Sunshine Health- Multiple Claim Submission Wizard - LTC



Long Term Care Wizard

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Secure Multiple Claims Submission Wizard

settings.

Secure The Secure Provider Website has a Multiple Claim Submission claim wizard feature developed to allow Sunshine Health LTC providers to submit multiple recurring claims easily. The wizard saves time and reduces errors.

After creating a secure provider Sunshine Health website account, LTC providers can create member rosters based on the service location. Claims for Home Health Waivers, Adult Day Care, Personal Care Workers, Assisted Living Facilities, Bed Holds, Hospice, Nursing Facility Residential and SNF-Skilled Nursing Facilities can be repeated daily, weekly or monthly with only minimal coding required.

This user guide shows you how to submit claims using the Multiple Claim Submission Wizard and how to access its many features to better manage your health care billing.

• The layout of the screen may vary depending on your browser

Alert



 Users of Internet Explorer 7.0 or prior may encounter problems. We highly recommend that you upgrade to Internet Explorer 8.0 or later. You can download the latest version of Internet Explorer at http://windows.microsoft.com/en-us/internet-explorer/download-ie.

Contents

Contents	This user guide is divided into the following sections:	
	Creating an Account	3
	Who should use the Multiple Claim Submission Wizard	4
	Getting Started	5
	Select Template - HCFA 1500	6
	Service Location	7
	Member List	8
	Add to Member List	9
	Create Claim - 1500	9
	Review Claim	.10
	Certify Claim	.12
	Print Claim	.13
	Select Template - UB 1450	.14
	Service Location	.15
	Member List	.16
	Add to Member List	.16
	Create Claim - 1450	.18
	Review Claim	.19
	Certify Claim	.21
	Print Claim	.22
	Additional Notes	.23
	Appendix A Templates	.24
	Appendix B AHCA Guidelines	.26
	Appendix C Type of Bill Codes	.27

Creating a Secure Provider Website

CreateTo use the Multiple Submission Claim Wizard you must first create a SecureAccountProvider Website account. Once you have an account, you can:1. Check member eligibility

- 2. View or submit authorizations
- 3. View member health alerts
- 4. Submit or track your claims and get paid fast
- 5. Send and receive secure messages from Sunshine Health.

0 0	reate your secure website, fo	blow these instructions:	5)	Now that you've signed into the site, select your secret	Account Setup	1	
)	Browse the public website to register. Under 'For Provider' click on 'Login'.	For Providers		questions and answers. You will use these if you forget your password or accidently	Decret Questions Question 1 Answer	Shar is plur father a missia rama?	¥.
)	Click on 'Create an Account'. Registration is fast and simple.	Need To Create An Account? Regularization in fact and simple, give it a by		lock your account. Enter your telephone and fax number. Click 'Submit'.	Baarton 2 Annuar	Marce pro foreite para rene? Notig	*
	Start your registration Enter	Greate An Account			Annue Continued Danderson	What is plus Asher's middle nerve? What is plus 'Renate and a nerve? What is plus 'Renate and a nerve? What is plus results in miner ? What is plus results a nerve?	13
,	Tax ID, name, email address,	Dart Your Projection			Telephone Number	(317 125-687	(+)
	and create your own password. Hover over the '?' for more details.	Antere In-			Fac Surday	AU DEMIN	1
	Click 'Register.' If you receive the error message "We could not find your Tax ID in our system" please return to our public site "Become a Provider" page to join the network. Once your data is in our systems you will be able to register.	Recentor encoded and a second a	6)	Your request for an account has now been sent to the Health Plan for approval. If you do not receive an email within 2 work days, please call the plan or send a secure message.	Pagatudan Comptex Version of the second second Comptex and the second se	and deep acceled dividual and a second	
)	Registration complete An	Reduction Counted	7)	Once approved you will receive an email and you can			
	email will be sent to your mailbox. Click the link in the email to sign in and finish setting up your account. If you do not receive your email, check your junk file or click the "click here" hyperlink	Integra and Velifyed U		begin enjoying the site. System requirements: Access the	Secure provide	er website using Inte	ernet
	on the registration confirmation page to have another email sent to you.	Ethe bild we der eine an spike an sokk was werd plans op ein am for ander bild the started trapies are benow bales. Tak-bild der verbalte hyr de statement Tak-bild verbalte ein der bild ander bild the started trapies are benom to Tak-bild verbaltet.	be	updated to the most recent versio	n available for	optimal performan	ce.

Please contact your Provider Relations Representative if you have any questions creating your account.

Who should Use the Multiple Claim Submission Wizard?

Who?Multiple Claim Submission Wizard was designed to be used by Long Term
Care Providers for billing the services listed below:

- Adult Day Care
- Home Health Waiver
- Personal Care Worker
- Assisted Living Facilities
- Home Meals
- Bed Hold
- Hospice
- Nursing Facility Residential
- SNF Skilled Nursing Facility



Getting Started

Accessing the Wizard

To create LTC claims using the Multiple Claim Submission Wizard click on Claims tab.

Quick E	Last Name Birthdat	ek		Welcome
123456789	er Smith	V//// Check Eligibility		Add a TIN to My Account
Recent	Claims			Manage Accounts
STATUS	RECEIPT DATE	MEMDER NAME	CLAIM NO.	Recent Activity
0	07/08/2013	JANE PATIENT	123456789	Date Activity
0	07/08/2013	DAVID PATIENT	123456789	07/10/2013 You printed a Temp ID card.
0	07/08/2013	MAYA PATIENT	123456789	07/10/2013 You requested a new ID card.
0	07/08/2013	CARLOS PATIENT	123456789	07/10/2013 You requested a welcome packet.
0	07/08/2013	PETER PATIENT	123456789	06/24/2013 You added a dependent to this acco
				06/21/2013 You have changed your language pr

Click on the **Recurring** Tab to access the Wizard.

lewing Glaims For :								
	44065373 Testing Nic	kname 🔹					Upload EDI	Create Clair
Claims 📃	ndvádu il Saved	Submitted	Batch	Reoccurring	Payment History	My Downloads	Claims Audit Tool	\Xi Filter
CLAUM NO. M	EMDER NAME		SERVICE D	IATE(S)	01.1	ED / PAID	STATUS	CHECK NO.
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123456789 D	AVID PATIENT		07/05/20	13 - 07/05/2013	\$ 10	2.66 / 32.56	O	
123456789 N	AYA PATIENT		07/05/20	13 - 07/05/2013	\$ 1,	350.26 / 111.58	O	
123456789 C	ARLOS PATIENT		07/05/20	13 - 07/05/2013	\$ 15	2.66 / 32.56	G	
123456789 P	ETER PATIENT		07/05/20	13 - 07/05/2013	\$ 25	0.00 / 71.58	0	

Select Template (1500 HCFA)

Select a Template to Start Your Claim from the drop down. The example below uses a HCFA 1500 form.

The template is designed to speed up the claim submission process and contains pre-coded claim data. Refer to Appendix A for list of pre-coded items. You have the opportunity to change any of those items as needed prior to submitting the claim.

Viewing Claims I	For : 592142	859	×			_		Upload EDI	Create Cla
Claims	= Individua	I Saved	Submitted	Batch	Recurring	Payment Histo	ory My Downloads	Claims Audit Tool	
Get S	Started	Used on	ly by LTC an	d ADC Pro	oviders.		Your P	rogress	>>
Claim	Type:	dult Day Care	Valver	F	- []	Selec Our pres	t a Templa et templates help	te to Start Yo speed up the claims	ur Claim process.
	F A H	Personal Care Assisted Living Home Meals JB-04	Worker Facilities	ms & (Conditions	Privacy Policy	Copyright © 2013, C	entene Corporation	
	E	Bed Hold Jursing Facility BNF - Skilled N	Residential						

Service Location



Member List

View member List Click on View Member List:





Member lists are created using Member (Medicaid) ID or Last Name and Birthdate. The member list only needs to be created once, during your first time using the Multiple LTC Wizard. AddEnter Member ID or Last Name and Birthdate. Member ID is the Medicaid IDMemberon the member ID card. Click Add Member



You will see Member Added message. You can either enter another member or move on to create claim.

Under **Actions** click the X to remove the member from your member list. If a claim has already been submitted you can click on the page icon to view the last LTC claim submitted for that member.

wing Claims	44065373	Testing Nicknam	ie •				👔 Upload E	Di 👩 Greate Gair
Claims		Saved Suber	nitted E	Batch Prossering	Payment History	My Downloads	Claims Audit Tool	
Mem	nber List					Your Progr	ess 🚬	>>>
* = Banning Member (Addend					Member ID or Last I 123456789 or Sm	Name Birthdate ith mm/dd/y	Yyy Add Merroler
Member /	Added. Member Name	Member ID	Modifier	DOS Start'	DOS End*	Member ID or Last I 123455789 or Sm Total Charges *	Name Birthdate ith mm/dd/y Days Units *	Add Menther
Member / Seker All	Added. Member Name JANE PATIENT	Member ID 00123456789	Modifier [XX	DOS Start'	DOS End*	Member ID or Last1 123456789 er Sm Total Charges *	Name Birthdate ith mm/dd/y Days Units *	Add Member Action
Member A	Added. Member Name JANE PATIENT DAMD PATIENT	Member ID 00123456789 00123456789	Modifier	DOS Start' MM/DD/YYYY MM/DD/YYYY	DOS EM * MM/DD/YYYY MM/DD/YYYY	Member ID or Last 1 123456780 or Sm Total Charges * 50:30:	Name Birthdate ith mm/dd/y Days Units *] 2000:	Add Member



Note: The member record is listed in alphabetic order by last name. If you are unable to locate member check member id and birthdate was entered correctly. If still not found return to Check Eligibility to verify member is eligible. Create claim(s) by selecting the appropriate Member(s)

Create Claim For each member selected enter the: (1500)

- Modifier (if applicable)
 - First date of service (DOS Start)
 - Last date of service (DOS End)
 - Total Charges
 - Number of Days or Units

After entering all the required information, click **Create Claim(s)**. Click on X under Action to delete the claim.

-	-							
Claims	Endividual 1	Saved Submitt	ed Batch	Reccorne	Payment History	My Downloads	Jaims Audit Tool	
Mer	nber List					Your Progres		\rightarrow
	NPI: 123456789 123 ADC Lane,	Medicald#: 6 Tampa, FL 336	54321 97			Member ID or Last Na	me Birthdate	
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* = Requi Select All P	Member Name DESTINY E SMITH BARRAA L OUINONES	Member ID 9419779149 7468819475	Modifier AB AB	DOS Start* 04/01/2013 04/01/2013	DOS End* 04/30/2013 04/30/2013	123456789 er Smith Total Charges ' 500.0	DaysUnits *	Action



Note: To save time if the DOS Start and DOS End are the same for all checked members enter the dates at bottom and click Update All DOS. The Modifier (if required), Total Charges, and Days/Units must be entered for each selected member.

Remember that DOS must be from first to first from the same month (if billing monthly) or the same day (if billing daily)

Example<mark>: ALF's or AFCH</mark> and some other providers: <u>09/01/2013 –</u> <u>09/01/2013</u> to bill for 1 month, <mark>ADC; HDM</mark> indicating - 1 (day/unit/item) or HHA - 4 units.

Review claim

SUNSHIDE ST	TATE	_	_	_	ligbility	Patients Aut	horizations	Claims	Messaging	Kenin	Moweeney
nwing Claims Fo	44065373	Testing N	ckname •	1					👔 Upload I	ECH 🛃	Create Claim
Claims	≡ Individual	Saved	Submitted	Batch	Rescurring	Payment Histor	y My Down	loads	Claims Audit Tool		
Claim	is to Su	ıbmi	t (2)				Yos	# Progre	**	>	
Claim Typ Location:	e: Adult D: Adult Day NPI: 00123450 123 ADC Land	ay Care Care, li 5789 Me e, Tampa,	9 nc. Edicald#: 65 , FL 33607	4321							
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Claim Typ Location: Claim(S) cm Member Na	e: Adult D: Adult Day NPI: 00123454 123 ADC Land ented successfu me Me	ay Care Care, li 5789 Me e, Tampa, By. Senber ID	9 nc. edicald#: 65 , FL 33607 Mod	4321 Iller	DOS Start	DOS End	Total Charg	65	DaysUnits	Action	
Claim Typ Location: Claim(S) cm Member Hat JANE PATIE	e: Adult Day Adult Day NPI: 00123454 123 ADC Land eated successfu ene Me INT 00	ay Care Care, li 6739 Me e, Tampa, ey. enter ID 123456789	e nc. edicald#:65 , FL 33607 Mod	4321 ifter	DOS Start 04/01/2013	DOS End 04/30/2013	Total Charge 500.0		Days Units 20	Action	

To review/edit or Add click on the action icon eye. You can review the claim or change some fields/add another line of service if applicable. Please closely review the Procedure Numbers and Modifiers that are about to be billed for accuracy. Some fields may not allow you to edit. If those fields need to be changed you will need to delete the claim and start over. If you need and it will allow Adding (Add) a Line, it can be Added for a Daily billing (see previous page for details) and then click Save. Refer to appendix for specific template coding. You can click on the X to delete claim.



Certify Claim(s)



	e Lab Amount												
Prior A	uthorization No	imber:											
Diagno	sis Codes												
250 -	DIABETES ME	LLITUS											
Prin Carrier Policy I	mary In Type: Number:	suranc	e Edit	D									
Ser	vice Li	nes Ede	Piece	Emergency?	Proc	Diagnosis	Amount	Days-Units	Family Plan	Modifier	EPSOT	NOC	Supplemental
Line		01/31/2013	13	No	T2030	250	\$7,000.00	31	No	AB			
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1 Pro	01012013	Edit											
1 Prove	o11012013 oviders ter Type	Edd Nam				Tax ID	NPI	55	rdicaid #	Тахово	my Ad	Idress	

Click Save and Close button once you've completed reviewing the claim.

Success! After all the claims have been reviewed, select "V (check off) - I certify that these claims are accurate" and click Submit Claims.

	4406537	3 Testing N	ickname •					D pload	EDA 2	Create Claim
Claims	Endividual	Saved	Submitted	Batch	Reoccurring	Payment Histor	My Downloads	Claims Audit Tool		
Clair	ns to S	ubmi	t (2)				Your Pro	ress 📃	>	
Location	PE: Adult Day NPE: 0012348 123 ADC Lar	Care, I 6789 Me ie, Tampa	e nc. edicald#: 65- , FL 33607	1321						
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Claim(S) of Member N	pe: Adult Day NPI: 0012342 123 ADC Lar created successf	Care, I 6789 Me 16, Tampa 109.	e nc. edicaldif: 654 , FL 33607 Mode	1021 Ner 1	DOS Start	DOS End	Total Charges	DaysUnits	Action	
Claim(S) o Member N JANE PAT	Pe: Adult Day NP: 0012040 123 ADC Lar created successi iame M NENT 0	Care, I Care, I 6789 Mi e, Tampa way. ember ID 012345678	e nc. edicald#:654 , FL 33607 Modi	(321 fier l	DOS Start 04/01/2013	DOS End 04/30/2013	Total Charges 500.0	DaysUnits 30	Action	×
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Success! Your claims have been submitted!

Print 📃	Consider STATE	_		Ilightery Patients	Authorizations	Chairman Mersonagineg	Kevin Moweeney
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claims	Claims = mene	al Saved Submitter	Batch Re-	econiza Paymer	d History My Dowes	oads Claims Audit Tool	
Claims	Claim Type: Adult Location: Adult D NP: 1294 123 ADC 1	DMITTED (2) Day Care ay Care, Inc. 167851 Medicaids: 654 ane, Tampa, FL 3360	921		Yuu	Progress	> >
	Success! Your	claims have bee	n submitted.	-			
			[Date: 07/12/:	2013		
			Web R	eference#:	123456789		
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	DAVID PATIENT	00123456790	AÐ	04/01/2013	04/30/2013	500.0	30
			Su	tent More Clams	A Print		
		8	laasa nichi: Ciurris	maytaké upits 24 haur	a to be viewable on this	a fa	

Click on Print (on the bottom) to print a copy of the claims submitted including the Web Reference number. Click Submit More Claims to return to the claims screen to request a new template or move on to other functions.

7/16/13	Sunshine State Health Plan Provider Tools	
Date: 0//16/2013		
Web Reference#: 123	3456789	
Member Name Member ID !	Modifier DOS Start DOS End Total Charges Days	s/Units
JANE PATIENT 00123456789	AB 04/01/2013 04/30/2013 500.0 30	
DAVID PATIENT 00123456789	AB 04/01/2013 04/30/2013 500.0 30	

Select Template (1450 UB)

Click \$Claims and Select "Recurring". Select a Template to Start Your Claim from the drop down. The example below uses a UB 1450 form.

The template is designed to speed up the claim submission process and contains pre-coded claim data. Refer to Appendix A for list of pre-coded items. You will have the opportunity to change any of those items as needed prior to submitting the claim.

SUNSHINE STATE Boath Plan		Éligibil	🔔 ity Patients	Z Authorizations	S Claims	Messaging	Kevin Mcweeney
Viewing Claims For : 440	065373 Testing Nickname 🔻			×	(ember ID 12345678)	or Last Name 9 or Smith	Birthdate mm/dd/yyyy Find
	idual Saved Submitted	Batch Resecurrin	g Payment H	listory My Do	wnloads	Claims Audit T	loo
Get Starte	ed Used only by LTC an	d ADC Providers.		١	'our Progre	rss 🗾	\rightarrow
Claim Type:	HCFA 1500 Adult Day Care Home Health Waiver Personal Care Worker Hospice Assisted Living Facilities UB-04 Bed Hold	rerms & Conditions	Privacy Policy	ct a Tem set templates Copyright © 2	plate help sp	to Start eed up the cl	Your Claim laims process.
	Norsing Facility Residential						

Service Location

Service

Location

Select the desired service address from the dropdown.



Member

List

Click on view member list.

View Member List





Member lists are created using Member (Medicaid) ID number and birthdate. The member list only needs to be created once during your first time using the Multiple Claims Submission Wizard.

Enter Member ID or Last Name and Birthdate. Member ID is the Medicaid ID on the member ID card. Click on Add Member.

Add member



You will see Member Added. You can either enter another member or move on to create claim. Under Actions click the X to remove a member from your list. If a claim has already been submitted you can click on the page icon to view the last LTC claim submitted for that member.

ring Claims	JCJ: 440605373	Testing Nicknam	• •		_		11 up	oad EDI	sate Olain
laims		Saved Submit	tted Bato	h Researing	Payment History	My Downloads	Claims Audit	Tool	
Mem	ber List					Your Prog	ress	\rightarrow	
laim Ty ocation	pe: Nursing : Nurses Clir NPI: 12345678 123 ADC Lane	Facility Res nic <u>(change)</u> 9 Medicaid#: 6 . Tampa, FL 334	564321 567	(hange)		Member ID or Last 123455789 or Sk	Name Birth	date /dd/yyyy Add	Member
taim Ty ocation	pe: Nursing : Nurses Clir NP: 12346678 123 ADC Lane	Facility Res NC (channe) 9 Medicaid#: 6 Tampa, FL 304	554321 567	(Danga)		Member ID or Last 123455789 or Sk	Name Birth	date Add	Member
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Iaim Ty ocation Member A Select All	Pe: Nursing : Nurses Clim NP: 1234Clim 123 ADC Lane Member Name JANE PATIENT	Facility Res lic (channe) 9) Medicaid#: (Tampa, FL 334 Member ID 00123456769	Bill Type*	DOS Start*	DOS End*	Member ID or Last 123456789 or Sr Rev Code*	Name Birth nith mm Serv Units*	date Add Addyyyyy Add Total Charges* Jococ	Member Actio
laim Ty ocation Member A Select All	pe: Nursing : Nurses Clin NP: 12345678 123 ADC Lane Member Name JANE PATIENT DAMD PATIENT	Facility Res iic (channe) IiC (channe) IMedicaid#; 6 Tampa, FL 304 Member ID 00123456769 00123456769	Bill Type*	DOS Start* MMOD/YYYY MMOD/YYYY	DOS End* MMDDD/YYYY MMDDD/YYYY	Member ID or Last 123455799 or Sa Rev Code* 200000	Name Birth inth mm Serv Units* 2000	dale Add Add/yyyyy Add Total Charges* 20005	Actio



Remember! Members are listed in alphabetic order by last name. If you are unable to locate a member check that the Member ID and birthdate was entered correctly. If the member record is still not found return to Check Eligibility to verify member is eligible.

Create a Claim(s)

Create claim(s) by selecting the appropriate member(s) from Member List.

For each member selected enter the:

• Bill Type

Create claim(s) 1450 UB

- First date of service (DOS Start)
- Last date of service (DOS End)
- Rev Code (Revenue Code)
- Serv Units (days or service units)
- Total Charges

After entering all the required information, click Create Claim(s). Click on X under Action to delete the claim.

SUNSHINES	STATE:			Fligibility	Patients Auth	prizations Clair	ns Messaging	K	win Moweeney
ing Claims F	440605373	1 Testing Nickn	ame 🔹				fi 4	load EDI	🚰 Create Claim
laims	≡ Individual	Saved Sub	mitted B	atch Resourcing	Payment History	My Download:	Claims Audit	Tool	
Mem	ber List					Your Pro	ogress	\rightarrow	\rightarrow
	123 ADC Lane	, Tampa, FL	0: 654321 33607			Member ID or La	st Name Birt	idate	_
= Required	5					00123456789		02/2000	Add Member
= Required Member Ar Select All	5 udded. Member Name	Member ID	Bill Type*	DOS Start*	DOS End*	Rev Code*	Serv Units'	02/2000 Total Char	Add Member
= Required Member A Select All	s udded. Member Name JANE PATIENT	Member ID 0012345678	Bill Type*	DOS Start*	DOS End*	Rev Code*	Serv Units*	Total Char	ges* Action
= Required Member A Select All	5 Idded. Member Name JANE PATIENT	Member ID 0012345678	Bit Type	DOS Start*	DOS End* MM/DD/YYYY MM/DD/YYYY	Rev Code*	Serv Units*	Total Char 20000 20000 Create C	ges* Action X
= Required Member Al Select All	s udded. Member Name JANE PATIENT	Member ID 0012345678	Bill Type	DOS Start*	DOS End* MM/DD/YYYY MM/DD/YYYY	Rev Code*	Serv Units*	Total Char 2000 Create 0	ges* Action



Note: To save time and the DOS Start and DOS End are the same for all checked members enter at bottom and click Update All DOS. The other fields must be entered for each selected member.



Certify the claims being submitted are accurate. You can review claims prior to submitting.

To review click on the eye. You can review the claim or change some of the fields pre-coded for you. Some fields may not allow you to edit. If those fields need to be changed you will need to delete the claim and start over. Refer to appendix for specific template coding. You can click on the X to delete claim.

Review Claim (Coming soon)

C. Researchers	E				Eligibility	Patients	Authorizatio	ons Claims	messaging	
ing Claims For :	44060537	3 Testing N	ckname 👻						👔 Upload EC	DI 🚺 Create Clair
lainea 🗍		100000000 0								
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Claims laim Type: ocation: Nu NP 12:	Nursing urses Cli 11: 13245678 3 ADC Land	Facility Facility nic 39 Medic a, Tampa,	: (2) 7 Residen aid#: 654321 FL 33607	tial				Your Progre:	55	
Claim(S) creats	ad successfu	dhr								
Member Name	Mem	iber ID	Bill Type	DOS Sta	rt DOS	End	Rev Code	Serv Units	Total Charges	Action
JANE PATIENT	0012	3456789	123	04/01/20	13 04/3	0/2013	191	500	30.0	• ×
DAVID PATIENT	0012	3456789	123	04/01/20	13 04/3	0/2013	191	500	30.0	• ×
									☑ I certify that	these claims are accur
									+ Back	Submit Claim(s)
		C	laims	to Sul	omit (2	2)			← Back	Submit Claim(s)
view Claim	1:	C	laims	to Sub	omit (2	2)			← Back	Submit Claim(s)
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eview Claim Member General	n: Name: Info	JANE	laims l	to Sut	omit (2	2)			← Back	Submit Claim(s)
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Notice Freederik Nation of the second of			
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Click the close button once you've finished reviewing the claim.

Certify Claim(s)

After all the claims have been reviewed for accuracy, select "I certify that these claims are accurate" and click Submit Claims.



Success! Success! Your claims have been submitted!



PrintClick Print to print a copy of the claims submitted including the websubmittedreference #. Click Submit More Claims to request a new template or move
on to other functions.

Date: 07/15/2013 Web Reference#: 123456'	789		
Member Name Member ID Bill Ty	pe DOS Start DOS End Rev Co	ode Serv U	nits Total Charges
JANE PATIENT 00123456789 123	04/01/2013 04/30/2013 123	500	30.0
DAVID PATIENT 00123456789 123	04/01/2013 04/30/2013 123	500	30.0

Additional Notes

HelpIf at any time you need help with the website, call your Provider Relations
Representative or the Sunshine Health Provider Services Department at the
toll-free number listed on the back of the member's ID card. A Provider
Services Representative will be more than happy to assist you.

Checks will be sent to the financial address we have affiliated to the service location within our files unless you have Electronic Fund Transfer. If the financial address is incorrect, please contact your Provider Relations Representative.



Appendix A: Templates

Templates
 (HCFA 1500)
 Pre-Coded Templates are provided to make using the Multiple Claims
 Submission Wizard easy for you to submit claims. Codes can be changed
 prior to claim submission if necessary. Sunshine Health is closely aligned
 with AHCA and HIPPS standard edits. Please contact your Provider Relations
 Specialist with any questions or concerns.

1500 Claims

Adult Day Care (Each day must be billed separately)

- Location code: 99
- Diagnosis code: 78099
- CPT/HCPCS: S5102 (Code cannot be billed with a date span)
- Days/Units: 1 unit per day

Home Health Waiver (Each day must be billed separately)

- Location code: 12
- Diagnosis code: V609
- CPT/HCPCS: T1004 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 15 mins of care

Assisted Living Facilities *

- Location code: 13
- Diagnosis code: V609
- CPT/HCPCS: T2030 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 1 month

Personal Care Workers

- Location code: 12
- Diagnosis code: V609
- CPT/HCPCS: S5125 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 15 mins of care

Home Delivered Meals

- Location code: 12
- Diagnosis code: V609
- CPT/HCPCS: S5170 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 1 day

Templates(UB - 04)UB 1450 Claims

<u>Bed Hold</u>

- Type of Bill: 211
- Discharge status: 30
- Diagnosis code: V5789
- Revenue Code: 180
- Days/Units: 1 unit = 1 day

Nursing Facility Residential *

- Type of Bill: 211
- Discharge status: 30
- Diagnosis code: V5789
- Revenue Code: 101
- Days/Units: 1 unit = 1 day

Skilled Nursing Facility (SNF) *

- Type of Bill: 211
- Discharge status: 30
- Diagnosis code: V5789
- Revenue Code: 191
- Days/Units: 1 unit = 1 day

Hospice (Room and Board Only)

- Type of Bill: 813
- Discharge status: 30
- Diagnosis code: 79989
- Revenue Code: 658
- Days/Units: 1 unit = 1 day

*Recommended Billing frequency = Monthly

Appendix B: AHCA Guidelines

AHCA
Guidelines

CODE	CODE DESCRIPTION	EDIT DESCRIPTION
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	Code cannot be billed with a date span.
S5170	HOM DELIV MEALS INCL PREP;-MEAL	Code cannot be billed with a date span.
S5161	EMERG RESPONSE SYS; SRVC FEE-MONTH	Code cannot be billed with a date span
S5130	HOMEMAKER SERVICE NOS; PER 15 MIN	Code cannot be billed with a date span
T1005	RESPITE CARE SERVICES, UP TO 15 MINUTES	Code cannot be billed with a date span
S5135	COMPANION CARE ADULT; PER 15 MIN	Code cannot be billed with a date span
S5102	DAY CARE SERVICES, ADULT; PER DIEM	Code cannot be billed with a date span
S5125	ATTENDANT CARE SERVICES; PER 15 MIN	Code cannot be billed with a date span
S5165	HOME MODIFICATIONS; PER SERVICE	Code cannot be billed with a date span
T2030	ASSISTED LIVING, WAIVER, PER MONTH	Code cannot be billed with a date span

Appendix C: Type of Bill Codes

Type of Bill Codes

Type of bill codes are three digit codes located on a claim form that describes the type of bill a provider is submitting to a payer. Each digit has a specific purpose and is required on all <u>UB-04 claims</u> in field locator 4.

First Digit

The first digit refers to the type of facility. 1 - Hospital

- 2 Skilled Nursing
- 3 Home Health
- 4 Religious Nonmedical Health Care Facility (Hospital)
- 5 Religious Nonmedical Health Care Facility (Extended Care)
- 7 Clinic
- 8 Specialty Facility, Hospital ASC Surgery

Second Digit

The second digit refers to the bill classification except for clinics and special facilities.

If the first digit is numbers 1 - 5, then the second digit is:

- 1 Inpatient
- 2 Inpatient
- 3 Outpatient
- 4 Other
- 5 Level I Intermediate Care
- 6 Level II Intermediate Care
- 7 Subacute Inpatient (for use with Revenue Code 019X)
- 8 Swing Bed

The second digit refers to the bill classification for Special Facilities Only.

If the first digit is 8, then the second digit is:

- 1 Nonhospital Based Hospice
- 2 Hospital Based Hospice
- 3 Ambulatory Surgical Center Services to Hospital Patients
- 4 Other Rehabilitation Facility (ORF)
- 5 Comprehensive Outpatient Rehabilitation Facility (CORF)
- 6 Community Mental Health Center (CMHC)

Third Digit

The third digit refers to the frequency.

- 0 Nonpayment or Zero Claims
- 1 Admit Through Discharge Claim
- 2 Interim (First Claim)
- 3 Interim (Continuing Claims)
- 4 Interim (Last Claim)
- 5 Late Charge Only
- 7 Replacement of Prior Claim or Corrected Claim
- 8 Void or Cancel of a Prior Claim
- 9 Final Claim for a Home Health PPS Episode