



Provider Claim Submission Guide for LTSS/HCBS Providers Introduction

This guide helps LTSS providers learn how to send claims to CareSource. It explains the different ways to submit a claim and how to fill out the claim form.

How to Submit Claims to CareSource

You can submit claims to CareSource in three main ways. Pick the one that works best for you:

1. Submit Claims Electronically

What It Is: You can send your claims using a computer.

How to Submit:

Use a special service called a clearinghouse to send your claims directly to CareSource.

Make sure your claims follow the right rules (HIPAA 5010).

Benefits:

Claims are processed faster.

You get a quick message saying your claim was received.

You have less paperwork to deal with.

2. Use the CareSource Web Portal

What It Is: You can send claims through the CareSource website.

How to Submit:

Log in to the CareSource Provider Portal at portal.caresource.com.

Go to the claims section and fill in the required information. (additional details below)

Attach any documents needed.

Benefits:

It's easy to use.

You can check the status of your claims.

You can find other helpful tools.

3. Submit Paper Claims

What It Is: You can also send claims using paper forms.

How to Submit:

Fill out the right claim form CMS-1500

Make sure to include all necessary information, like patient details and diagnosis codes.

Mail the completed form to CareSource.

Upload a paper claim into the portal

Benefits:

Good for providers who like to use paper.

You can use it for claims that can't be sent electronically.

Important Notes

Timely Filing: Make sure to send your claims on time to avoid problems.

Claim Status: You can check the status of your claims on the CareSource Provider Portal or by calling CareSource.

Need Help? If you have questions about sending claims, please contact the CareSource Provider Services team.

How to Fill Out a Claim (CMS-1500)

Step-by-Step Instructions

1. Start a New Claim:
 - a. Click on "New HCFA Claim" in the CareSource Provider Portal.
 - b. A form that looks like the CMS-1500 claim form will open.

HCFA CLAIMS [+ New HCFA Claim](#)

- c. The HCFA form appears as shown below:


NEW HCFA CLAIM

Fill Healthcare Financing Administration form (CMS-1500).

Form		Attachments	
<div>1. MEDICARE <input type="radio"/> (MEDICARE #) MEDICAID <input type="radio"/> (MEDICAID #) TRICARE <input type="radio"/> (ID# / DOD#) CHAMPVA <input type="radio"/> (MEMBER ID#) GROUP HEALTH PLAN <input type="radio"/> (ID#) FECA BLK LUNG <input type="radio"/> (ID#) OTHER <input type="radio"/> (ID#)</div>			
2. PATIENT'S NAME LAST NAME: <input type="text"/> FIRST NAME: <input type="text"/> MID. NAME: <input type="text"/> MIDDLE NAME: <input type="text"/>		3. PATIENT'S BIRTH DATE AND SEX BIRTH DATE: <input type="text"/> SEX: <input type="radio"/> MALE <input type="radio"/> FEMALE	
4. INSURED'S NAME LAST NAME: <input type="text"/> FIRST NAME: <input type="text"/> MID. NAME: <input type="text"/> MIDDLE NAME: <input type="text"/>		1A. INSURED'S I.D. NUMBER <input type="text"/>	
5. PATIENT'S ADDRESS (NO. STREET) ADDRESS (NO., STREET): <input type="text"/> ADDRESS II: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/>		6. PATIENT'S RELATIONSHIP TO INSURED <input type="radio"/> SELF <input type="radio"/> SPOUSE <input type="radio"/> CHILD <input type="radio"/> OTHER	
7. INSURED'S ADDRESS (NO. STREET) Copy Patient data to Insured ADDRESS (NO., STREET): <input type="text"/> ADDRESS II: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/>		8. RESERVED FOR NUCC USE <input type="text"/>	
9. OTHER INSURED'S POLICY OR GROUP NUMBER LAST NAME: <input type="text"/> FIRST NAME: <input type="text"/>		10. IS PATIENT CONDITION RELATED TO: A. EMPLOYMENT (CURRENT OR PREVIOUS) <input type="text"/>	
11. INSURED'S POLICY GROUP OR FECA NUMBER <input type="text"/>			

[SAVE](#) [SUBMIT](#)

2. Fill Out Member Information:
 - a. At the top of the form, write the patient's name, address, and MyCare number.
3. Complete the Diagnosis Codes:
 - a. Box 21: Write all the diagnosis codes in the lettered boxes (A through J).
4. Indicate Resubmission:
 - a. Box 22: Check this box if you are sending a claim again.
5. Enter Service Dates:
 - a. Box 24a: Write the dates when you provided the services.
6. Enter Place of Service:
 - a. Box 24b: Write where you provided the service using these codes:
 - i. 04: Homeless Shelter
 - ii. 11: Office
 - iii. 12: Home
 - iv. 14: Group Home
 - v. If you provided care somewhere else, find the right code for that place.
7. Input HCPCS/CPT Codes:
 - a. Box 24d: Write your codes S5125, T1002, T1003, T1019, T2025 (UB/U1) and any extra codes you need.

8. Diagnosis Codes for Billing:
 - a. Make sure to include a diagnosis code that matches the patient's condition. If you are billing for more than one service, write a separate diagnosis code for each condition.
9. Link Diagnosis Codes:
 - a. Box 24e: Use this box to show which diagnosis code goes with each T code by entering the matching letter.
10. Enter Billing Amounts:
 - a. Box 24f: Write how much you are billing.
 - b. Box 24g: Write how many units of service you provided.
11. Enter Your NPI:
 - a. Box 24j: Write your National Provider Identifier (NPI) in this box.
12. Save A Claim:
 - a. A claim can be saved allowing for review and updates at a later time by clicking on the "Save" button, a claim ID will be generated which can be copied to search in future.  , the claim ID will be generated which can be copied to search in the future. To copy a claim, click on "Copy Claim ID", to close the pop-up and to

 The HCFA claim with ID 66f08b20-6212-4c49-94d3-58d9e054832c claim has been saved.
What action do you want to perform next?

Copy Claim ID

Close

continue working on the claim, click on close button.

13. Some fields are mandatory and must be entered. A validation message will appear when mandatory field(s) is/are left blank.

Image 9: Validation Message

Form validation errors

You have 15 error messages that need to be corrected before the claim can be submitted!

You have 7 error messages inside Table that need to be corrected before the claim can be submitted!

1. MEDICARE

MEDICAID

TRICARE

CHAMPVA

GROUP HEALTH PLAN

FECA BLK LUNG

OTHER

☐ (MEDICARE #)

☐ (MEDICAID #)

☐ (ID# / DOD#)

☐ (MEMBER ID#)

☐ (ID#)

☐ (ID#)

☐ (ID#)

2. PATIENT'S NAME

3. PATIENT'S BIRTH DATE AND SEX

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

Field cannot be left blank, please enter value

Field cannot be left blank, please enter value

BIRTH DATE

SEX

MMDDYYYY

☐ MALE ☐ FEMALE

Field cannot be left blank, please enter value

24.	A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES)				E. DIAGNOSIS POINTER	F. CHARGES	G. DAYS OR UNITS	
	FROM	TO			CPT/HCPCS	NDC DATA / MODIFIER						
1	<div>MMDDYY...</div> <div>Field cannot be left blank, please enter value</div>	<div>MMDDYY...</div> <div>Field cannot be left blank, please enter value</div>	<div></div> <div>Field cannot be left blank, please enter value</div>	<div></div>	<div></div> <div>Field cannot be left blank, please enter value</div>	<div>NDC CODE</div> <div>M1</div>	<div>NDC QTY</div> <div>M2</div>	<div>NDC UNITS</div> <div>M3</div>	<div>Anesthesia d...</div> <div>M4</div>	<div>ABC</div> <div>Field cannot be left blank, please enter value</div>	<div>\$ 500.00</div> <div>Field cannot be left blank, please enter value</div>	<div>1</div> <div>Field cannot be left blank, please enter value</div>

14. Once the claim data is filled, the claim can be submitted using the **“Submit”** button. Once the button is clicked, a confirmation pop-up will appear asking if the claim needs to be submitted. You can then select **“Submit”** to move forward with the submission or **“Cancel”** to close the pop-up and make updates to the claim



15. Once the button is clicked, a confirmation pop-up will appear asking if the claim needs to be submitted. You can select **“Submit”** if you want the claim be submitted or select cancel to close the pop-up and to continue working on the claim.
16. If uploading a paper claim, click either form or attachment then upload or drag the claim into the gray area then hit submit
17. Submitting a Paper claim:
- If you would like to upload a paper claim, click on the **Form** HCFA tab to return to the claim, The upload screen appears as shown below, upload or drag the claim into the gray box and then hit submit.
 - After submission is completed, you will be returned to the Dashboard page.

NEW HCFA CLAIM

Fill Healthcare Financing Administration form (CMS-1500).

18. Attachments Tab in DDE

- If supporting documentation/attachments need to be submitted with the claim, click on the Attachments tab. The upload screen appears as shown below: Click anywhere on the grey area to choose the file for attachment.
 - If multiple attachments are required, repeat this step to add additional attachments as needed.
 - The total file size of all attachments should not exceed 100 MB.


Multiple attachments can be chosen for upload; you can choose one of the dropdown options below to identify the type of attachment being submitted.

NEW HCFA CLAIM

Fill Healthcare Financing Administration form (CMS-1500).

Form

Attachments



Click or drag file to this area to upload

Support for a single or bulk upload. Strictly prohibit from uploading company data or other band files

Please select attachment.

EXISTING ATTACHMENTS

SAVE

SUBMIT

EOB x

EOB ✓

Medical Records

Operative Notes

Member Consent

Itemized Bills

Supporting Docs

Email Fax Page

You can view the uploaded image by clicking on the file name.

SEARCH CLAIMS

CLAIM ID:

INSURED ID:

STATUS:

SUBMISSION DATE:

DCN:

a306a3ab-e544-4c3b-b2e1

Type Insured Id

Select status

Start Date (MMDDYYYY)

End Date (MMDDYYYY)

Type DCN

Search

Search result: 1 Claim

CLAIM INFO

PATIENT INFO

INSURED INFO

SUBMIT_FINISHED

Claim ID: a306a3ab-e544-4c3b-b2e2-f79fb2011c6

February 22nd 2024, 21:53:02 by

February 22nd 2024, 21:54:14

\$ 110 \$





COPY_PORTAL

PATIENT FNAME PATIENT LNAME

Insured ID: 88868686888

INSURED FNAME INSURED LNAME

01012022



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1

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10 / page

19. Status of claim

- Once the claim is submitted, the claim can be searched with the claim ID provided, the status of the claim will be 'Submit_Finished', which means the document is submitted in the portal.
- After the claim is submitted in the portal and downstream system, the status will change to 'External_Export_Finished' and at this point DCN will be generated which can be used for further communications. Claim IDs can also be used for further communications or to search.