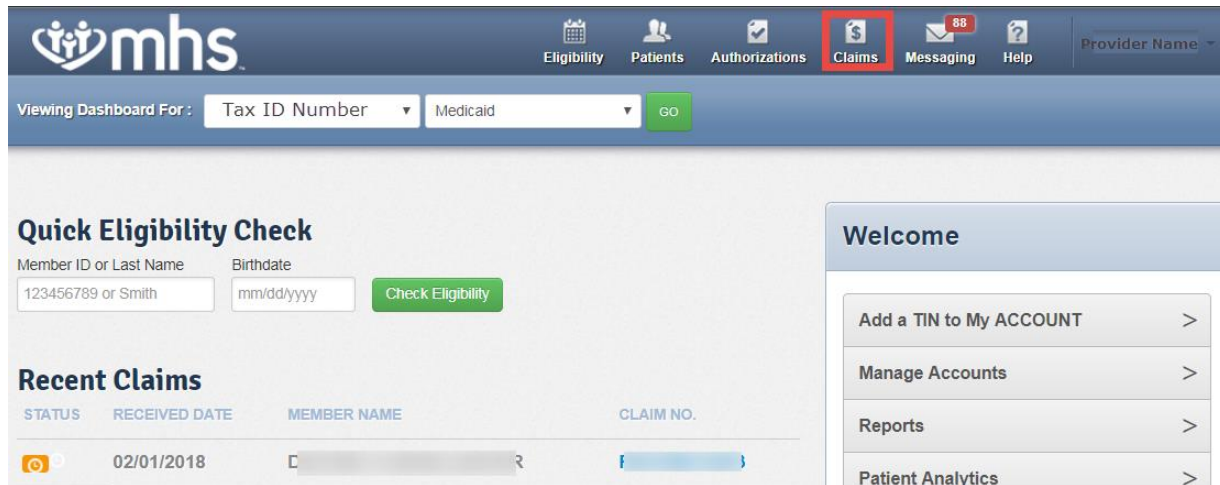


How to Submit a New CMS 1500 Professional Claim on the MHS Portal

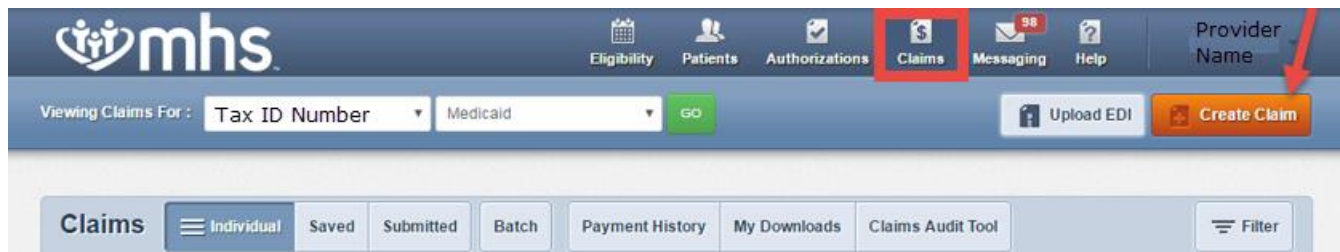
Review the steps below to see the process for submitting a **CMS 1500** claim.

1. Log into the Secure Provider Portal: <https://provider.mhsindiana.com>
2. Click the **Claims** tab on the dashboard header.



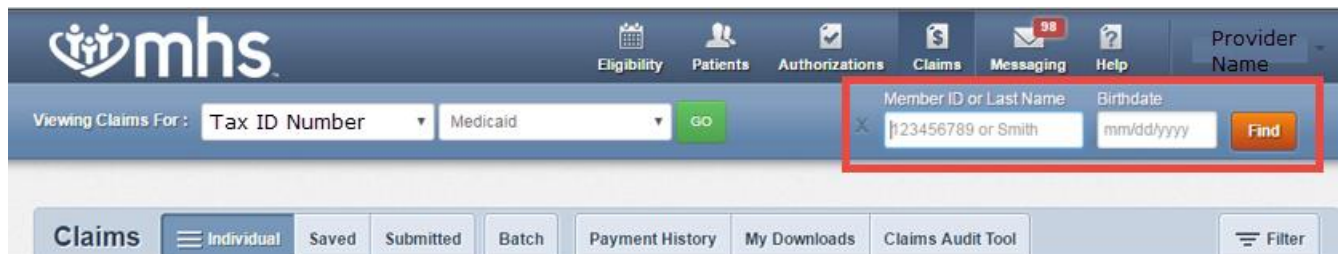
The screenshot shows the MHS portal dashboard. The 'Claims' tab in the top navigation bar is highlighted with a red box. Below the navigation bar, there are dropdown menus for 'Viewing Dashboard For:' with 'Tax ID Number' and 'Medicaid' selected, and a 'GO' button. The main content area is divided into two sections: 'Quick Eligibility Check' and 'Recent Claims'. The 'Quick Eligibility Check' section has input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), with a 'Check Eligibility' button. The 'Recent Claims' section shows a table with columns for 'STATUS', 'RECEIVED DATE', 'MEMBER NAME', and 'CLAIM NO.', with one row of data. On the right side, there is a 'Welcome' sidebar with links for 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics'.

3. Click **Create Claim**



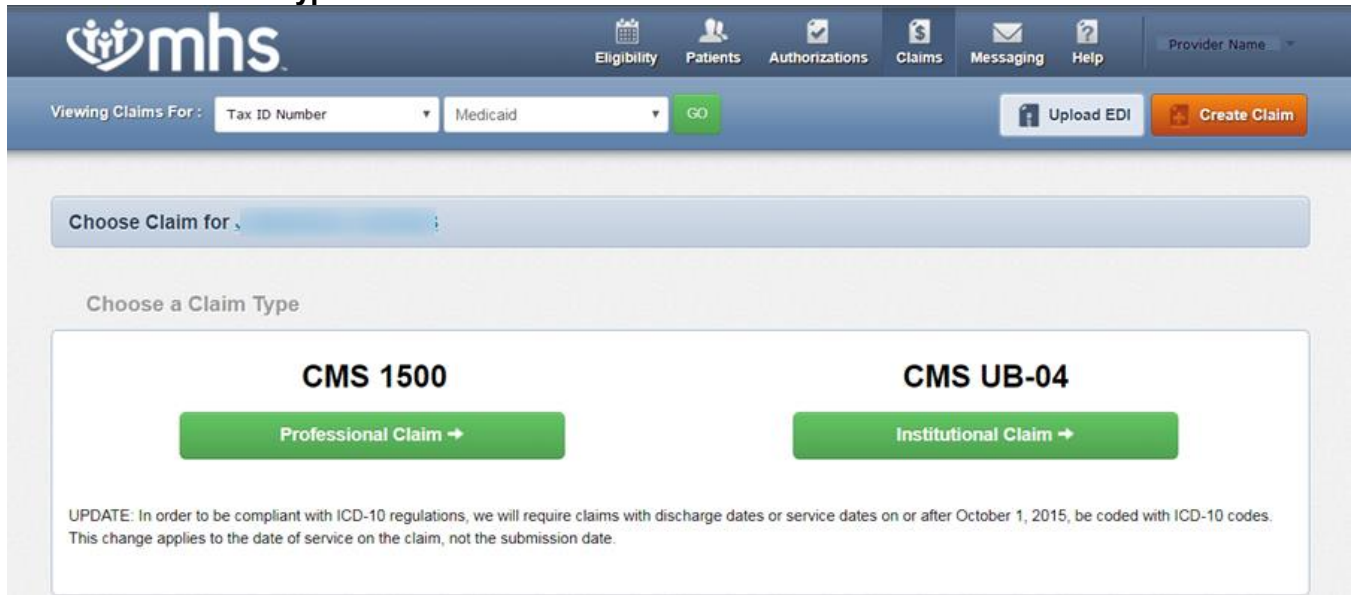
The screenshot shows the MHS portal dashboard with the 'Claims' tab highlighted in the header. The 'Create Claim' button in the top right corner is highlighted with a red box and a red arrow. Below the navigation bar, there are dropdown menus for 'Viewing Claims For:' with 'Tax ID Number' and 'Medicaid' selected, and a 'GO' button. There is also an 'Upload EDI' button and a 'Create Claim' button. Below this, there is a 'Claims' section with a menu for 'Individual' and buttons for 'Saved', 'Submitted', 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool', along with a 'Filter' button.

4. Enter **Member ID** and **Date of Birth**. Click **Find**.



The screenshot shows the MHS portal dashboard with the 'Claims' tab highlighted in the header. The search area is highlighted with a red box, showing input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), with a 'Find' button. Below the navigation bar, there are dropdown menus for 'Viewing Claims For:' with 'Tax ID Number' and 'Medicaid' selected, and a 'GO' button. Below this, there is a 'Claims' section with a menu for 'Individual' and buttons for 'Saved', 'Submitted', 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool', along with a 'Filter' button.


5. Choose a **Claim Type** –**CMS 1500** or **CMS UB-04**



The screenshot shows the MHS Claims portal interface. At the top, there is a navigation bar with the MHS logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is also visible. Below the navigation bar, there is a search area for 'Viewing Claims For' with two dropdown menus: 'Tax ID Number' and 'Medicaid', followed by a 'GO' button. To the right of the search area are two buttons: 'Upload EDI' and 'Create Claim'. Below the search area, there is a section titled 'Choose Claim for' with a dropdown menu. Underneath, there is a section titled 'Choose a Claim Type' with two options: 'CMS 1500' and 'CMS UB-04'. Each option has a corresponding green button: 'Professional Claim →' for CMS 1500 and 'Institutional Claim →' for CMS UB-04. At the bottom of this section, 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 following steps are relation to a CMS 1500 Claim.

6. Enter **Patient's Account Number**
7. Enter the **Statement Dates**
8. If other fields listed are not applicable, click **Next**.
Required fields are marked with an asterisks (*).

Professional Claim for D C Your Progress 

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

Next →

*** Required field**

| | | |
|--|--|------|
| Patient's Account Number* | <input type="text" value="XXXXXXXXXX"/> | 26 |
| Statement Dates* | From <input type="text" value="MM/DD/YYYY"/> To <input type="text" value="MM/DD/YYYY"/> | |
| Date of current Illness, Injury, Pregnancy (LMP) | Select Type... <input type="checkbox"/> <input type="checkbox"/> <input type="text" value="MM/DD/YYYY"/> | 14. |
| Other Date | Select Type... <input type="checkbox"/> <input type="checkbox"/> <input type="text" value="MM/DD/YYYY"/> | 15. |
| Hospitalization | From <input type="text" value="MM/DD/YYYY"/> To <input type="text" value="MM/DD/YYYY"/> | 18. |
| Additional Claim Information: | <input type="text" value="XXXXXXXXXXXX"/> | 19a. |
| Outside Lab? | <input type="button" value="Yes"/> <input type="button" value="No"/> | 20. |
| Prior Authorization Number | <input type="text" value="XXXXXXXXXXXX"/> | 23a. |
| CLIA Number | <input type="text" value="XXXXXXXXXXXX"/> | 23b. |
| Amount Paid | <input type="text" value="XXXX.XX"/> | 29. |

Next →

9. Add the **Diagnosis Codes** for patient in Box 21. Click **Add** button to save.

Professional Claim for [] Your Progress []

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

← Back Next →

* 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) 21.

← Back Next →

If applicable, click **Add Coordinator of Benefits** and enter **Carrier Type** and **Policy Number**.

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* 9d

Policy Number* 9a


← Back Next →

10. Enter required fields:

- **Dates of Service**
- **Place of Service** (Dropdown)
- **Procedure Code**
- **Modifier(s)** where applicable and click **Add**
- Check previously entered **Diagnosis Code(s)**
- **Total Charges**
- **Total Units/Minutes/Days** and select **Type** (dropdown menu)

11. Click Save/Update. Add additional **Service Lines**, if needed.

12. Complete all service lines and click **Next**.

Professional Claim for **D** **C**
Your Progress 

THIS SECTION:

Service Lines

Enter maximum of 50 service lines.

← Back
Next →

Total: \$125.00

+ New Service Line

PROCEDURE / CHARGES

1: 99213 / \$125.00

* Required field

Delete Save / Update

Now Viewing Line 1: 99213 / \$125.00

Dates of Service* From To 24.a

Place of Service* 24.b

Procedure Code* 24.d

Modifiers Please enter the modifier and click the Add button. 24.e

Diagnosis Code(s)* H6690 - OTITIS MEDIA UNSPECIFIED UNS EAR 24.e

Charges* 24.f

Units / Minutes / Days* Type * 24.g

Family Planning EPSDT 24.h


NDC NDC

Supplemental Information

Delete Save / Update

← Back
Next →

13. Enter **Billing Provider Name, Address, City, State, and Zip.**
14. Click Same as Billing Provider if **Service Location** and **Billing Provider** address are the same.
15. Click Next

Professional Claim for [D](#)
Your Progress 

THIS SECTION:
Providers
Providers on this claim.

← Back
Next →

* Required field

Referring Provider

NPI
 Find Provider 17.

Last Name or Organizational Name First Name
 Find Provider

Rendering Provider

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

NPI Tax ID
 Find Provider 24.]

Taxonomy # Last Name or Organizational Name First Name
 Clear X

Billing Provider

Tax ID
 33.

Name* NPI Taxonomy *

Address* City* State* Zip*

Service Facility Location


Same As Billing Provider

Name NPI
 32.

Address City State Zip

← Back
Next →

16. Upload any **Attachments** where applicable. If none, click **Next**.

Professional Claim for [redacted] Your Progress 

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

You are correcting a claim for R [redacted]

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

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.


| | | |
|---|--|---|
| <p>File* <input type="text"/> Browse...</p> | <p>Attachment Type* <div style="border: 1px solid red; padding: 2px;"><p>Select Type...</p><ul style="list-style-type: none">Primary Carrier EOBMedical RecordsConsent FormProof of Timely FilingClaim Adjustment Form (CAF)DME or Rx Invoice</div></p> | <p style="text-align: center;">Attach</p> |
|---|--|---|

There are no attached files.

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

If the claim is eligible for **Real Time Editing and Pricing (RTEP)** this screen will appear.

17. **Review** all claim information and click **Edit**, if needed.
18. Click **Validate** to submit claim

Professional Claim for
Your Progress 

THIS SECTION:
Review

Please review your claim and submit.

← Back

This claim is eligible for Real Time Editing and Pricing.

Please click on the Validate button to proceed to the next step.

Validate →

Almost done!

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 [Edit](#)

Statement From Date: **03/14/2018**

Statement To Date: **03/14/2018**

Date of current Illness, Injury, Pregnancy (LMP):

Other Date:

Hospitalized From:

Hospitalized To:

Additional Claim Information:

Outside Lab?: **No**

Outside Lab Amount:

Prior Authorization Number:

CLIA Number:

Diagnosis Codes and Primary Insurance [Edit](#)

Diagnosis Codes

Z309 -- ENC CONTRACEPTIVE MANAGEMENT UNS

Service Lines [Edit](#)

| Line | From | To | Place | Proc | Diagnosis | Amount | Units/Minutes/Days | Family Plan | EPSDT | NDC | Supplemental Info |
|------|------------|------------|-------|-------|-----------|----------|--------------------|-------------|-------|-----|-------------------|
| 1 | 03/14/2018 | 03/14/2018 | 11 | 99203 | Z309 | \$200.00 | 1.0 | No | | | |

Providers [Edit](#)

| Provider Type | Name | Tax ID | NPI | Taxonomy | Address |
|-------------------|---|--|--|--|--|
| ReferringProvider | | | | | |
| RenderingProvider | | | | | |
| BillingProvider | E I, | 3 | | 2 | 2 E |

Service Facility Location:

Attachments

← Back

This claim is eligible for Real Time Editing and Pricing.

Please click on the Validate button to proceed to the next step.

Validate →



