Claims Submission Process

Currently all Community Support Services may be billed via the Portal, **except** for the following, which must continue to be billed with required attachments, via a clearinghouse or mail:

Housing Transition/Navigation Service			
H0043	Supported housing; per diem	U6	Used with HCPCS code H0043 to indicate Community Supports Housing Transition/Navigation Services
H2016	Comprehensive community support services; per diem	U6	Used with HCPCS code H2016 to indicate Community Supports Housing Transition/Navigation Services
Housing Deposit			
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.	U2	Used with HCPCS code H0044 to indicate Community Supports Housing Deposit
Environmental Accessibility Adaptations (Home Modifications)			
S5165	Home modifications; per service. Requires billed amount(s) to be reported on the encounter	U6	Used with HCPCS code S5165 to indicate Community Supports Environmental Accessibility Adaptations/Home Modifications

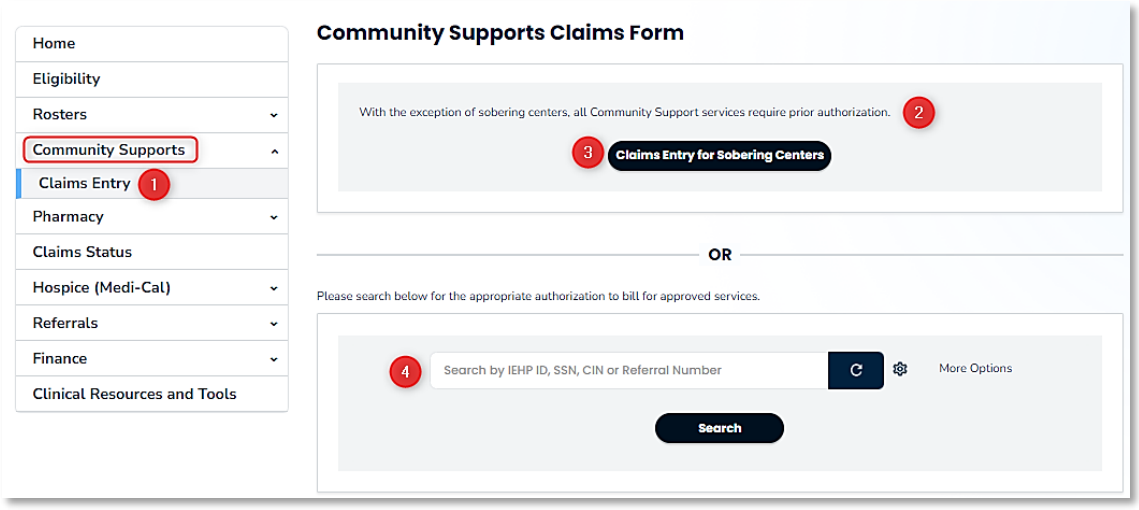
To bill for other Community Support Services, proceed as follows:

1. Access the Portal > Community Supports > Claims Entry

2. Please note that **except for sobering centers**, all Community Support services require prior authorization.

3. To submit a claim for sobering centers, click “Claims Entry for Sobering Centers,” enter the Member IEHP ID, SSN or CIN, select the date of service > Continue.

4. To submit a claim for services associated with an authorization, search by IEHP ID, SSN, CIN or referral number if the approved authorization does not appear in the list.



Claims Submission Process

5. Submitting a Claim

   A. The default display is twenty-five (25) per page. Providers may change the view to View All.

   B. Columns are sortable.

   C. Click on the blue Referral Number link to view full Referral details.

   D. Click on the "Blue Icon" to submit a claim for that specific referral.

   E. View the received date.

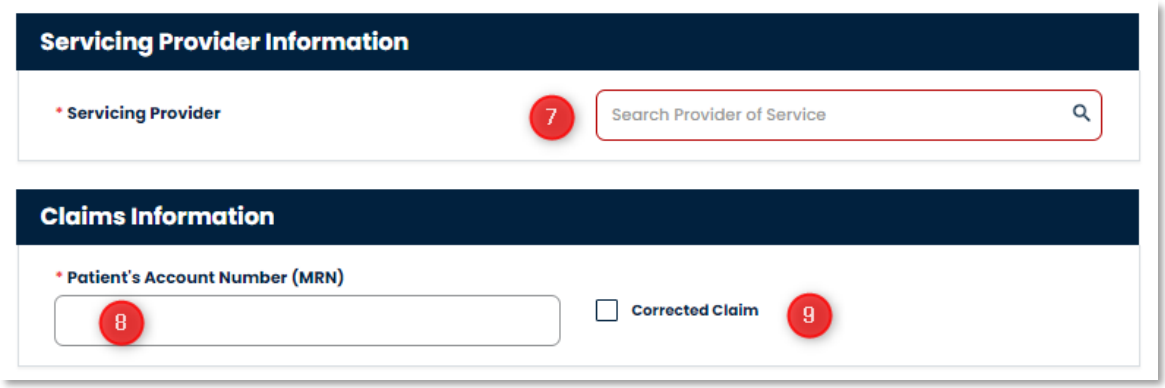
      Note: When a claim has already been submitted, clicking on the blue Referral Number link will display the previously submitted claim CMS 1500 form. The date and time of submission will display at the top of the Community Support Claims Form.

6. The **Member Information** will auto-populate.

7. Click on the **Servicing Provider** Information to select the appropriate Provider and address.

8. Enter the **Patient Account Number (MRN)**. The Patient Account Number (MRN) is the specific alpha-numeric code assigned by the Provider's office.

9. Indicate if this is a **corrected claim**.



Claims Submission Process

10. Select the **Diagnosis Codes** from the search pop-up box. The ICD Code will justify the procedure codes.

    a. When entering a valid diagnosis, the diagnosis description will automatically display under the corresponding box.

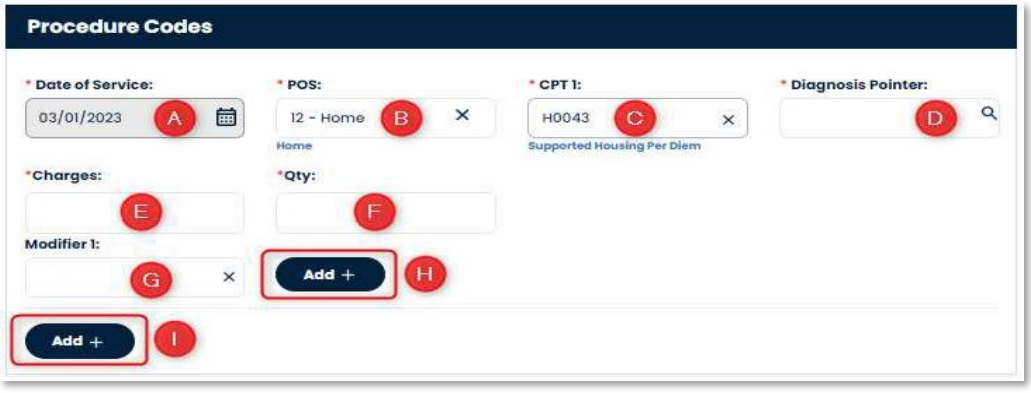
    b. To remove a diagnosis code(s), click the X.

    c. To add additional codes, click Add +

    NOTE: A total of twelve (12) ICD Codes may be entered. Non-Medical secondary codes cannot be selected without selecting a Medical primary code first. Furthermore, removing Medical primary codes will also remove any associated non-medical secondary codes.

11. Enter the **Procedure Codes** of the services rendered with the Date of Service for the Referral.

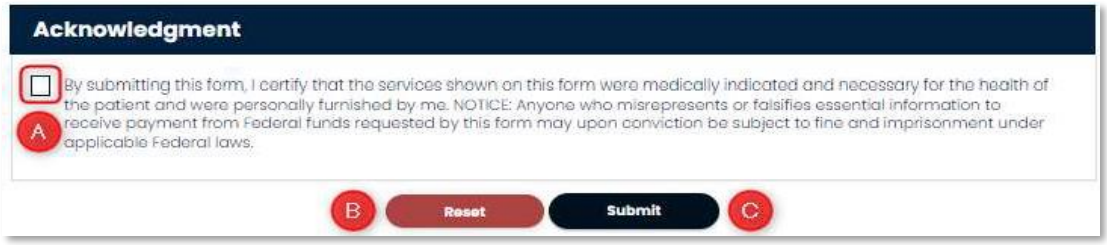
    a. Select a Date of Service on the pop-up calendar or manually using the format of (MM/DD/YYYY).
    b. Select Place of Service (POS) on the dropdown menu.
    c. Select a CPT Code from the pop-up box.
        - To remove a CPT code, click the X
    d. Select a Diagnosis Pointer for the CPT Code. The pop-up box displays Diagnosis Pointers from the Diagnosis Codes section.
    e. A total of four (4) Diagnosis Pointers may be entered chosen for each CPT Code Enter the charge amount for the selected CPT Code.
    f. Enter the Quantity (Qty) amount for the CPT Code.
    g. If applicable, enter the Modifier for the selected CPT Code.
    h. To add an additional Procedure Code, click Add +"
        - A maximum of four (4) Modifiers may be added.
    i. To add additional Procedure Code(s), click "Add +"
        - A maximum of twenty-five (25) Procedure Code(s) may be billed at once.



Claims Submission Process

12.

a. Before submission, an Acknowledgement must be verified by the Provider by clicking on the check box.
b. Opt to reset the form, if needed.
c. Submit the claim.



13. Once claim is submitted, a copy of a completed CMS 1500 form is available to be printed.

Claims Submission Process