

# Provider Portal

## Single Claim Submission

# Single Claim Submission

To enter a single claim

- Click on Claims, which results in claim history being displayed
- Then click on 'Create Claim'

DATE CREATED ↑	CLAIM TYPE ↓	CLAIM ID ↓	MEMBER NAME ↑	MEMBER ID ↓	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↓		
06/06/2019	CMS-1500	800361833	ORROIEI ORROIEIEIU	0020781T		\$0.00	<a href="#">Edit</a>	<a href="#">Delete</a>
06/05/2019	CMS-1500	800361829	ORROIEI ORROIEIEIU	0020781T		\$102.23	<a href="#">Edit</a>	<a href="#">Delete</a>
06/05/2019	CMS-1500	800361850	ORROIEI ORROIEIEIU	0020781T		\$400.00	<a href="#">Edit</a>	<a href="#">Delete</a>
06/03/2019	CMS-1500	800361659	OEEUYE OEEUYE	0006925T		\$400.00	<a href="#">Edit</a>	<a href="#">Delete</a>

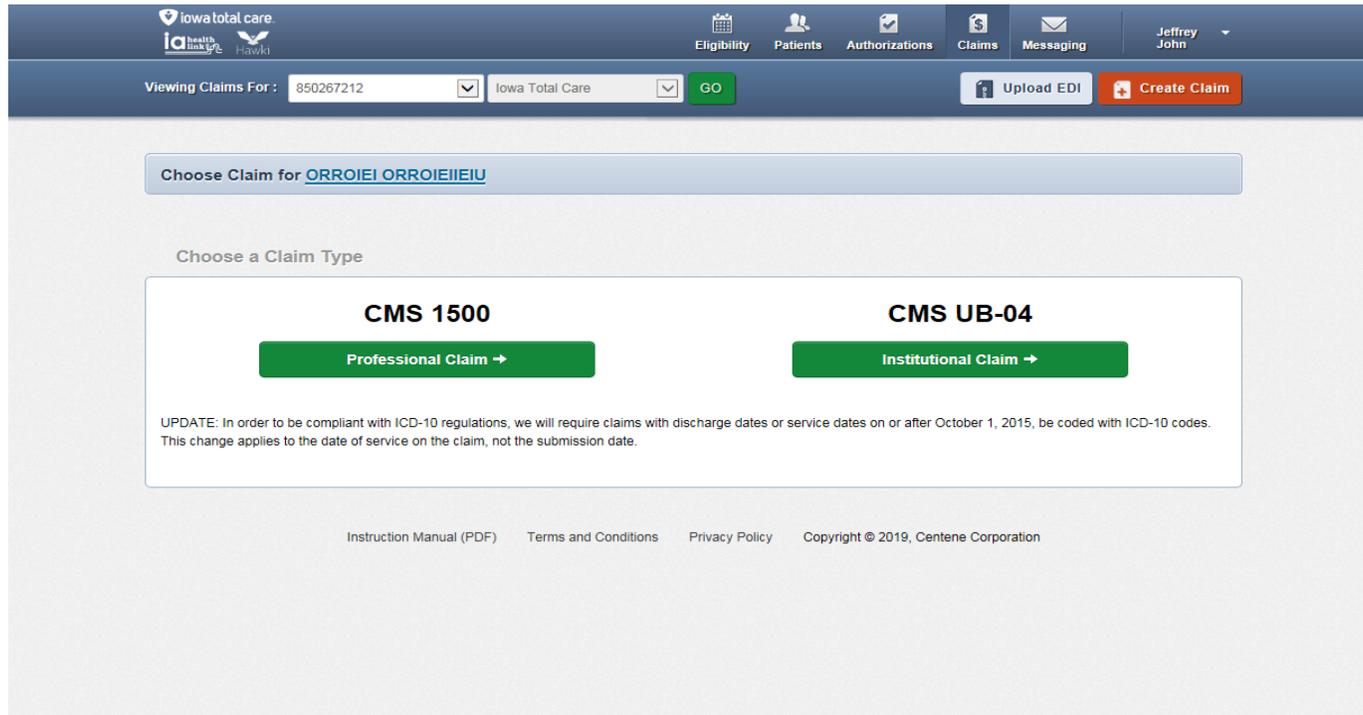
- The following fields will appear
  - Complete the member ID or Last Name and Birthdate
  - Click 'Find'

Member ID or Last Name:

Birthdate:

# Single Claim Submission

Click on the appropriate claim form option based on your provider type



The screenshot shows the Iowa Total Care Claims Submission web application. At the top, there is a navigation bar with the Iowa Total Care logo on the left and menu items for Eligibility, Patients, Authorizations, Claims, and Messaging on the right. A user profile for Jeffrey John is also visible. Below the navigation bar, there is a search area with a dropdown menu set to '850267212', another dropdown set to 'Iowa Total Care', and a 'GO' button. To the right of the search area are two buttons: 'Upload EDI' and 'Create Claim'. The main content area features a section titled 'Choose Claim for ORROIEI ORROIEIEIU'. Below this, there is a section titled 'Choose a Claim Type' with two options: 'CMS 1500 Professional Claim →' and 'CMS UB-04 Institutional Claim →'. At the bottom of the main content area, there is an update notice: 'UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.' The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2019, Centene Corporation'.

## Claim Field Entry

- The claim fields displayed will vary depending on the claim form selected
- There will be multiple pages of claim fields to be completed
- Complete all of the appropriate fields related to the patient's condition
- Once each claim page is completed, click Next to proceed to the next page

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

**Next →**

\* Required field

Patient's Account Number\*  26

Statement Dates\* From  To  26

Date of current illness, injury, pregnancy (LMP)   14.

Other Date   15.

# Single Claim Submission

Professional Claim for ORROIEI ORROIEIEIU Your Progress

THIS SECTION:  
**Diagnosis Codes**  
Diagnosis Code and Additional Insurance information.

\* Required field

ICD Version Indicator\*  ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes\*  (Enter diagnosis code and click on Add button)

- After completing a claim section, the Next button must be clicked to proceed to the following section
- All "\*" are required

Whenever a numbered arrow is present in the portal, the number reflects the UB or 1500 claim form box

## Key Notes for Completing Service Lines

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

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

When finished, click Next

\* Required field Save / Update

### Add New Service Line

Dates of Service*	From 05/01/2019 To 05/31/2019	24.a
Place of Service*	11 -- PROVIDERS OFFICE	24.b
Emergency	Yes No	24.c EM
Procedure Code*	XXXXX e.t	24.d
Modifiers	XX Add Please enter the modifier and click the Add button.	
Diagnosis Code(s)*	<input type="checkbox"/> F20 - SCHIZOPHRENIA	24.e
Charges*	XX.XX	24.f
Units / Minutes / Days*	XXXX Type * UN - Units	24.g
Family Planning	Yes No EPSDT Select...	24.h
NDC	NDC	NDC

# Single Claim Submission

Documents can be uploaded and attached to the claim by:

- Clicking on the Browse icon to attach the document
- Selecting the appropriate Attachment Type
- Repeating the process if more than one document needs uploaded

**Note:**  
If there are no attachments to upload, skip this section

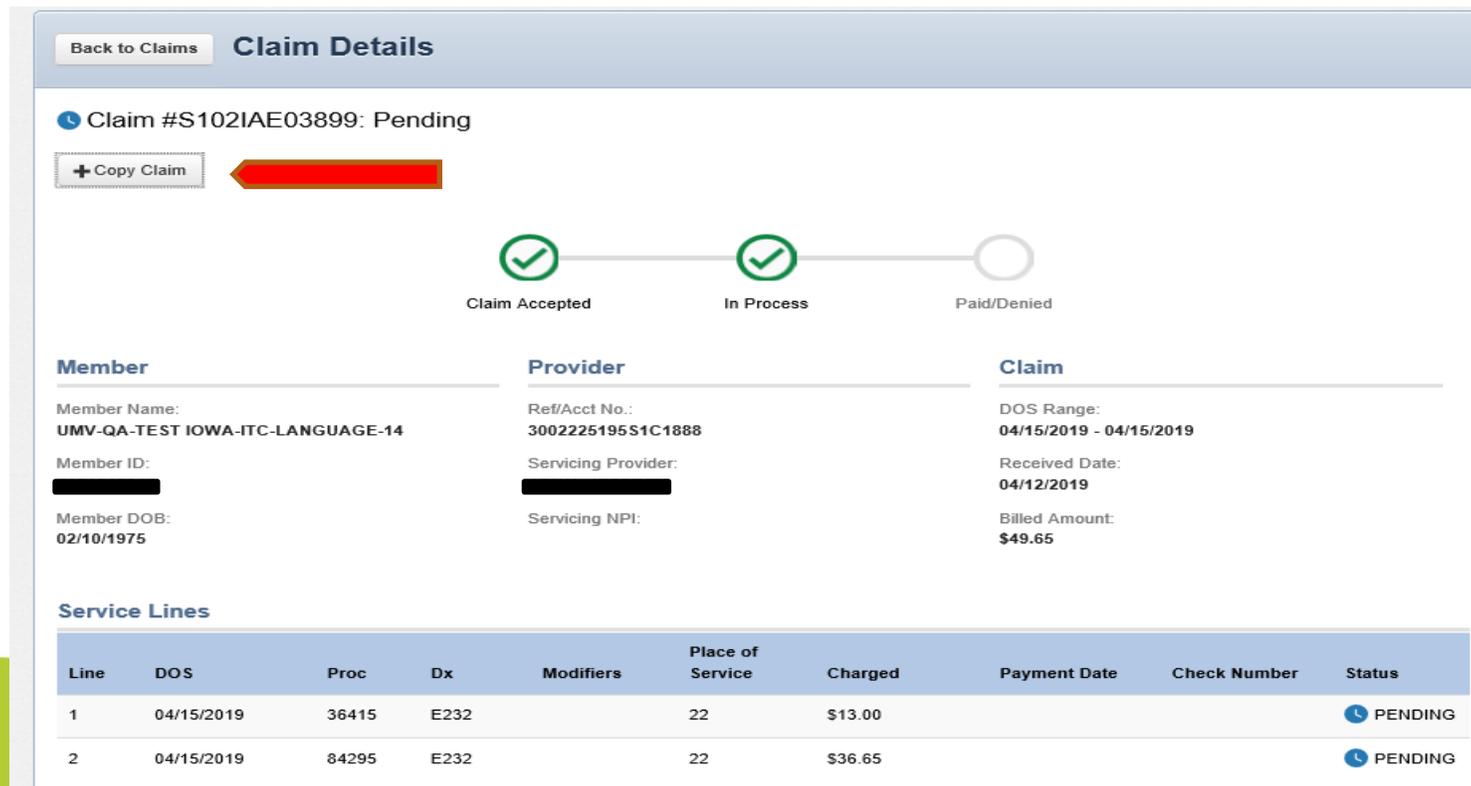
Once all documents have been uploaded, click Next

The screenshot displays the 'Attachments' section of the Iowa Total Care Claims Management System. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a 'Viewing Claims For:' dropdown menu is visible, along with 'Upload EDI' and 'Create Claim' buttons. A progress indicator shows 'Professional Claim for' with a series of arrows indicating the current step. The main section is titled 'Attachments' and includes the instruction 'Add attachments to the claim (5MB limit)' and 'Supported types are .jpg, .tif, .pdf and .tiff'. A form for adding attachments features a 'File\*' input field with a 'Browse...' button, an 'Attachment Type\*' dropdown menu with 'Select Type...' as the current selection, and an 'Attach' button. Below the form is a table with columns for 'Attachment Name' and 'Type'. One entry is visible: 'Consent Form' with a 'Remove X' button. At the bottom, there are 'Back' and 'Next' buttons, with a note: 'If there are no attachments, click Next.'



## Copying a Claim

- A pending or processed claim can be copied to create a new claim with all data fields pre-populated
- The claims data can then be updated to accurately reflect the new claim information to be submitted
- This is a claims processing feature that can be used for streamlining the claims submission process



[Back to Claims](#) **Claim Details**

🕒 Claim #S102IAE03899: Pending

[+ Copy Claim](#)

Claim Accepted In Process Paid/Denied

**Member**

Member Name:  
UMV-QA-TEST IOWA-ITC-LANGUAGE-14

Member ID:  
[REDACTED]

Member DOB:  
02/10/1975

**Provider**

Ref/Acct No.:  
3002225195S1C1888

Servicing Provider:  
[REDACTED]

Servicing NPI:

**Claim**

DOS Range:  
04/15/2019 - 04/15/2019

Received Date:  
04/12/2019

Billed Amount:  
\$49.65

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Date	Check Number	Status
1	04/15/2019	36415	E232		22	\$13.00			🕒 PENDING
2	04/15/2019	84295	E232		22	\$36.65			🕒 PENDING