



Molina Healthcare

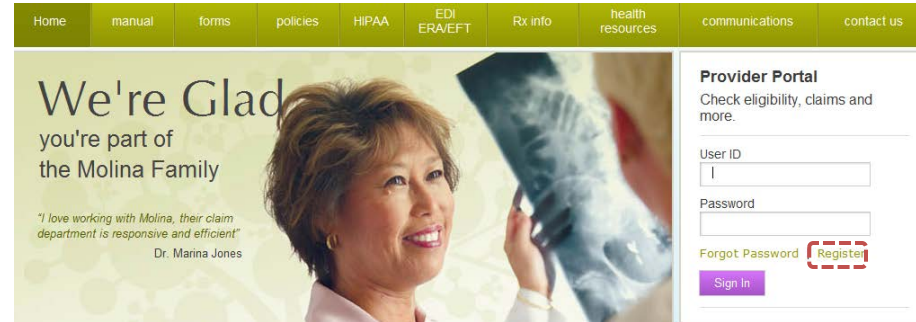
Provider Portal Claim Submission Training



Your Extended Family.

Step 1) Register

Visit www.MolinaHealthcare.com to register. You will need the TIN and your Provider Identification number or three of the following: NPI, State License Number, Medicaid Number, or DEA Number



Begin registration

- Click "New Registration Process"
- Select "Other Lines of Business"
- Select State
- Select role type "Facility or Group"
- Click "Next"

Required fields

- Enter first name
- Enter last name
- Enter email address
- Enter email address again to confirm

Username and password

- Create a unique user ID using 8-15 characters
- Create a unique password using 8-12 characters
- Select three security questions and enter answers

Complete registration

- Accept "Provider Online User Agreement" by clicking on the check box
- Enter the code in the textbox as shown in the image
- Click "Register"

Step 2) Log in

Once you have registered, you can log in to the Provider Web Portal. From the home screen, click “Create Professional Claim” in the drop down box under the “Claims” tab.

The screenshot displays the Provider Portal interface. On the left is a vertical navigation menu with the following items: Member Eligibility, Claims (highlighted with a red dashed box), Claims Status Inquiry, Create Professional Claim (CMS 1500) (highlighted with a red dashed box), Create Institutional Claim (UB04), Open Incomplete Claim, Export Claims Report to Excel, Service Request/Authorization, Member Roster, HEDIS Profile New!, Reports, Links, Forms, and Account Tools. The main content area is divided into several sections: Messages and Announcements (0 new messages, 3 announcements), Recent Activity (links to Service Request/Authorizations and Claims), My Favorites (Member Eligibility, Create Professional Claims, Create Institutional Claim, Claim Status Inquiry, Downloaded Claims Report, Create Service Request/Authorization, Clear Coverage, Service Request/Authorization), and a Quick Member Eligibility Search bar with a red arrow pointing to the search input field. Below the search bar are three columns: What's New (Medicare availability), Coming Soon! (Batched Claims, Create Claims Templates, Correct Claims, Add Attachments to Claims), and a Poll (Do you like our new look?). The Molina Healthcare logo is in the bottom right corner.

Step 3) Patient Information

Complete all required (*) fields of member information. If you enter the member ID and service dates, the fields at the top of the form will auto populate with the member's information.

Next >> Save for Later Cancel

Member **Provider** **Summary** *- Required Field [Help](#)

Eligibility Check

Enter the insured's ID or their last name, first name and Date of Birth. If you dont know their ID number, you can use the **Advanced Search** button to search for the member by last name, first name and date of birth using the **Advanced Search** button.

Insured's ID Number: * **Advanced Search**

OR

Last Name: * First Name: * DOB: *
(mm/dd/yyyy)

AND

Service From Date: *
(mm/dd/yyyy) Service To Date: *
(mm/dd/yyyy)

Insured's Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
DOB:	<input type="text"/>	Sex:	<input type="text"/>		
Address1:	<input type="text"/>	Address2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Payor Name:	MHC OH	Program Name:	<input type="text"/>	Payor ID:	20-0750134

This is the member's Medicaid number.

Step 3) Patient Information Cont.

Once this page is filled in completely, click “Next” at the bottom of the screen.

Patient Information

Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as “Self”.

Patient Relationship to Insured:* 18-Self

Select the Patient Name: Select

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

Is patient's condition related to the following? (check all that apply)

Employment Another Party Responsible Other Accident

Auto Accident Place(State):* Select

Are there any patient condition dates that need to be entered? (eg:Last menstruation, X-ray,immunization,etc..) Yes No

Verify Required Information

Patient Account Number:*

Member Authorized Assignment of Benefit: Yes No Provider Assignm

Release of Information:*

Prior Authorization Number: Select

I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Next >>

This is the account number you generate for your member.

Choose “Y” if you have a signed document on file; choose “I” if you have only informed consent to release medical information.

Step 4) Provider Information

The billing provider information should already be populated for you. If you notice the information is incorrect, please email OHMyCareLTSS@MolinaHealthcare.com to have your information corrected.

The screenshot shows the Molina Healthcare web portal interface. At the top left is the Molina Healthcare logo. A navigation bar contains links for Home, Member Eligibility, Claims, Service Request/Authorization, Provider Search, HEDIS Profile New!, Member Roster, and Download. Below the navigation bar are navigation buttons: << Previous, Next >>, and Save for Later. The main content area has three tabs: Member, Provider (highlighted in green), and Summary. Under the Provider tab, there are two sections: "Select a Billing Provider Information" and "Provider Information". In the "Select a Billing Provider Information" section, the "Billing Provider:" field is highlighted with a red dashed box. Below it are input fields for Last Name, First Name, Middle Initial, NPI, Address1, Address2, City, State, and Zip Code. In the "Provider Information" section, the "Rendering Provider:" field is also highlighted with a red dashed box. Below it are input fields for NPI, Last Name, First Name, Middle Initial, and Zip Code. A red box at the bottom center contains the text "This information should already be filled in for you." with two red arrows pointing upwards to the "Billing Provider:" and "Rendering Provider:" fields. At the bottom left, there is a "+ Add another type of provider" link and a "Facility Information" section with radio buttons for "Service Location", "Facility", and "Individual". The Molina Healthcare logo is also present in the bottom right corner.

Step 4) Provider Information Cont.

Fill in your diagnosis codes. If you used Rhino Billing in the past, the Diagnosis (DX) and procedure code can be found on your Rhino Bill.

Diagnosis Code		Diagnosis Description
Remove	DX No. * 1	780.99 OTHER GENERAL SYMPTOMS
<input type="checkbox"/>	2	

[+ Add more Diagnosis Code](#)

You can use the magnifying glass to search by code or description.

Diagnosis Search [X]

Diagnosis Code Search

Diagnosis Code:

Diagnosis Description:

Step 4) Provider Information Cont.

Claim Line Details

- Use the magnifying glass to search for the correct place of service.
- Add the procedure codes, modifiers and DX pointers.
- You can use the magnifying glass to search for your procedure code.

Claim Line Details *

(Remove)	Service From Date	Service To Date *	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges *	Units of Measurement *	Quantity *	EPSDT	Family Plan	
<input checked="" type="checkbox"/>	07/01/2014	07/01/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	More Details
<input type="checkbox"/>	07/01/2014	07/01/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	More Details
<input type="checkbox"/>	07/02/2014	07/02/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	More Details
<input type="checkbox"/>	07/02/2014	07/02/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	More Details

[+ Add more Claim Lines](#)

Make sure to change the "Service to Date" to match the "Service from Date." If you bill a date span on a single line, your claim will deny as a billing error.

The diagnosis code (DX) reference is where you point to the correct DX code. If you only have one, you will put a "1" in the first box. If you have two, you will put a "1" in the first box and a "2" in the second box of each line, etc.

Step 4) Provider Information Cont.

- Select the unit type.
- Enter the number of units per line item under quantity.
- Add the total charges per line item.

LTSS Services will always be UN-Unit.

	Service (Remove) From Date *	Service To Date *	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges *	Units of Measurement	Quantity	EPSDT	EPSDT Family Plan	
* 1	07/01/2014	07/01/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	More Details
<input type="checkbox"/> 2	07/01/2014	07/01/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	More Details
<input type="checkbox"/> 3	07/02/2014	07/02/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	More Details
<input type="checkbox"/> 4	07/02/2014	07/02/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	More Details

[+ Add more Claim lines](#)

The charge is the total amount billed for that line item, not the amount for a single unit.

Quantity needs to be reported in units, not hours. Please use the reference chart at the end of this presentation to know what is considered 1 unit. For example, for Home Care Services, 15 min. = 1 unit, so 1 hour is 4 units.

Step 4) Provider Information Cont.

Supporting Information

- Here, you can add any attachment to support your claim like a primary payers' explanation of benefits or medical records.
 - Select the "Type of Attachment" (attachments should not exceed 5MB each or 20MB total).
 - Select "Browse" to search for the document.
 - Once you have selected your file, you can upload the attachment.

Supporting Information

Type of Attachment : Select

File :

- 21 - Recovery Plan
- A1 - Autopsy Report
- A3 - Allergies/Sensitivities Document
- AM - Ambulance Certification
- AS - Admission Summary
- B1 - Referral Form
- B2 - Prescription
- B3 - Physician Order
- BR - Benchmark Testing Results
- BS - Baseline
- BT - Blanket Test Results
- CB - Chiropractic Justification
- CK - Consent Form(s)
- CT - Certification
- D2 - Drug Profile Document
- DA - Dental Models
- DB - Durable Medical Equipment Prescription
- DG - Diagnostic Report
- DJ - Discharge Monitoring Report
- DS - Discharge Summary**
- EB - Explanation of Benefits (Coordination of Medicare Secondary Payor)

Comments

Remarks

[Browse...](#) [Upload](#)

time.
Attachments should not exceed 20 MB.

Step 4) Provider Information Cont.

Supporting Information

- Here, you can add any comments using 256 characters or less.
- Add the total charge of the claim and balance due.
- When finished click “Next.”

Comments

Remarks

256 Characters Max. characters remaining.

Total Amount

Total Charge: Total Paid: Balance Due:

Step 5) Validate Information

- View the summary page.
- Check the insured information, provider information, and general claim information for any errors.
- If an error is found, you can go back to the previous screens by clicking “Member” or “Provider.”
- Once you validate all information is correct, click “Submit” in the bottom right hand corner.

<< Previous

Member **Provider** **Summary**

Collapse All

Member Summary

Insured Information

Insured's ID: _____

Service From Date: _____

Billing Provider Information [Edit](#)

Last Name/Facility Name: _____ First Name: _____
 Middle Initial: _____ NPI: _____
 Address1: _____ Address2: _____
 City: _____ State: _____
 Zip Code: _____ TIN: _____

Rendering Provider Information [Edit](#)

Last Name: _____ First Name: _____
 Middle Initial: _____ NPI: _____
 ZipCode: _____

Facility Information [Edit](#)

Facility Type: _____ NPI: _____
 Address1: _____ Address2: _____
 City: _____ State: _____
 Zip Code: _____

Diagnosis Code [Edit](#)

Principal Diagnosis Code: _____
 Diagnosis Code: _____ Diagnosis Description: _____

Claim Line Details [Edit](#)

Service Line	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier				Diagnosis Code Reference				Charges	Units of Measurement	Quantity	EPSDT	EPSDT Family Planning
						1	2	3	4	1	2	3	4					

Comments [Edit](#)

Remarks: _____

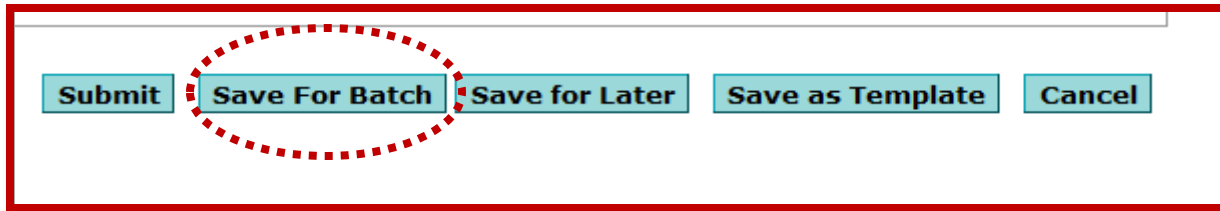
Total Amount [Edit](#)

Total Charge: _____ Total Paid: _____ Balance Due: _____

<< Previous [Print](#) [Save for Later](#) [Submit](#) [Cancel](#)

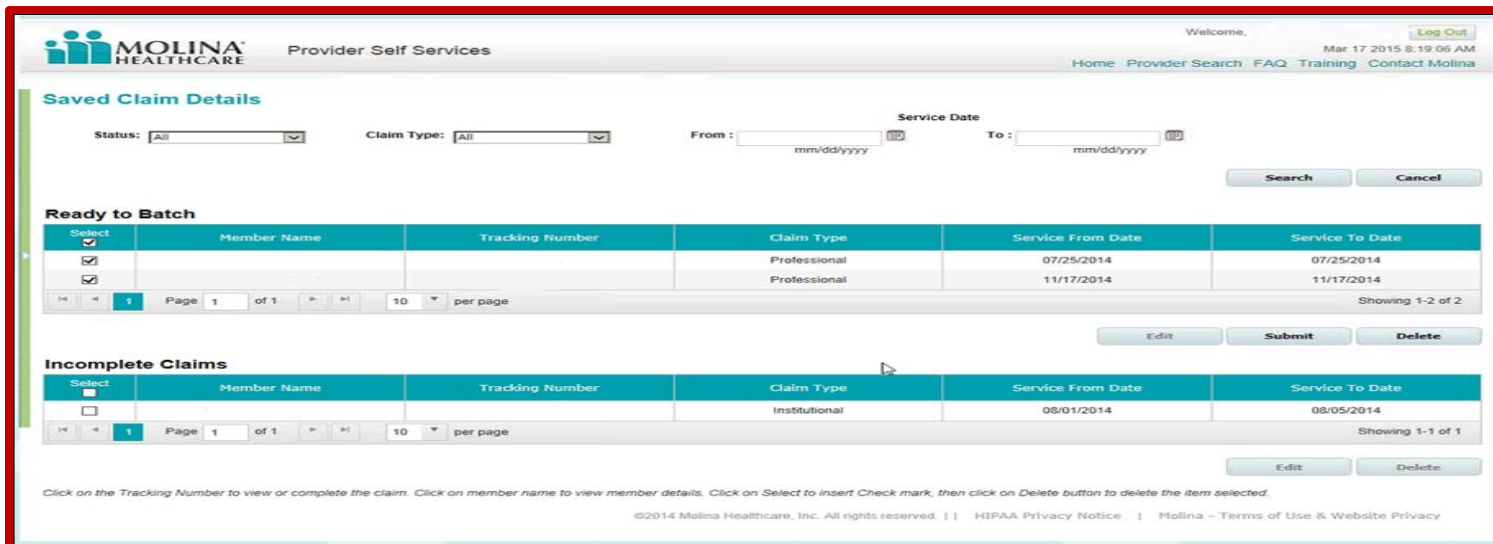
Step 6) Batch Submissions

- You can also build claims and submit a batch of claims all at once.
- To do this, complete a claim following the normal process, then, instead of submitting, select “Save for Batch.”



You will still receive an individual claim number for each claim submitted.

Claims saved for a batch can be found in the “Saved Claims” section in the side menu. Ready-to-batch claims need to be selected and then can be submitted all at once.



The screenshot shows the Molina Healthcare Provider Self Services interface. At the top, it says 'MOLINA HEALTHCARE Provider Self Services' and 'Welcome, Mar 17 2015 9:19:05 AM'. There are navigation links for 'Home', 'Provider Search', 'FAQ', 'Training', and 'Contact Molina'. Below this is the 'Saved Claim Details' section with filters for 'Status: All', 'Claim Type: All', and 'Service Date' (From and To). There are 'Search' and 'Cancel' buttons. The 'Ready to Batch' section contains a table with columns: 'Select', 'Member Name', 'Tracking Number', 'Claim Type', 'Service From Date', and 'Service To Date'. The table has two rows of data. Below the table are 'Edit', 'Submit', and 'Delete' buttons. The 'Incomplete Claims' section also has a table with similar columns and one row of data. Below this table are 'Edit' and 'Delete' buttons. At the bottom, there is a footer with copyright information and links for 'HIPAA Privacy Notice' and 'Molina - Terms of Use & Website Privacy'.

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input checked="" type="checkbox"/>			Professional	07/25/2014	07/25/2014
<input checked="" type="checkbox"/>			Professional	11/17/2014	11/17/2014

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>			Institutional	08/01/2014	08/05/2014

Step 7) Correcting a Claim

Correcting a Claim

- You can now submit a corrected claim on the Provider Web Portal in one of two ways.
- The first way is to select “Create a Professional Claim,” then select the radio button for “Correct Claim” in the first field.
- You will need to enter the previously assigned 11-digit claim ID number that you are correcting, then select “Enter” to proceed.

Provider Portal

Member Eligibility

Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

Export Claims Report to Excel

Next >> Save for Later Cancel

Member Provider Summary

What would you like to do? Create Claim Correct Claim Void Claim

Prior Claim ID#: Enter

Eligibility Check

* - Required Field [Help](#) [FAQ](#)

Step 7) Correcting a Claim cont.

- The second way to submit a corrected claim is by searching for the claim in the claim status inquiry field.
- Enter the information related to the claim you want to correct, such as the 11-digit claim number, or enter a date span to pull claims.
- Then, select the claim you want to edit by clicking on the “Claim ID” or the “Member Name.”

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of [Date]

Search
Claim Type: All Search Options: Claim Status Claim Status: All

Optional Search Criteria
Enter optional criteria to narrow your search

Received Date: From: 06/01/2014 To: 03/25/2015
mm/dd/yyyy mm/dd/yyyy

Service: From: To: mm/dd/yyyy

NPI: [Input]
Gender: Select

Claims Found

Claim ID	Member Name	Total Charged Amount(\$)	Service Date	Received Date	Status	Claim Type
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Step 7) Correcting a Claim cont.

- Once you have selected the claim you will be correcting, it will populate the claim details screen.
- Here, you can select the “Correct Claim” button.

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insur
1	06/16/2014	06/18/2014		T1019		0	109.20	0.00	0.00	0.00

Showing 1-1 of 1 per page

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#)

Select Correct Claim

Once you have Selected the “Correct Claim” option, your claim will be opened and you can make changes to the claim. **Please note that the claim must be in a “Paid” or “Denied” status to make corrections.**

Step 7) Correcting a Claim cont.

- Once you have entered the claim number you are correcting, the screen will automatically populate the claim information for the patient.
- You can proceed with making your changes to the fields needed, such as the diagnosis code and procedure codes.

Diagnosis Code

Remove	DX No.	Diagnosis Code	Diagnosis Description
<input type="checkbox"/>	* 1	781.2	ABNO MALITY OF GAIT
<input type="checkbox"/>	2		

+ Add more Diagnosis Code

Claim Line Details *

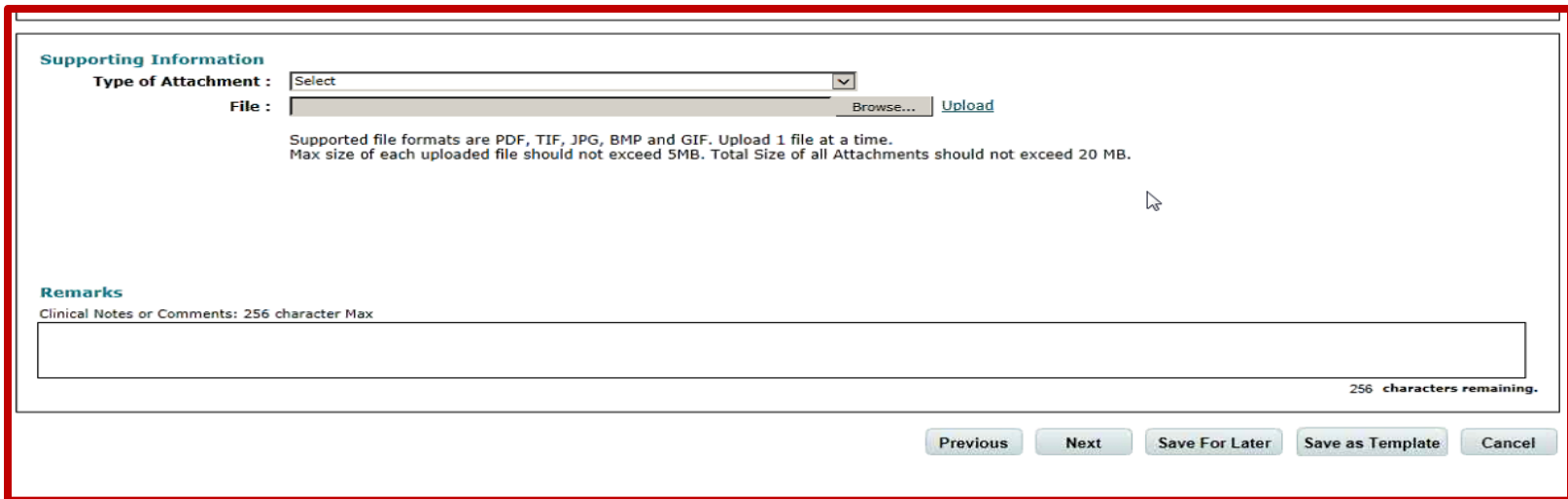
(Remove)	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	EPSDT	EPSDT Family Plan	More Details
* 1	06/02/2014	06/13/2014	12	Yes	T1019		1	273.05	Select	0.00	No	No	More Details
<input type="checkbox"/>	06/02/2014	06/13/2014		No					Select	0.00	No	No	More Details

Type in corrected diagnosis code here.

Insert an additional procedure here.

Step 7) Correcting a Claim cont.

- You can also add attachments to claims during submission as well as add attachments to “Pended” claims that have been previously submitted either through the Web Portal or through other means.
- To do so, perform a claim search through the Web Portal.
- Select the pending claim to which you want to add an attachment.
- Select your type of attachment and then add your document.



The screenshot shows a web form titled "Supporting Information". It includes a dropdown menu for "Type of Attachment" with "Select" as the current option. Below it is a "File" input field with a "Browse..." button and an "Upload" button. A note specifies supported file formats (PDF, TIF, JPG, BMP, GIF), upload limits (1 file at a time, 5MB per file, 20MB total), and a mouse cursor is visible. The "Remarks" section has a text area with a "256 characters remaining" indicator. At the bottom are buttons for "Previous", "Next", "Save For Later", "Save as Template", and "Cancel".

Supporting Information

Type of Attachment :

File : [Browse...](#) [Upload](#)

Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time.
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Remarks

Clinical Notes or Comments: 256 character Max

256 characters remaining.

[Previous](#) [Next](#) [Save For Later](#) [Save as Template](#) [Cancel](#)

Step 8) Validate Corrected Information

- View the summary page.
- Ensure that all of your changes have been updated. Check the insured information, provider information, and general claim information for any errors.
- If an error is found, you can go back to the previous screens by clicking “Member” or “Provider.”
- Once you validate all information is correct, click “Submit” in the bottom right hand corner.

This screenshot shows the top navigation area of the Member Summary page. It includes a '<< Previous' button, three main tabs: 'Member' (teal), 'Provider' (teal), and 'Summary' (olive green). Below the tabs is a 'Collapse All' link and a 'Member Summary' header with a collapse icon. The 'Insured Information' section is partially visible, showing fields for 'Insured's ID' and 'Service From Date'.

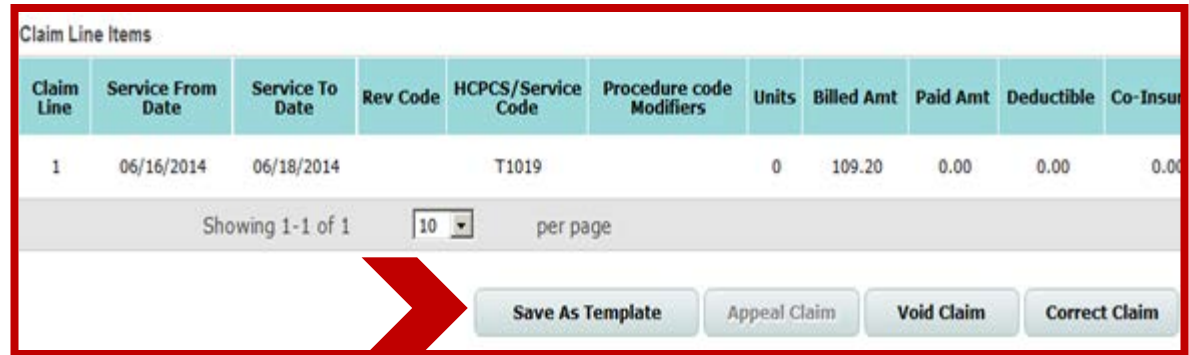
This screenshot displays the 'Billing Provider Information' section of the form. It features several sub-sections, each with an 'Edit' link:

- Billing Provider Information:** Fields for Last Name/Facility Name, Middle Initial, Address1, City, Zip Code, First Name, NPI, Address2, State, and TIN.
- Rendering Provider Information:** Fields for Last Name, Middle Initial, ZipCode, First Name, and NPI.
- Facility Information:** Fields for Facility Type, Address1, City, Zip Code, NPI, Address2, and State.
- Diagnosis Code:** Fields for Principal Diagnosis Code and Diagnosis Description.
- Claim Line Details:** A table with columns for Service Line, Service From Date, Service To Date, Place of Service, Emergency, Procedure Code, Modifier (1-4), Diagnosis Code Reference (1-4), Charges, Units of Measurement, Quantity, EPSDT, and EPSDT Family Planning.
- Comments:** A field for Remarks.
- Total Amount:** Fields for Total Charge, Total Paid, and Balance Due.

At the bottom of the page, there is a '<< Previous' button and a row of action buttons: 'Print', 'Save for Later', 'Submit' (highlighted with a red box), and 'Cancel'.

Step 9) Creating a Claim Template

- You can now create and save templates from either the “Claims Status Inquiry” section by selecting a claim, or from the “Create/Manage Claim Template” section from the side menu.

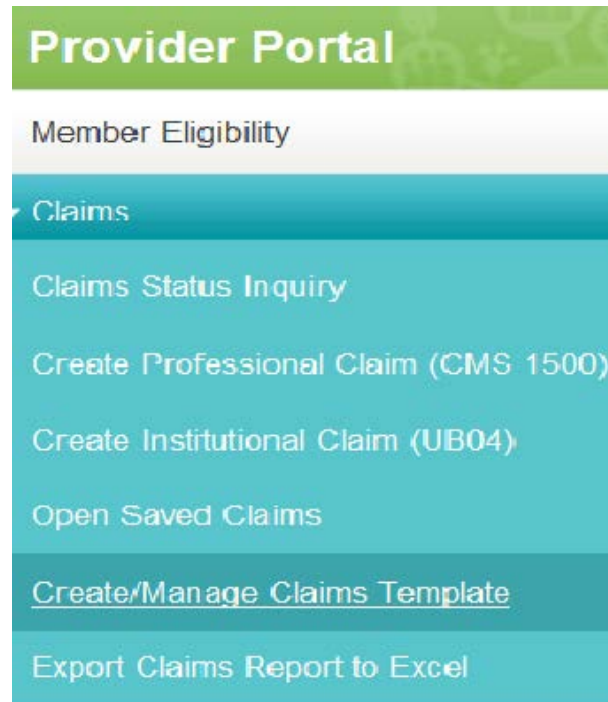


Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insur
1	06/16/2014	06/18/2014		T1019		0	109.20	0.00	0.00	0.00

Showing 1-1 of 1 per page

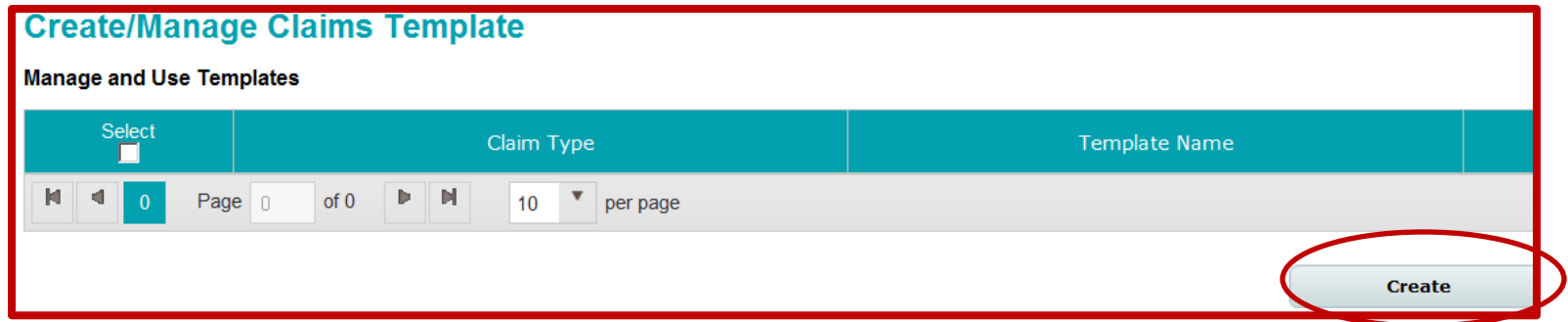
[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#)



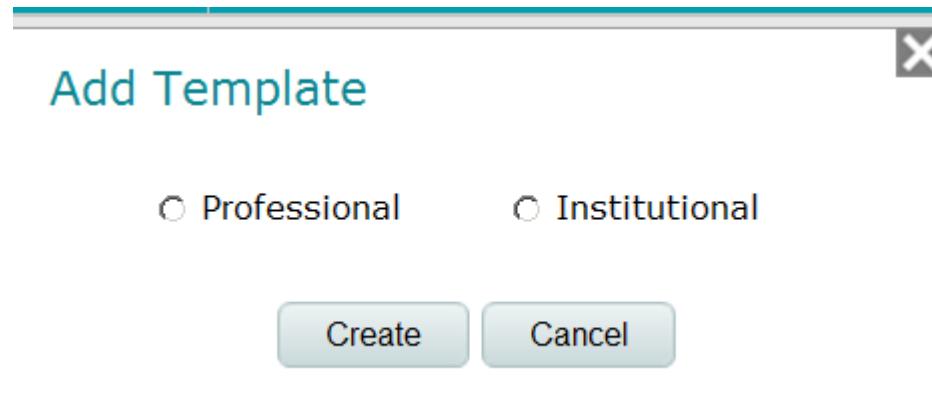
Templates can include as little or as much information as needed, including member information, provider information and claim specific information like the procedure codes.

Step 9) Creating a Claim Template cont.

- To create a template, go to the “Create/Manage Claims Template” option under the “Claims” tab in the Provider Web Portal.
- Select the “Create” button.



Select “Professional” or “Institutional” to be create a claim.



Step 9) Creating a Claim Template cont.

- After you have selected the claim type for the template, you will be asked to enter your information in the “Claim Fields.”
- You can enter information in the “Member,” “Provider” and “Summary” tabs that you use regularly on your claims.
- Once you have entered the fields you want to save as part of your template, select the “Save As Template” button on the top right hand corner of your claim.
- You can name your templates for future reference.

The screenshot displays a web application interface for creating a claim template. The interface is divided into several sections:

- Navigation:** At the top left, there is a '<< Previous' button. At the top right, there are 'Print', 'Save as Template', and 'Cancel' buttons. The 'Save as Template' button is highlighted with a red dashed circle.
- Tabs:** Below the navigation, there are three tabs: 'Member', 'Provider', and 'Summary'. The 'Summary' tab is currently selected and highlighted in green.
- Member Summary Section:**
 - Insured Information:** This section contains fields for 'Insured's ID:', 'Service From Date:', 'Last Name:', 'Middle Initial:', 'Sex:', 'Address1:', 'State:', 'Payor Name: MHC OH', and 'Payor ID: 20-0750134'. It also includes fields for 'Service To Date:', 'First Name:', 'DOB:', 'Address1:', 'City:', 'Zip Code:', 'Program Name:', and 'Another Health Benefit Plan: No'. An 'Edit' button is located to the right of this section.
 - Patient Condition:** This section contains fields for 'Auto Accident: No', 'Employment: No', 'Another Party Responsible: No', 'Place(State):', and 'Other Accident: No'. An 'Edit' button is located to the right of this section.
 - Required Information:** This section contains fields for 'Patient Account Number:', 'Provider Assignment Code: Select', 'Prior Authorization Number:', 'Member Authorized Assignment of Benefit: Yes', and 'Release of Information:'. An 'Edit' button is located to the right of this section.
- Provider Summary Section:**
 - Billing Provider Information:** This section contains fields for 'Last Name/Facility Name:', 'Middle Initial:', and 'First Name:'. An 'Edit' button is located to the right of this section.

Step 10) Saving as a Template

- You can create multiple templates and save them for future use.
- To load a previous template, check the “Select” box next to it, then click the “Load” button in the bottom right hand corner of your screen.
- This will load the template and you can make changes or add additional information, then submit your claim for processing.

Create/Manage Claims Template

Manage and Use Templates

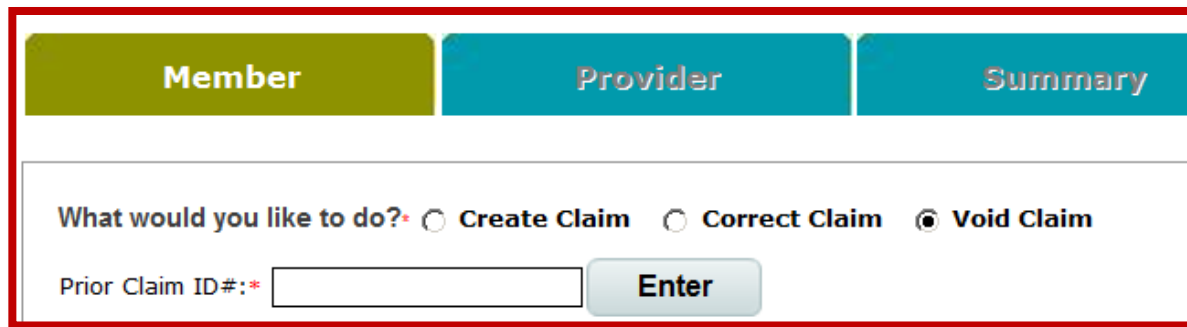
Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional		test2
<input type="checkbox"/>	CMS1500-Professional		test
<input type="checkbox"/>	CMS1500-Professional		test
<input type="checkbox"/>	CMS1500-Professional	Training 2	Training Demo 2
<input type="checkbox"/>	UB04-Institutional	Training 1	Training demo.

Page 1 of 1 | 10 per page | Showing 1-5 of 5

Create Load Delete

Step 11) Voiding a Claim

- You may find that you need to void a claim that has been paid or is in processing.
- To void a claim, select the “Void Claim” radio button. Enter the claim number which you would like to void.
- It is important to note that claims that are voided after they have been paid will generate a cost recovery request.



The screenshot shows a web interface with three tabs: Member (selected), Provider, and Summary. Below the tabs, there is a section titled "What would you like to do?*" with three radio buttons: "Create Claim", "Correct Claim", and "Void Claim" (which is selected). Below this, there is a text input field for "Prior Claim ID#:*" and an "Enter" button.

A claim can only be voided for up to a year through the Web Portal and corrected claims still must be submitted within your contractually agreed timelines.

Service Date 10:06/18/2014 Amount Paid(\$):0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insur
1	06/16/2014	06/18/2014		T1019		0	109.20	0.00	0.00	0.00

Showing 1-1 of 1 per page

Buttons: Save As Template, Appeal Claim, Void Claim, Correct Claim

Select, “Void Claim.”

LTSS User Guide - Ohio Home Care Waiver

HCPC code	Modifier	Description	Unit increment
S5101		Adult Day Health Center Services	half day
S5102		Adult Day Health Center Services	One day
T1019		Personal Care Aide Services	15 min.
T2029		Supp Adaptive & Assistive Devices	per service
S5165		Home Modifications	per service
S5160		Emergency Response Services	installation
S5161		Emergency Response Services	monthly fee
S5170		Home Delivered Meals	per meal
S0215		Supplemental Transportation	per mile
T1002		Waiver Nursing (RN)	15 min.
T1003		Waiver Nursing (LPN)	15 min.
S5125		Home Care Attendant - Nursing	15 min.
S5125	U8	Home Care Attendant - Personal Care	15 min.
H0045		Out of Home Respite	per day

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HCPC code	Modifier	Description	Unit increment
S5102	UA	Adult Day Service - Enhanced	one day
S5101	UA	Adult Day Service - Enhanced	half day
S5100	UA	Adult Day Service - Enhanced	15 min.
S5102	UAU3	Adult Day Service - Intensive	one day
S5101	UAU2	Adult Day Service - Intensive	half day
S5100	UAU1	Adult Day Service - Intensive	15 min.
A0080	UA	Adult Day Service - Transportation	one mile
A0080	UAU2	Adult Day Service - Transportation (second)	one mile
T2003	UA	Adult Day Service - Transportation	1 one-way trip
T2003	UAU2	Adult Day Service - Transportation (second)	1 one-way trip
T2025	UAU5	Adult Day Service - Transportation	one round trip
T2025	UAU2	Adult Day Service - Transportation (second)	one round trip
S5170	UA	Home Delivered Meals	one meal
S5170	UAU6	Home Delivered Meals - Therapeutic	one meal

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HCPC Code Modifier		Description	Unit Increment
S5170	UAU7	Home Delivered Meals - Kosher	one meal
S5130	UA	Homemaker Service	15 min.
S5121	UA	Chore Service	one job
G0155	UA	Social Work Counseling Service	15 min.
S9470	UA	Nutritional Consultation Service	15 min.
T1019	UA	PCS by Cert Long Term Care Agency Prov	15 min.
T1019	UAU2	PCS by Cert Long Term Care Agency Prov Group Visit	15 min.
T1019	UAU1	PCS by Consumer Directed Personal Care	15 min.
T1019	UAU3	PCS by Consumer Directed Personal Care Group Visit	15 min.
T1019	UAU4	PCS by Consumer Directed PC (OT)	15 min.
T1999	UAU1	Home Medical Equip/Supplies - Ambulatory	one item
T1999	UAU2	Home Medical Equip/Supplies - Ambulatory (second)	one item
T1999	UAU3	Home Medical Equip/Supplies - Ambulatory (third)	one item

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HCPC Code	Modifier	Description	Unit Increment
T1999	UAU5	Home Med Equip/Supplies - Non-ambulatory (second)	one item
T1999	UAU6	Home Med Equip/Supplies - Non ambulatory (third)	one item
T1999	UAU7	Home Med Equip/Supplies - Hygiene/disposables	one item
T1999	UAU8	Home Med Equip/Supplies - Hygiene/disposables (second)	one item
T1999	UAU9	Home Med Equip/Supplies - Hygiene/disposables (third)	one item
T1999	UA	Home Med Equip/Supplies - Equipment and Repair	one item
T1999	UAUC	Home Med Equip/Supplies - Nutrition Supplement	one item
S5161	UAU1	Personal Emergency Response System	one month rental
S5161	UAU2	Personal Emergency Response System	one partial month
S5160	UA	Personal Emergency Response System	installation
S5161	UAU3	Personal Emergency Response System	2nd pendant rental
S5162	UA	Personal Emergency Response System	alternative ERS device
S5165	UA	Environmental Accessibility Adaptations	1 completed work order

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HCPC Code	Modifier	Description	Unit Increment
S5135	UAU5	Independent Living Assist - Travel Attendant	15 min.
S2025	UA	Independent Living Assist - Telephone Assistance	1 completed call
T2025	UAU6	Transportation	one round trip
T2025	UAU3	Transportation (second)	one round trip
T2003	UAU5	Transportation	1 one-way trip
T2003	UAU4	Transportation (second)	1 one-way trip
T2038	UA	Community Transition Service	1 completed job order
A0200	UA	Non Medical Transportation	one round trip
A0200	UAU2	Non Medical Transportation (second)	one round trip
A0100	UA	Non Medical Transportation	1 one-way trip
A0100	UAU2	Non Medical Transportation (second)	1 one-way trip
T2025	UAU1	Enhanced Community Living Service	15 min.

LTSS User Guide - Choices Waiver

HCPC Code	Modifier	Description	Unit Increment
S5101	UB	Adult Day Service - Enhanced	half day
S5100	UB	Adult Day Service - Enhanced	15 min.
S5102	UBU3	Adult Day Service - Intensive	one day
S5101	UBU2	Adult Day Service - Intensive	half day
S5100	UBU1	Adult Day Service - Intensive	15 min.
A0090	UB	Adult Day Service - Transportation	one mile
A0090	UBU2	Adult Day Service - Transportation (second)	one mile
T2003	UBU4	Adult Day Service - Transportation	1 one-way trip
T2003	UBU2	Adult Day Service - Transportation (second)	1 one-way trip
T2025	UBU5	Adult Day Service - Transportation	one round trip
T2025	UBU4	Adult Day Service - Transportation (second)	one round trip
T2029	UBU1	Home Medical Equip/Supplies - Ambulatory	one item
T2029	UBU4	Home Med Equip/Supplies - Non-ambulatory	one item

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HCPC code	Modifier	Description	Unit increment
T2029	UBU7	Home Med Equip/Supplies - Hygiene/disposables	one item
T2029	UB	Home Med Equip/Supplies - Equipment and Repair	one item
T2029	UBBC	Home Med Equip/Supplies - Nutrition Supplement	one item
S5161	UBU1	Personal Emergency Response System	one month rental
S5161	UBU2	Personal Emergency Response System	one partial month
S5160	UB	Personal Emergency Response System	installation
S5161	UBU3	Personal Emergency Response System	second pendant rental
S5162	UB	Personal Emergency Response System	alternative ERS device
S5165	UB	Environmental Accessibility Adaptations	1 completed work order
S5170	UB	Home Delivered Meals	one meal
S5170	UBU2	Home Delivered Meals - Therapeutic	one meal
S5170	UBU7	Home Delivered Meals - Kosher	one meal
S5170	UBU3	Alternative Meal Service	one meal
S5121	UB	Pest Control	one job

LTSS User Guide - Assisted Living Waiver

HCPC code	Modifier	Description	Unit increment
T2013	U2	Tier 2	per day
T2031	U3	Tier 3	per day
T2038	U4	Community Transition Svc (for NH residents enrolling in the waiver)	1 completed job order

LTSS User Guide - ICDS Waiver

HCPC code	Modifier	Description	Unit increment
T2031	U2	Assisted Living Service - Tier 2	per day
T2031	U3	Assisted Living Service - Tier 3	per day
S5101		Adult Day Health	half day
S5102		Adult Day Health	one day
A0080		Adult Day Health - Transportation	per mile
T1019		Personal Care - Employer Authority	15 min.
T1019	HQ	Personal Care - Employer Authority - Group Visit	15 min.
S5130		Homemaker	15 min.
S5121		Chore Service	per job
T2029		Home Med Equip and Supp Adaptive and Assist Devices - Budget	per service
S5165		Home Modifications Maintenance and Repair - Budget Authority	per service
S5160		Personal Emergency Response	installation
S5161		Personal Emergency Response	monthly rental
S5170		Home Delivered Meals	one meal
S5170	UBU3	Alternative Meals - Budget Authority	one meal

LTSS User Guide - ICDS Waiver

HCPC code	Modifier	Description	Unit increment
S0215		Waiver Transportation	per mile
T2001	RN	Waiver Nursing	15 min.
T2003	LPN	Waiver Nursing	15 min.
T2001	RNHQ	Waiver Nursing - Group Visit	15 min.
T2003	LPNHQ	Waiver Nursing - Group Visit	15 min.
S5125		Home Care Attendant - Nursing	15 min.
S5125	U8	Home Care Attendant - Personal Care	15 min.
H0045		Out of Home Respite	per day
T2025		Enhanced Community Living	15 min.
G0155		Social Work Counseling	15 min.
S9470		Nutritional Consultation	15 min.
S5135		Independent Living Assistance	15 min.
T2038		Community Transition	1 completed job
T2025	UB	Choices Home Care Attendant - Employer/Budget Authority	15 min.
S5121	UB	Pest Control - Budget Authority	one job

Questions?

