 33

Name* NPI Medicaid Provider #

Address* City* State* Zip*

Service Facility Location

[Same As Billing Provider](#) 32

Name NPI

Address City State Zip

[← Back](#) [Next →](#)

16. Enter referring and billing provider information
17. Enter Service Facility Location
18. Click **Next**

Adding Attachments to a claim.

The following screen appears:

The screenshot shows a web interface for adding attachments to a claim. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a header area with 'Viewing Claims For:' followed by two dropdown menus and a 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons. A progress bar indicates 'Professional Claim for' and 'Your Progress' with a series of arrows. The main section is titled 'Attachments' and includes the instruction 'Add attachments to the claim (5MB limit)'. It also notes 'Supported types are .jpg, .tif, .pdf and .tiff'. Below this is a form with a 'File*' input field and a 'Browse...' button, an 'Attachment Type*' dropdown menu with 'Select Type...' as the current selection, and an 'Attach' button. A table below the form shows one attachment: 'Consent Form' with a 'Remove X' button. At the bottom, there is a 'Back' button, the text 'If there are no attachments, click Next.', and a 'Next' button.

THIS SECTION:
Attachments Add attachments to the claim (5MB limit) Supported types are .jpg, .tif, .pdf and .tiff

Attachments

File* Browse... Attachment Type* Select Type... Attach

Attachment Name	Type	
	Consent Form	Remove X

← Back If there are no attachments, click Next. Next →

19. In the Attachments section you can **Browse** and **Attach** any documents to the claim as desired.

Note: If you have no attachments, skip this section

20. Click **Next**

The Review Section of the claim

The following screen appears:

Viewing Claims For: [] [] [GO](#) [Upload EDI](#) [Create Claim](#)

Professional Claim for [] Your Progress

THIS SECTION:
Review Please review your claim and submit.
You are correcting a claim for []

Almost done! [Submit →](#)
You can go back to review your claim or submit now.

Claim Id: []
Member Record Number: []
Member Claim Amount Paid: []
Patient's Account Number: []

General Info
Hospitalized From:
Hospitalized To:
Outside Lab?: No
Outside Lab Amount:
Prior Authorization Number:
CLIA Number:

Diagnosis Codes
95909 -- INJURY FACE&NECK OTHER&UNSPECIFIED
7231 -- CERVICALGIA
7245 -- UNSPECIFIED BACKACHE

Service Lines

Line	From	To	Place	Proc	Diagnosis	Amount	Days/Units	Family Plan	EPSDT	NDC	Supplemental Info
1	03/19/2015	03/19/2015	41	A0429 (SH)	95909,7231,7245	\$815.67	1	No			
2	03/19/2015	03/19/2015	41	A0425 (SH)	95909,7231,7245	\$175.88	12	No			

Providers

Provider Type	Name	Tax ID	NPI	Medicaid #	Address
ReferringProvider	[]	[]	[]	[]	[]
RenderingProvider	[]	[]	[]	[]	[]
BillingProvider	[]	[]	[]	[]	[]
Service Facility Location	[]	[]	[]	[]	[]

Attachments

[← Back](#) [Submit →](#)

21. In the Review section, you can review the claim once again
22. Click **Submit**.

Creating an Institutional Claims

Select the CMS UB-04 **Institutional Claim** button from the member record

The screenshot shows a web application interface for creating a claim. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for "Viewing Claims For:" with two dropdown menus and a "GO" button. To the right of this section are two buttons: "Upload EDI" and "Create Claim".

Below the navigation bar, there is a section titled "Choose Claim for" with a dropdown menu. Underneath this, there is a section titled "Choose a Claim Type" with two options:

- CMS 1500** with a green button labeled "Professional Claim →"
- CMS UB-04** with a green button labeled "Institutional Claim →"

At the bottom of the page, there is a footer with links for "Terms & Conditions", "Privacy Policy", and "Copyright © 2015, Centene Corporation".

The following screen appears:

Institutional Claim for Your Progress

THIS SECTION
General Enter information for the Admission and Condition Codes

* Required field

Patient Control #* 3 a

Medical Record # 3 b

Type Of Bill* 4

Statement Dates* From To 6.

Prior Payments 54

Prior Authorization Number 63.

Admission

Time* Date Hour 12-13

Type* 14

Source* 15

Discharge

Status* 17

Hour 16

1. In the General section, populate the admission and condition code information. The fields displayed here reflect those on a UB-04 form.
2. Click **Next**

Note: Hovering over the Claim Field Tabs to the right of the screen will help determine what field on the UB-04 form from which to obtain the information.

The following screen appears

Institutional Claim for Your Progress

THIS SECTION:
Provider Details Basic information about the patient's status and condition.

* Required field

Billing Provider

NPI* 56

Taxonomy 57

Selected Provider

Pay-to Provider

NPI* Taxonomy IRS/Tax ID Number* Pay-To Name* 2

Address* City* State* Zip*

Attending Provider

NPI Taxonomy First Name Last Name 76

IRS/Tax ID Number

Continued:

Rendering Provider

Please enter rendering provider information (if not the same as Attending Provider information).

NPI

First Name Last Name Organization Name

Operating Provider

NPI Taxonomy First Name Last Name

IRS/Tax ID Number

Other Operating (Physician) Provider

NPI Taxonomy First Name Last Name

IRS/Tax ID Number

Other Provider

NPI Taxonomy First Name Last Name

IRS/Tax ID Number

3. In the Provider Details section, enter the billing and other provider information in the appropriate fields.
4. Click **Next**

The following screen appears:

Total: \$30,000.00
Non-Covered : \$0.00

+ New Service Line

PROCEDURE / CHARGES

120 / \$30,000.00

* Required field

Delete Save / Update

Now Viewing 120 / \$30,000.00

Revenue Code*	120	Lookup	42.
HCPCS / Rate / HIPPS Code			44.
NDC			Guide
Modifiers	XX	Add	Please enter the modifier and click the Add button.
Service Date*	01/01/2015		45.
Service Units*	30		46.
Charge Amount*	30000		47.
Non-Charge Amount	XXXXX.XX		48.

Delete Save / Update

← Back Next →

5. In the Service Lines section, enter the information about the services provided.
6. Click **Save/Update**, and add a new service line
7. Click the **+ New Service Line** button on the left to add additional service lines.
Note: You can enter up to 99 service lines. When all necessary service lines have been entered and saved
8. Click the **Next** button.

The following screen appears;

Viewing Claims For:

Institutional Claim for Your Progress

THIS SECTION:
Additional Insurance Enter additional insurance details.

You may skip this section if there is no additional insurance.

Primary Insurance

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type

Policy Number

Amount Allowed

Deductible

Copay

Co-Insurance

Amount Paid

Denial Reasons Amount

9. In the Additional Insurance section, enter any additional insurance details as needed. If there is no additional insurance, you may skip this section.
10. Click **Next**.

The following screen appears:

Institutional Claim for Your Progress

THIS SECTION:
Diagnosis Codes Enter all relevant diagnosis codes.

* Required field

ICD Version Indicator* ICD 9 Please note that for the claim statement dates entered, valid ICD-9 codes only are accepted.

Principal Diagnosis Code* POA Indicator 67.

Diagnosis Codes (67A-Q) POA Indicator 67.a-q

Patient Reason for Visit 70.

External Cause of Injury Code (ECI) 72.

Prospective Payment Code 71.

Condition Codes 18-28.

Occurrence Codes and Span Codes From To 31-36.

Value Code Amount 39-41.

Procedure Codes Procedure Date 74.

11. In the Diagnosis Codes section, enter all relevant diagnosis information.

12. Click **Next**.

The following screen appears:

Eligibility Patients Authorizations Claims Messaging

Viewing Claims For: [dropdown] [dropdown] GO Upload EDI Create Claim

Institutional Claim for Your Progress [progress bar]

THIS SECTION: **Attachments** Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

Attachments

File* No file chosen Attachment Type* Select Type... Attach

There are no attached files.

← Back If there are no attachments, click Next. Next →

13. In the Attachments section, **Choose File** and **Attach** any relevant file to the claim.
14. Click **Next**

The following screen appears:

15. Review the claim

16. Click **Submit**

Viewing Claims For: [] [] **GO** **Upload Edit** **Create Claim**

Institutional Claim for **L.A.S. 10/17/2014** Your Progress

THIS SECTION: **Review and Submit** Please review your claim before submitting.

Almost done! You can go back to review your claim or submit now. **Submit**

Claim ID: 501645799

General Info
 Patient Control #: []
 Medical Record #: []
 Type Of Bill: 137
 Statement From Date: []
 Statement To Date: []
 Prior Payments:
 Prior Authorization Number:
 Admission Date: 10/17/2014
 Admission Hour: 00
 Admission Type: 1
 Admission Source: 1
 Discharge Status: 01
 Discharge Hour: 00

Provider Details

Provider Type	NPI	Taxonomy	Name	Tax ID	Address (1)	Address (2)	City	State	Zip
Attending Provider	1255422341		JOHN	O'BRIEN					
Rendering Provider									
Operating Provider									
Other Operating Provider									
Other Provider									

Service Lines

Line	Revenue Code	HCPCS/Rate/IRPPS	Modifiers	NDC	Date	Units	Charge amount	Non-Charge Amount
1	251				10/17/2014	1	\$325.00	
2	251				10/17/2014	1	\$246.00	
3	271				10/17/2014	1	\$288.00	
4	306	87081			10/17/2014	1	\$125.00	
5	410	94840			10/17/2014	1	\$391.00	
6	450	99283	25		10/17/2014	1	\$748.00	

Primary Insurance

- COB Carrier Type:
- COB Policy Number:
- COB Amount Allowed:
- COB Deductible:
- COB Co-Pay:
- COB Co-Insurance:
- COB Amount Paid: