

## How to submit a Quick Claim (formerly Smart Claim)

Use the Quick Claims application when...

- The claim does not have any attachments.
- The patient:
  - has only one insurance provider.
  - has agreed to allow the payer to pay the provider for services.
- Release of Information is on file at the service provider or utilization review organization.
- Signature is On File using the authorization form for CMS-1500 claim form Box 12 and/or Box 13.

Under the Patient Registration tab, click Eligibility and Benefits Inquiry



Scroll down to the Provider Information section:

- Enter Provider Tax ID number (TIN)
- Enter Provider's National Provider Identifier (NPI) (NOT applicable for Atypical Providers)

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Scroll down to the **Patient Information** section:

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	Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.	

Member Search Options consist of the following combinations:

- Member ID, Date of Birth, State
- Member Last Name, Member First Name, Date of Birth, State
- Member ID, Member Last Name, Date of Birth, State
- Member ID, Date of Birth, Gender, State
- Member ID, Last Name, Date of Birth, Gender, State

Search for your Member

Scroll to the Service Information section and enter the Date of Service in the As of Date field

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Click the **Search** button on the right of the screen:

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If your Member is found, that record will be displayed above the **Service Information** section. Highlight this record with your cursor and click the **Submit** button at the bottom of the screen.

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## The following screen will appear:

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Date of Service: Jun 12, 2014 Mender Dis Hotoristat Puper ID: MOLANIERCHICARE CHO Date is an anticement	2841 TERRACE DOWNS ST APT 36 TOLEDO, OH 43614		
Gir Edit ≅ Delete	Member Status Date of Birth Gend Active Coverage Oct 13, 1972 Male	der Current Plan Effective Date Relationship to Sub Dec 1, 2019 - Dec 31, 2024 Self	scriber
		<u>}</u>	
	Member ID:	910001591301 POPULINA HEALTHCARE Payer: MOLINA HEALTHCARE OHIO	
		Other or Additional Payer Information No additional payer information provided.	
	Provider Information		
	Requesting Provider Name: Molina Healthcare inc Category: Requesting Provider NPI: 1811971302 Payer Assigned Provider ID: CMP000005610241		
	No reminders for this member.		

Now that you have verified your Member's Eligibility and Benefits, go to the **Claims & Payments** tab and select the **Quick Claims (QC)** button under the **Claims** section:

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The screen shown below will be displayed. Go to the **Search for Patient(s)** field in the **Patient Information** section. All Members whose Eligibility has been searched will appear in the dropdown field;

- Select your Member in the Search for Patient(s) field in the Patient Information section
- Select your Provider in the **Select a Provider** field in the **Provider Information** section. You can add different Provider Types, which include:
  - o Billing Provider
  - o Rendering Provider
  - o Referring Provider
  - o Supervising Provider



• Scroll down to the Claim Information section

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The following data is required:

- Select the **Place of Service** in the drop-down field
- Enter the Prior Authorization Number, if applicable
- Enter the **Principal Diagnosis Code;** you can enter the English description and the appropriate ICD-10 Diagnosis Codes will appear. Please note that up to three (3) Diagnosis Codes can be entered
- Enter the **Dates of Service**; the first field is the From or Start Date; the second field is the To or End Date

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Click the Add Code button under Procedure Code; the following screen appears:

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When you click the down arrow in the Diagnosis Code Pointer field, the following screen displays the Diagnosis Code(s) entered:

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	E0844 - Diabetes due to underlying condition w diabetic amyotrophy	
	Prior Authorizz G932 - Benign intracranial hypertension mount	
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- Select the Diagnosis related to the Procedure Code to be entered.
- Enter the Procedure Code for this line. You can enter the CPT / HCPCS code or you can enter the English description of the Procedure / Service. If you choose to enter the English description, please Confirm that you select the correct Procedure Code.



• Click the **Save** button

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- Enter any Modifier(s), if applicable. You can enter up to four (4) Modifiers
- Enter your **Prior Authorization Number**, if applicable. This is NOT a required field.
- Enter the **Quantity** that you are billing.
- Enter the **Charge Amount** that you are billing.

## Click Continue

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• The following screen is displayed:

Claim Settings			Organiz	ation Molina Healthcare In	c *		
				Need Help? Watch a demo fo	r submitting Quick Claims		
QC Quick Clain	ns				Give Feedback		
Please review the information	n we received while checking t	he patient's benefits. F	ill in any missi	ng information.	N		
		_			45"		
KARL GOENS (SUBSC	CRIBER) ACTIVE 3 Retr	Y					
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× Remove							

Click **Continue;** the following screen appears:

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	Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Prior Authorization Number	Procedure Code	Modifiers	Prior Authorization Number	Quantity	C A			
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	Back By using Quick	Claims to submit c	laim(s), you acknowledge and	accept the folk	owing:			Save As	Template S	ubmit			

Click Submit to enter the claim; you can also click Save As Template

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