JOB ID: WAWP-CD-033209-23

WRITER: Alicia Adams
PCM: Kendric Shumaker

BO/DEPT: Leeza Lorence / Medicaid

DATE: August 2023 SCOPE: Rebrand

PLACEMENT: Provider website



How to Submit a Claim in Availity

If you have any questions, feel free to contact Availity Client Services at **800.AVAILITY (282.4548)** or contact your FCS Manager at **844-451-2828**.

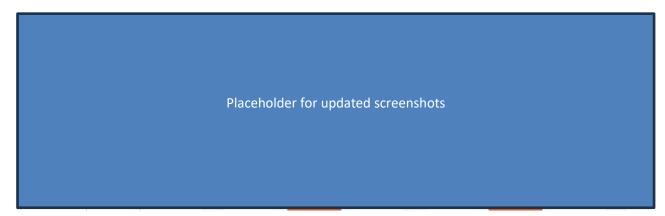
- 1. Availity.com
- 2. Click green 'Login' button in top right corner.

Placeholder for updated screenshots

3. Enter your User ID and Password. Click 'Log in.'



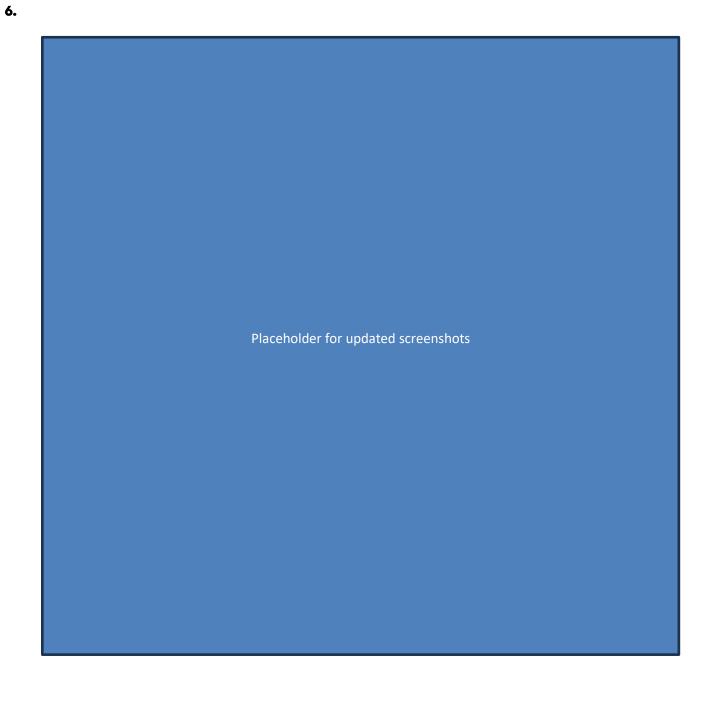
4. Click 'Claims & Payments' at the top toolbar then select 'Professional Claim.'



5. This will bring you to the 'Professional Health Care Claim' page. You'll need to complete each section. Enter payer and 'Patient Information' sections.

Note: Select 'Wellpoint' for Payer and 'Primary' for Responsibility Sequence. Enter FCS enrollee/client's information in 'Patient Information' section.

Click on the blue question mark (?) if you need help with what to enter.



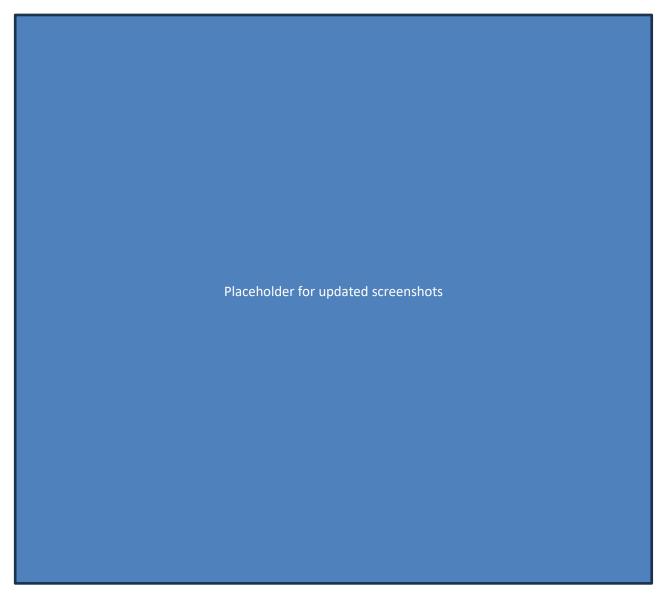
/.	
	Complete 'Subscriber Information'

Note: use the client's ProviderOne number for their 'Subscriber ID' and select 'Yes' for Authorized Plan to Remit Payment to Provider. You will **not** select the box for a secondary insurance plan.



8. Complete 'Billing Provider Information' with your organization's information.

Note: you can choose to set up express entry so that your information auto populates. You'll need to enter the primary taxonomy and NPI specific to FCS and associated with your NPI (some examples include: Case Management - 251B00000X, Case Manager/Care Coordinator - 171M00000X, Community/Behavioral Health - 251S00000X). If you can't remember what your taxonomy is, you can look it up on the NPI Registry: https://npiregistry.cms.hhs.gov/.



9. Complete 'Diagnosis Codes.'

Note: you may use one of these two diagnosis codes:

- Z59.9 Problem related to housing and economic circumstances, unspecified
- Z56.9 Unspecified problems related to employment

Placeholder for updated screenshots
Complete 'Claim Information.'
Note: Patient Control number field is the internal number the provider office uses to identify the client in the office's billing records and computer system. This number is not assigned by Wellpoint.
In Billing Frequency, select 'Admit through Discharge Claim' if this is an initial claim.
Select 'Yes' for Provider Signature on File.
Placeholder for updated screenshots

11. Continue completing 'Claim Information.'

Note: Enter the Procedure Code with one of the three billing codes (HCPCS codes) for FCS:

- H2023 (pre-employment)
- H2025 (employment sustaining)
- H0043 (supportive housing)

Diagnosis Code Pointers will populate in a drop down format. Pick the appropriate code based on diagnosis code entered above.

In the Charges field, you'll enter the <u>total</u> charges (charges = rate x units). For example, if you're billing for 4 units of Supported Employment services (1 unit = \$27) on one service line, you would enter \$108 in the charges field (\$27 x 4 units). You'll only bill for one service date per service line. Supportive Housing services billing code is a daily rate, so the charges field will always be \$112

• H2023 (pre-employment) + H2025 (employment sustaining): 1 unit = 15 minutes = \$27 \, \Boxed{1} \quad H0043 (supportive housing): 1 unit = daily rate = \$112

After you've entered the claim information (by service date), you need to click 'Save to Service Line' to add the information. You can add multiple service lines for each client you provided Supported Employment and/or Supportive Housing services to.



- **13.** You'll then see the Claim Response Detail page with the Transaction ID, Transaction Date and Customer ID.



14. Congratulations – you're done!