

**Professional Claim**

Billing Information

Previous ICN: 60  
 Timely Filing Override ICN:   
 Provider Number:   
 NPI:   
 Beneficiary ID:   
 Last Name:   
 First Name:   
 Date of Birth:   
 Patient Account #:   
 Signature on File?:

Service Information

From Date:   
 Thru Date:   
 POS:   
 Accident Related Cause(s):   
 3:   
 Accident Date:   
 Add Diagnosis: Principle   
 Hospitalization Dates Related to Current Service  
 From:  To:

Charges

Total Charges: 0.00  
 Co-Pay Amount: 0.00  
 TPL:   
 TPL Paid Amount: 0.00  
 Carrier Denied: No  
 From DOS:   
 Crossover:   
 Medicare Paid Date:   
 Co-Insurance: 0.00  
 Deductible: 0.00  
 Paych Amount: 0.00  
 Allowed Amt: 0.00  
 Paid Amt: 0.00

Referring Physician:   
 TPL:   
 Detail:

Item	Procedure	Units	Charges	Status	Allowed Amount
1		0.00	0.00		0.00

Done Internet | Protected Mode: On 100%

1. Provider # and NPI # should auto-populate here
2. Enter Medicaid # and name and DOB should auto-populate
3. Select "Yes"
4. Enter "78099" for the diagnosis code it will then pop up with "Other 2" but just go on to the next field.

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Detail Information

Item: 1  
 POS:   
 Procedure:   
 Modifiers:   
 NDC Information  
 Add NDC:  1 Unit of Measure:  Quantity: 0.000 Unit Price: 0.00  
 Diag. Cross-Ref:   
 Units: 0.00 Charges: 0.00  
 EPSTD/Family Planning:   
 Rendering Physician:   
 Rendering Physician NPI:   
 Rendering Physician Last Name/Org Name:   
 Status:   
 Allowed Amount: 0.00 Co-Pay Amount: 0.00  
 EPSTD Referral:   
 Hard-Copy Attachments:   
 Submit  
 Claim Status Information: Not Submitted yet.

Done Internet | Protected Mode: On 100%

5. Enter beginning and ending Date of Service (DOS)
6. Select Place of Service (POS)-home, office, community, etc.
7. Enter procedure code such as H2015 for Autism Specialist, H2019 for IIS worker, etc.
8. Enter a "1" in the first box and leave the rest blank
9. Enter the number of units to be billed (remember it is units and in 15 minute increments)
10. Total the amount of money you are billing for and enter it here
11. Then click submit-the claim will either come back with paid or denied at the bottom of the sheet. Look over the errors to correct a claim.

**Note:** If billing for multiple billing times in one day for the same individual total up all billing units for the day and bill on one line. If billing for an Autism Specialist and an IIS Worker on the same day enter the first line of billing then click "add" and enter a separate line for the IIS worker on the same claim. Then click submit when you have completed all lines of billing.