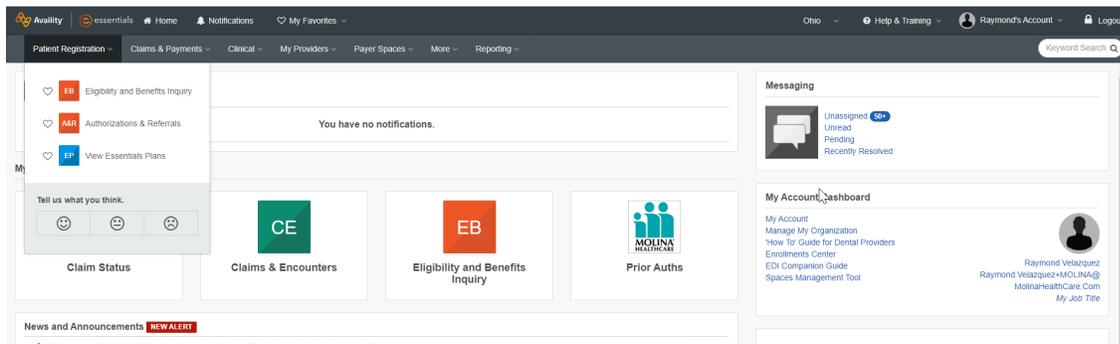


How to submit a Quick Claim (formerly Smart Claim)

Use the Quick Claims application when...

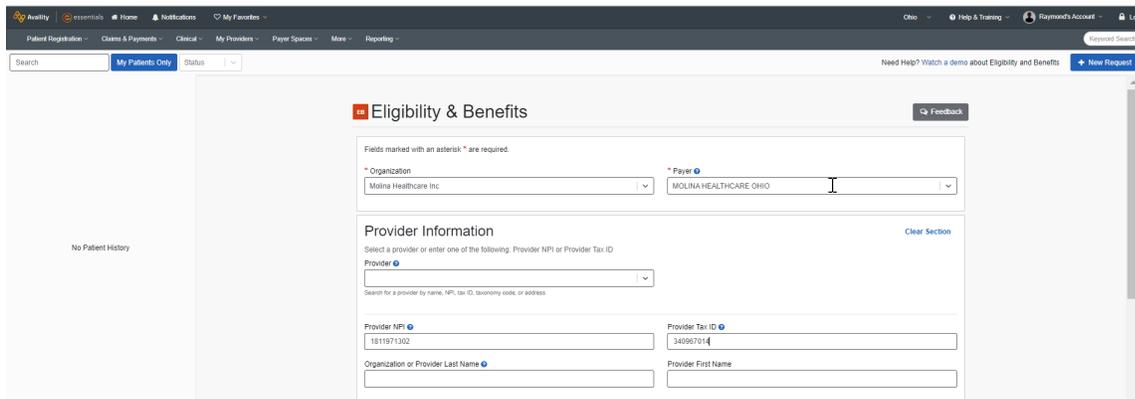
- The claim does not have any attachments.
- The patient:
 - has only one insurance provider.
 - has agreed to allow the payer to pay the provider for services.
- Release of Information is on file at the service provider or utilization review organization.
- Signature is On File using the authorization form for CMS-1500 claim form Box 12 and/or Box 13.

Under the **Patient Registration** tab, click **Eligibility and Benefits Inquiry**



Scroll down to the **Provider Information** section:

- Enter Provider Tax ID number (TIN)
- Enter Provider's National Provider Identifier (NPI) (**NOT applicable for Atypical Providers**)



Scroll down to the **Patient Information** section:

Member Search Options consist of the following combinations:

- Member ID, Date of Birth, State
- Member Last Name, Member First Name, Date of Birth, State
- Member ID, Member Last Name, Date of Birth, State
- Member ID, Date of Birth, Gender, State
- Member ID, Last Name, Date of Birth, Gender, State

Search for your Member

Scroll to the **Service Information** section and enter the Date of Service in the As of Date field

Click the **Search** button on the right of the screen:

Member Search

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.

Member Search Option(s)

Member ID, Date of Birth, State

Member ID/Policy Number: 910001591301

Date of Birth: 10/13/1972

State: Ohio

Clear Search

| Member | ID | Relationship | DOB | Payer | Coverage | Status |
|-------------|--------------|--------------|------------|-----------------|-------------------|--------|
| GOENS, KARL | 910001591301 | Subscriber | 10/13/1972 | MOLINA MEDICAID | UNKNOWN - UNKNOWN | ✓ |

Service Information

* As of Date: 01/12/2024

* Benefit / Service Type: Health Benefit Plan Coverage - 30

If your Member is found, that record will be displayed above the **Service Information** section. Highlight this record with your cursor and click the **Submit** button at the bottom of the screen.

Member Search Option(s)

Member ID, Date of Birth, State

Member ID/Policy Number: 910001591301

Date of Birth: 10/13/1972

State: Ohio

Clear Search

| Member | ID | Relationship | DOB | Payer | Coverage | Status |
|-------------|--------------|--------------|------------|-----------------|-------------------|--------|
| GOENS, KARL | 910001591301 | Subscriber | 10/13/1972 | MOLINA MEDICAID | UNKNOWN - UNKNOWN | ✓ |

Service Information

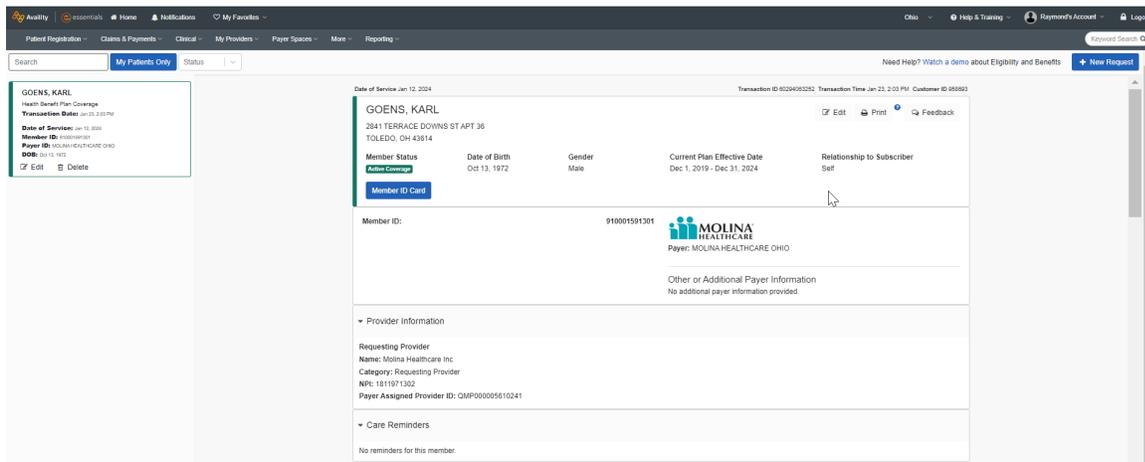
* As of Date: 01/12/2024

* Benefit / Service Type: Health Benefit Plan Coverage - 30

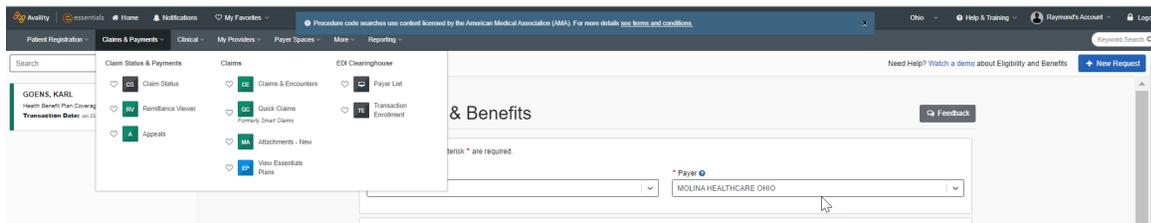
Submit another patient

Submit

The following screen will appear:



Now that you have verified your Member's Eligibility and Benefits, go to the **Claims & Payments** tab and select the **Quick Claims (QC)** button under the **Claims** section:



The screen shown below will be displayed. Go to the **Search for Patient(s)** field in the **Patient Information** section. All Members whose Eligibility has been searched will appear in the dropdown field;

- Select your Member in the **Search for Patient(s)** field in the **Patient Information** section
- Select your Provider in the **Select a Provider** field in the **Provider Information** section. You can add different Provider Types, which include:
 - Billing Provider
 - Rendering Provider
 - Referring Provider
 - Supervising Provider

- Scroll down to the **Claim Information** section

The screenshot shows the 'Quick Claims' form. The 'PATIENT INFORMATION' section includes a search for patients and a table with the following data:

| Patient Name | Date of Birth | Payer | Member ID | Patient Control Number | Action |
|--------------|---------------|------------------------|--------------|------------------------|--------|
| KARL GOENS | Oct 15, 1972 | MOLINA-HEALTHCARE OHIO | 910001591301 | GOES10001591301 | Remove |

The 'PROVIDER INFORMATION' section includes fields for Billing, Address, and Pay To Address. The 'CLAIM INFORMATION' section is partially visible at the bottom.

The following data is required:

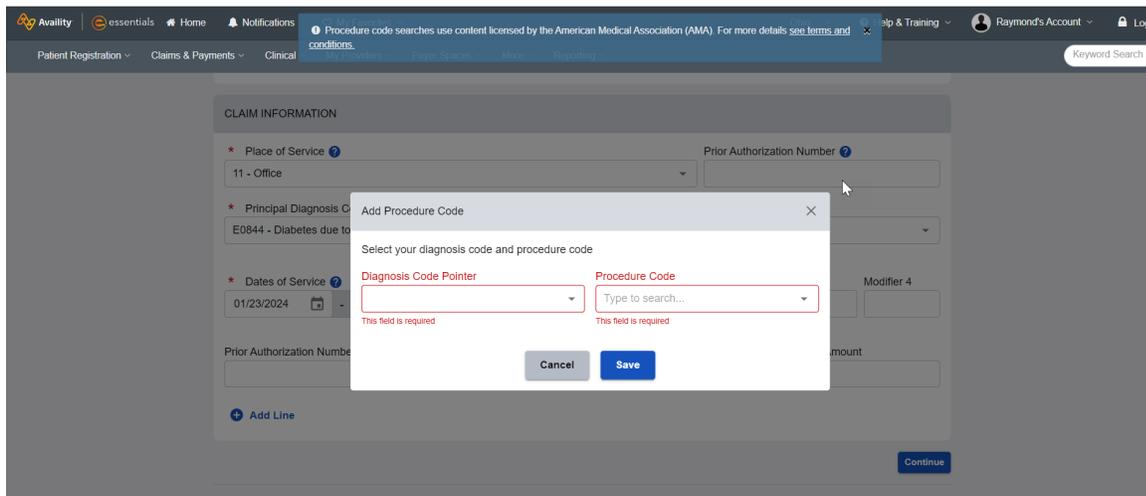
- Select the **Place of Service** in the drop-down field
- Enter the **Prior Authorization Number**, if applicable
- Enter the **Principal Diagnosis Code**; you can enter the English description and the appropriate ICD-10 Diagnosis Codes will appear. Please note that up to three (3) Diagnosis Codes can be entered
- Enter the **Dates of Service**; the first field is the From or Start Date; the second field is the To or End Date

The screenshot shows the 'CLAIM INFORMATION' section with the following fields:

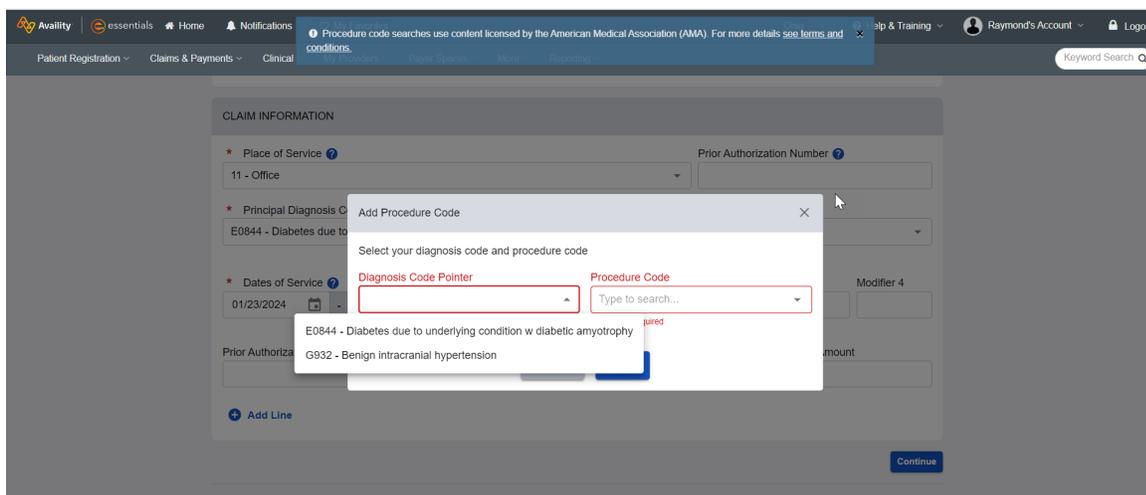
- Place of Service:** 11 - Office
- Prior Authorization Number:** (empty)
- Principal Diagnosis Code:** E0844 - Diabetes due to underlyin...
- Diagnosis Code:** G932 - Benign intracranial hyperte...
- Dates of Service:** 01/23/2024 - 01/23/2024
- Procedure Code:** (empty)
- Modifier 1-4:** (empty)
- Prior Authorization Number:** (empty)
- Quantity:** (empty)
- Charge Amount:** \$ (empty)

Buttons: Add Line, Continue

Click the **Add Code** button under **Procedure Code**; the following screen appears:



When you click the down arrow in the Diagnosis Code Pointer field, the following screen displays the Diagnosis Code(s) entered:



- Select the Diagnosis related to the Procedure Code to be entered.
- Enter the Procedure Code for this line. You can enter the CPT / HCPCS code or you can enter the English description of the Procedure / Service. **If you choose to enter the English description, please Confirm that you select the correct Procedure Code.**

- Click the **Save** button

The screenshot shows the 'CLAIM INFORMATION' form in the Avality system. A modal dialog titled 'Add Procedure Code' is open, prompting the user to 'Select your diagnosis code and procedure code'. The dialog contains two dropdown menus: 'Diagnosis Code Pointer' with the selected value 'E0844 - Diabetes due to underlying c...' and 'Procedure Code' with the selected value '99213 - OFFICE O/P EST LOW 2C'. There are 'Cancel' and 'Save' buttons at the bottom of the dialog. In the background, the main form shows 'Place of Service' as '11 - Office', 'Principal Diagnosis Code' as 'E0844 - Diabetes due to...', and 'Dates of Service' as '01/23/2024'. A 'Continue' button is visible at the bottom right of the main form.

- Enter any **Modifier(s)**, if applicable. You can enter up to four (4) Modifiers
- Enter your **Prior Authorization Number**, if applicable. This is NOT a required field.
- Enter the **Quantity** that you are billing.
- Enter the **Charge Amount** that you are billing.

Click Continue

The screenshot shows the 'CLAIM INFORMATION' form with all fields populated. The 'Place of Service' is '11 - Office'. The 'Principal Diagnosis Code' is 'E0844 - Diabetes due to underlyin...'. The 'Diagnosis Code' is 'G932 - Benign intracranial hyperte...'. The 'Dates of Service' are '01/23/2024' to '01/23/2024'. The 'Procedure Code' is '99213'. The 'Modifier 1' is '26', 'Modifier 2' is '51', and 'Modifier 3' and 'Modifier 4' are empty. The 'Prior Authorization Number' is 'ABC123789'. The 'Quantity' is '1' and the 'Charge Amount' is '\$100'. A 'Continue' button is visible at the bottom right of the form.

- The following screen is displayed:

Organization: Molina Healthcare Inc

Need Help? [Watch a demo](#) for submitting Quick Claims

QC Quick Claims [Give Feedback](#)

Please review the information we received while checking the patient's benefits. Fill in any missing information.

KARL GOENS (SUBSCRIBER) ACTIVE [Retry](#)

* DOB: 10/13/1972 * Gender: Male * Payer: MOLINA HEALTHCARE OH * Subscriber ID: 910001591301

Policy/Group Number: * Relationship: Self * Country: United States * Address: 2841 TERRACE DOWNS ST APT 36

Suite: * City: TOLEDO * State: Ohio * ZIP Code: 43614

[X Remove](#)

[Back](#) [Continue](#)

Click **Continue**; the following screen appears:

Organization: Molina Healthcare Inc

Need Help? [Watch a demo](#) for submitting Quick Claims

QC Quick Claims [Give Feedback](#)

CLAIM SUMMARY

Billing Provider
University of Toledo Medical Center -
1811971302
3000 ARLINGTON AVE, TOLEDO, OH
436142595

| Patient | Payer | Date(s) of Service | Principal Diagnosis Code | Prior Authorization Number | Procedure Code | Modifiers | Prior Authorization Number | Quantity | C A |
|------------|------------------------|-------------------------|--------------------------|----------------------------|----------------|-----------|----------------------------|----------|-----|
| KARL GOENS | MOLINA HEALTHCARE OHIO | 01/23/2024 - 01/23/2024 | E0844 | | 99213 | 26.51 | ABC123789 | 1 | \$ |

[Back](#) [Save As Template](#) [Submit](#)

By using Quick Claims to submit claim(s), you acknowledge and accept the following:

Click **Submit** to enter the claim; you can also click **Save As Template**

SC **Smart Claims**

[Give Feedback](#)

✓ Success! Your claim has been submitted. Please access your organization's ReceiveFiles mail box to view claim responses. This can take up to 24 days.

Customer ID: 1194

Transaction Date: 07/06/2022

CLAIM SUMMARY

Billing Provider

123 SAMPLE STREET

| Patient | Payer | Date(s) of Service | Principal Diagnosis Code | Procedure Code | Modifier | Quantity | Charge Amount |
|--------------------|-------------------|-------------------------|--------------------------|----------------|----------|----------|---------------|
| ✓ SALLY STRAWBERRY | MOLINA HEALTHCARE | 07/06/2022 - 07/06/2022 | S60417S | 29086 | | 2 | \$31.00 |

Transaction ID:

[Start New Claim](#)

[Save As Template](#)

[Print](#)