

**EXAMPLE: Claim for Medically Fragile Child Services**

Home Account **Claims** Eligibility Prior Authorization POC Portal Admin Help  
 home search dental institutional pharmacy **professional** roster billing

**Professional Claim**

**Billing Information**

ICN  
 Provider ID 1234567890 NPI  
 Client ID\* 1A234B5C [ Search ]  
 Last Name FROG  
 First Name, MI KERMIT T  
 Date of Birth 04/01/1955  
 Patient Account #  
 Referring Physician [ Search ] NPI [ Search ]

**Service Information**

From Date\* 02/01/2011  
 To Date\* 02/28/2011  
 Expected Delivery Date  
 Accident Related To  
 Charges  
 Total Charges  
 TPL Amount \$0.00  
 Insurance Denied  
 CoPay Amount \$0.00

**Diagnosis**

\*\*\* No rows found \*\*\*  
 Select row above to update -or- click Add button below.

Sequence Diagnosis [ Search ]

\*\*\* No rows found \*\*\*  
 Select row above to update.

Last Name  
 First Name, MI  
 Date of Birth  
 Relationship  
 Policy Number  
 Plan Name  
 Adjustment Reason Code [ Search ]  
 Plan ID [ Search ]

**Medicare Information**

| Medicare Paid Date | Coinsurance Amount | Deductible Amount | Allowed Amount | Paid Amount |
|--------------------|--------------------|-------------------|----------------|-------------|
| A                  | \$0.00             | \$0.00            | \$0.00         | \$0.00      |

Select row above to update.

Medicare Paid Date  
 Allowed Amount  
 Paid Amount  
 Coinsurance Amount  
 Deductible Amount

**Detail**

| Item | Procedure | Units | Charges | Status | Allowed Amount |
|------|-----------|-------|---------|--------|----------------|
| A    | 1         | 0     | \$0.00  |        | \$0.00         |

Type data below for new record.

Item 1  
 From DOS\* 02/01/2011  
 To DOS\* 02/28/2011  
 Units\* 434.00  
 Charges\* \$3,927.70  
 Rendering Physician [ Search ] NPI [ Search ]  
 Status  
 Diagnosis Code Pointer  
 Modifiers TD [ Search ] [ Search ]  
 POS\* 12 [ Search ]  
 Procedure\* T1002 [ Search ]

Emergency No  
 Pregnancy  
 EPSDT Ref None  
 EPSDT Family Planning  
 Allowed Amount  
 CoPay Amount \$0.00  
 Adjustment Reason Code [ Search ]  
 Medicare Paid Date  
 Deductible Amount \$0.00  
 Coinsurance Amount \$0.00  
 Medicare Paid Amount \$0.00  
 Medicare Allowed Amount \$0.00

**Hard-Copy Attachments**

\*\*\* No rows found \*\*\*  
 Control Number  
 Transmission  
 Report Type  
 Description

**Claim Status Information**

Claim Status Not Submitted yet

**Dates of Service**  
 Bill for the entire month, after:

- The end of the month, and
- The timesheet has been reconciled by MFCU Service Coordinator.

**Diagnosis**  
 Only required for children in foster care.

**Units**  
 1 unit = 15 minutes.  
*Except* for T1001,  
 where 1 unit = 1 evaluation.

**Modifiers**

**TD**

- RN services
- Billed with procedures T1000, T1001 and T1002

**TE**

- LPN/LVN services
- Billed with procedures T1000 and T1003

**Procedure Codes**

- T1000 - Private Duty/Independent Nursing

**Delegation Agency only**

- S5115 - Home care training, non-family
- T1001 - Nursing Assessment/Evaluation
- T1002 - RN Services
- T1003 - LPN/LVN Services
- T1004 - Qualified Nursing Aid Services

**Match claim to prior authorization!**

- Codes
- Modifiers
- Authorized units/dollars

**EXAMPLE:** Prior authorization for Medically Fragile Child services

InteChange  
Government Health Portfolio

ormmis\PROVIDER01  
Tuesday, April 13, 2010

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files **Prior Authorization** Providers POC Help

home search **new**

**First screen**

**Base Information**

Client ID\* 1A234B5C [ Search ] PA Assignment\* 51-SPD - CIIS  
 Last Name FROG Special Considerations\* No  
 First Name, MI KERMIT T Referring Provider ID [ Search ]  
 Date of Birth 04/01/1955 Attachments\* No  
 Vendor Patient Account Number [ ] Clerk PROVIDER01 CLARK KENT

-Diagnosis Code-  
 \*\*\* No rows found \*\*\*  
 Select row below to update -or- type data below to add.  
 Diagnosis Number [ ] Diagnosis Code [ Search ]  
 Diagnosis Name [ ]

next

**Second screen**

**Line Item**

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure | Thru Service | NDC | Revenue Code | ICD9 Code | Status     | Service Provider ID |
|-----------|-----------------|-------------------|------------------|--------------------|-----------|--------------|-----|--------------|-----------|------------|---------------------|
| A 01      | 0               | \$0.00            | 0                | \$0.00             | T1000     |              |     |              |           | Evaluation | 121110 CNV          |

Type data below for new record.

Line Item 01  
 Service Type Code\* Procedure Code  
 Procedure T1000 [ Search ]  
 Modifier 1: TD [ Search ]  
 Modifier 3: [ Search ]  
 Tooth [ Search ]  
 NDC Lock  
 Revenue Code  
 Status Evaluation  
 Service Provider ID 121110 CNV [ Search ]

Requested Eff/End Date\* 02/01/2010 02/28/2010  
 Requested Units/Dollars 434 \$3,927.70  
 Authorized Eff/End Date  
 Authorized Units/Dollars 0 \$0.00  
 Balance Units/Dollars 0 \$0.00  
 Quantity Used Units/Dollars 0 \$0.00

delete add

previous next

**Providing RN and LPN Services in the same month**  
 Include requests for both RN and LPN services on the same prior authorization if you think you will provide both services during the month. Click "add" to enter a second line item.

**Third screen**

**Notes**

| Line Number | Date Entered | Description | Provider Entered | Date Mailed |
|-------------|--------------|-------------|------------------|-------------|
| 1           | 04/13/2010   |             | Yes              | 04/13/2010  |

Type data below for new record.

Description\*  
 Click "add" to type in this field. It is for any notes you might want to share with your service coordinator.

Spell Check

delete add cover sheet

previous save cancel