

Professional Claims Submission

Table of Contents

HPHConnect Professional Claims Submission Overview	1
Member Search	2
Required Fields	4
Rendering Provider	4
Select by Drop Down	4
Search by NPI	5
Tax ID	5
Practice Name	5
Provider Signature	5
Referral/Authorization	5
Diagnosis Codes	6
Start Date	8
Place of Service	8
Service Facility Location	8
Procedure Code	9
Modifiers	9
Claim Review and Confirmation Notice	11
Add Claim from Patient Management	12
Verifying the Claim Status from Office Management	13
Verifying the Claim Status from Patient Management	14

HPHConnect Professional Claims Submission

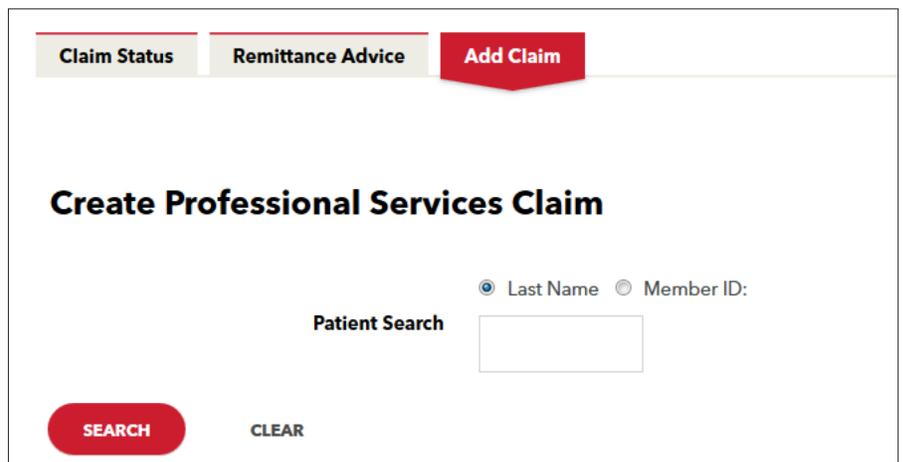
Professional Claim submission is available to all Users who currently have access to claims data. This feature is available only for members whose ID begins with "HP."

Harvard Pilgrim recommends conducting a member eligibility search for the claim's date of service prior to submitting your claim.

From "Office Management" select "Claims"



Click the 'Add Claim' tab



Search for the member by last name, first name or by ID.

Claim Status **Remittance Advice** **Add Claim**

Create Professional Services Claim

Last Name Member ID:

Patient Search

SEARCH CLEAR

Eligibility Search Results

	Name:	Sex:	Effective Dates	Birth Date:	Member ID:	Primary Care Provider
 SELECT	SMITH, JOHN	M	1 Jan 2019- 30 Nov 2027	26 Nov 2001	HP123456789	Doe, Jane

Pages: (1) Results: 1

[Return to Previous Page](#)

The "claim entry screen" will appear with the member data completed. All fields marked with the "red asterisk" are required.

Create Professional Services Claim Help

Patient Information

Patient Name JOHN SMITH	* Patient Account <input type="text"/>
Relationship: Child	Member ID: HP123456789
Address: 1 Street	City: Town
State, Zip: MA 12345	Home Phone:
Date of Birth: 1 Jan 2011	Gender: M
* Release of Information: Signed statement/Claims <input type="text"/>	* Amount Paid by Patient: <input type="text"/>

Patient Condition Related To

Related Causes: Auto Accident Employment Other Accident

Accident Location: State / Prov -or- Country

*** Date of Current Illness or LMP:** 

Accident Date: 

Admit Date: 

Discharge Date: 

EPSDT Referral:

EPSDT Condition Indicator: AV ST S2

Rendering Provider

Name: Provider ID:

*** Rendering Provider:**

*** Practice Name:**

Rendering Provider Tax ID:

Billing Provider:

Billing Provider Tax ID:

*** Provider Signature on File:**

*** Provider Accept Assignment:**

*** Benefits Assigned:**

Referral and Authorization Information

Referring Physician: Name: Provider NPI

Prior Auth. No.:

Ref/Auth Search: -or-

Diagnoses

*** Dx Codes:**

Claim Note

Claim Note:

Services

* Indicates required field

Required Fields

- **Patient Account Number:** Number assigned by physician's office to the member. If not available, please use the suggested format of last name, first initial and number (increment the number for each new claim e.g., Smithj1).
- **Release of Information:** Defaults to "Signed Statement/Claims."
- **Amount Paid by Patient:** Dollar amount paid by the member at the time of the encounter. Please add "0" if no payment was collected.
- **Date of Illness:** Date of the encounter. The claim must be submitted within 90 days of the date of service. Claims cannot be submitted for a future date of service.

Rendering Provider

Select from the **drop down**.

Rendering Provider

* Rendering Provider

Or search by the **provider NPI**.

Rendering Provider

Name: Provider NPI:

* Rendering Provider

Click "Select" next to the provider to add them to the claim.

Select	Provider Name	Provider ID:	Provider NPI	Tax ID	Practice Name
<input type="button" value="SELECT"/>	<u>Doe, Jane</u>	AA123456	1234567890	098765432	Jane Doe Practice 1 Street, Suite 123 Town, State 12345

Rendering "Tax ID" will auto populate after the rendering provider has been selected.

"Practice Name" will auto populate after the rendering provider has been selected.

"Provider Signature on File:" Contracted providers – Yes, non-contracted providers – No.

Provider Accept Assignment: Assigned.

Benefits Assigned: Yes.

Rendering Provider

Jane Doe (AA123456)
NPI: 1234567890

Name: Provider ID:

* Rendering Provider

* Rendering Provider Tax ID 098765432

* Practice Name

Billing Provider

Billing Provider Tax ID 098765432

* Provider Signature on File

* Provider Accept Assignment

* Benefits Assigned

If the member has a **referral or authorization** it may be added to the claim submission.

Search for the referral or authorization by the Provider NPI or the Referral/Authorization number.

If searching by the Provider NPI click the button next to Provider NPI.

Referral and Authorization Information

Referring Physician Prior Auth. No.

Name: Provider NPI

Ref/Auth Search -or-

Enter the **Provider NPI** – Click “Provider Search”

Referring Physician

Name: Provider NPI

Ref/Auth Search

PROVIDER SEARCH

Click “Select” next to the correct response

Provider Search

Select	Provider Name	Provider ID:	Provider NPI	Tax ID	Practice Name
SELECT	<u>Doe, Jane</u>	AA123456	1234567890	098765432	Jane Doe Practice 1 Street, Suite 123 Town, State 12345

Referring Physician John Doe
NPI: 0123456789

Name: Provider NPI

Ref/Auth Search

PROVIDER SEARCH -or- **REFERRAL SEARCH**

Prior Auth. No.

Diagnosis Codes

Add all diagnosis codes that apply to the claim. Search for each code individually and select to add to the claim.

Diagnoses

* Dx Codes

SEARCH

Search Results

Select	Code Set	Code	Description	Related Codes
SELECT	ICD-10-CM	M79.609	Pain in unspecified limb	View

Pages: (1) Results: 1

Note: The “Claim Note” field will **not** be used in the processing of the claim.

Review the form for accuracy.

Create Professional Services Claim

Help

Patient Information

Patient Name	JOHN SMITH	* Patient Account	HP123
Relationship:	Child	Member ID:	HP123456789
Address:	1 Street	City:	Town
State, Zip:	MA 12345	Home Phone:	
Date of Birth:	1 Jan 2011	Gender:	M
* Release of Information:	Signed statement/Claims	* Amount Paid by Patient:	0

Patient Condition Related To

Related Causes: Auto Accident Employment Other Accident

Accident Location: State / Prov: -or- Country:

* Date of Current Illness or LMP: 11/15/2019 Accident Date:

Admit Date: Discharge Date:

EPSDT Referral: -Select- EPSDT Condition Indicator: AV ST S2

Rendering Provider

Meuse, Deborah (AA494633)
NPI: 1811196017

* Rendering Provider: Name: Provider ID:

* Rendering Provider Tax ID: 098765432

* Practice Name: Jane Doe Practice

Billing Provider: Jane Doe Practice Billing Provider Tax ID: 098765432

* Provider Signature on File: Yes

* Provider Accept Assignment: Assigned

* Benefits Assigned: Yes

Referral and Authorization Information

Referring Physician: Prior Auth. No.:

Name: Provider NPI

Ref/Auth Search: -or-

Diagnoses

* Dx Codes:

1. Delete M79.609: PAIN IN UNSPECIFIED LIMB

Claim Note

Claim Note:

Services



* Indicates required field

Once all the required fields have been added click "Add Services" to advance to the procedure information.

The patient information will carry over from the previous screen.

Remember to complete all fields marked with the red asterisk.

Start Date: Date of the encounter or first date if the claim covers multiple visits. The start date cannot be a future date.

Add Service Help

Patient Information

Patient Name: SMITH, JOHN Patient Account No.: HP123
Provider: Doe, Jane (AA123456) Practice: Jane Doe Practice (1234567890)

Services

* Start Date: End Date:

* Place of Service:

Service Facility Location: Name: Provider NPI

Place of Service: Location where the service occurred. Most often this will be 'Office.'

* Place of Service:

Service Facility Location: Only required if place of service is other than 'Office'.

* Place of Service:

* Service Facility Location: Name: Provider NPI

Provider Search

Select	Provider Name	Provider ID:	Tax ID	Practice Name	Facility Address
<input type="button" value="SELECT"/>	<u>Other Practice</u>	AA654321	112233445	Other Practice 2 Street, Suite 321 Town, State 12345	2 Street, Suite 321 Town, State 12345

Pages: (1) Results: 1

* Place of Service:

* Service Facility Location: Name: Provider NPI

Other Practice (1122334455 NPI) [Delete](#)
2 Street, Suite 321
Town, State 12345

Procedure Code: Add all procedure codes that apply to the claim. Each code must be added individually.

Procedure Code Search

Search @ Procedure FIND

Search Results

Select	Code Set	Code	Description	Related Codes
SELECT	CPT	99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or ...	

If applicable a list of **modifiers** will be displayed. Modifiers will be specific to the procedure code used. Select up to 4 modifiers.

Select up to 4 Modifiers

Mod.	Description	Mod.	Description
<input type="checkbox"/>	-24 Unrelated Evaluation and Management Service by the Same Physician During ...	<input type="checkbox"/>	-AQ Physician providing a service in an unlisted health professional shortage ...
<input type="checkbox"/>	-25 Significant, Separately Identifiable Evaluation and Management Service by ...	<input type="checkbox"/>	-CR Catastrophe/disaster related
<input type="checkbox"/>	-26 Professional Component	<input type="checkbox"/>	-EP Service provided as part of medicaid early periodic screening diagnosis ...
<input checked="" type="checkbox"/>	-27 Multiple Outpatient Hospital E/M Encounters on the Same Date	<input type="checkbox"/>	-ET Emergency services
<input type="checkbox"/>	-33 Preventive Service	<input checked="" type="checkbox"/>	-FP Service provided as part of medicaid family planning program
<input type="checkbox"/>	-57 Decision for Surgery	<input type="checkbox"/>	-GA Waiver of liability statement on file
<input type="checkbox"/>	-59 Distinct Procedural Service	<input type="checkbox"/>	-GC This service has been performed in part by a resident under the direction ...
<input type="checkbox"/>	-95 Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio ...	<input type="checkbox"/>	-GJ opt out physician or practitioner emergency or urgent service
<input type="checkbox"/>	-99 Multiple Modifiers	<input type="checkbox"/>	-GQ Via asynchronous telecommunications system
<input type="checkbox"/>	-AF Specialty Physician	<input type="checkbox"/>	-GR This service was performed in whole or in part by a resident in a ...
<input type="checkbox"/>	-AG Primary Physician	<input type="checkbox"/>	-GT Via interactive audio and video telecommunication systems
<input type="checkbox"/>	-AH Clinical psychologist	<input type="checkbox"/>	-GY Item or service statutorily excluded or does not meet the definition of ...
<input type="checkbox"/>	-AK Non Participating Physician	<input type="checkbox"/>	-GZ Item or service expected to be denied as not reasonable and necessary
<input type="checkbox"/>	-AM Physician, team member service	<input type="checkbox"/>	-HA Child/adolescent program
		<input type="checkbox"/>	-HB Adult program, non geriatric
		<input type="checkbox"/>	-HC Adult program, geriatric
		<input type="checkbox"/>	-HD Pregnant/parenting womens program
		<input type="checkbox"/>	-HU Funded by child welfare agency
		<input type="checkbox"/>	-KX Specific required documentation on file
		<input type="checkbox"/>	-O5 Service furnished by a substitute physician under a reciprocal billing ...
		<input type="checkbox"/>	-O6 Service furnished by a locum tenens physician
		<input type="checkbox"/>	-OJ Services/items provided to a prisoner or patient in state or local ...
		<input type="checkbox"/>	-SA Nurse practitioner rendering service in collaboration with a physician
		<input type="checkbox"/>	-SB Nurse midwife
		<input type="checkbox"/>	-SM Second surgical opinion
		<input type="checkbox"/>	-TH Obstetrical treatment/services, prenatal or postpartum
		<input type="checkbox"/>	-U7 Medicaid level of care 7, as defined by each state

SUBMIT
←

Click "Submit."

On the next page, click the check box next to each diagnosis code the selected procedure code applies to.

Units: Number of "Units" or "Minutes" for the procedure code.

Charge: The dollar value charged for the procedure code.

Emergency: "Yes" or "No."

Click "Add" to **add the procedure code** to the claim.

Repeat for each procedure code.

Review the procedure codes under the "Services" section.

* **Diagnosis Codes** 1. M79.609 PAIN IN UNSPECIFIED LIMB

* **Units** Units * **Charge**

* **Emergency** Yes

Procedure Line Note

ADD [Clear](#)

Note: The Procedure Line Note will not be used in the processing of the claim.

Click "Next" once all claim lines have been added.

* **Diagnosis Codes** 1. M79.609 PAIN IN UNSPECIFIED LIMB

* **Units** -Select- * **Charge**

* **Emergency** -Select-

Procedure Line Note

ADD [Clear](#)

* Indicates required field

Services

Start	End	POS	TOS	Proc	Mod1	Mod2	Mod3	Mod4	Dx	Emergency	Units	Charge
11/1/2019		20		99244	27	ET			1	Y	2 Units	\$200.00

Service Facility Location: Seacoast Medicare (AA74698) NPI: 1952461626

EDIT
REMOVE
NEXT **CANCEL**

[Return to Previous Page](#)

Review the claim form for accuracy. If you wish you may print a copy of the claim for your records, click "Submit."

Claim Summary

Patient Information

Patient Name: JOHN Q SMITH	Patient Account: HP123
Relationship: Child	Member ID: HP123456789
Address: 1 Street	City: Town
State, Zip: MA 12345	Home Phone:
Date of Birth: 1 Jan 2011	Gender: M
Release of Information: Signed statement/Claims	Amount Paid by Patient: \$0.00

Patient Condition Related To

Related Cause:	Accident Location:
Accident Date:	Date of Current Illness or LMP: 11/1/2019
Admit Date:	Discharge Date:
EPSDT Referral: Select	EPSDT Condition Indicator:

Rendering Provider

Provider: Doe, Jane	Tax ID: 098765432
Practice Name: Jane Doe Practice	
Billing Provider: Jane Doe Practice	Billing Provider Tax ID: 098765432
Provider Signature on File: Yes	Provider Accept Assignment: Assigned
Benefits Assigned: Yes	

Pay To Address

Entity Type:	
Qualifier:	
Pay To Address:	
Pay To Address 2:	
Pay To City:	Pay To State, ZIP:

Claim Facility

Claim Facility Location Name:	
Claim Facility Identification Code Qualifier:	Claim Facility Identification Code:
Claim Facility Address:	
Claim Facility Address 2:	
Claim Facility City:	Claim Facility State, ZIP:

Referral and Authorization Information

Prior Auth. No.:	Referring Physician:
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Diagnoses

Dx Codes: 1. M79.609 PAIN IN UNSPECIFIED LIMB

Services

Start	End	POS	TOS	Proc	Mod1	Mod2	Mod3	Mod4	Dx	Emergency	Units	Charge
11/1/2019		20		99244	27	FF			1	Y	2 Units	\$200.00

Service Facility Location: Seacoast Medicare NP: 1952441626

Total Charges: \$200.00

Submit
Cancel

You will receive confirmation notice that the claim has been submitted:

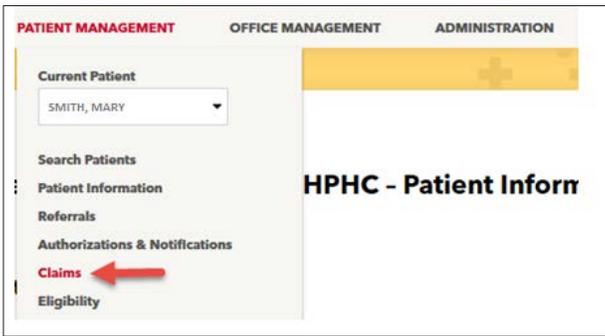
Claim Status
Remittance Advice
Add Claim

Confirmation

✓
Claim Submitted

Claim added for member ID #HP175201802

Add claim from Patient Management Select the member from your Current Patient List.



Click "Claims." Claims for the member that are associated with your provider(s) will appear on this screen.

The screenshot shows the 'Claim Status Search Results for HP765432100' page. At the top left, there is a red button labeled 'ADD CLAIM' with a red arrow pointing to it. Below the button, it says 'Pages: (1) 2 3 Results: 41'. The main content is a table with the following data:

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Payment Date
1234567890	Finalized/Payment	Patient Name	5263495V55	10 Oct 2019	Doctor Name1	\$272.00	\$183.16	22 Oct 2019
1234567891	Finalized/Payment	Patient Name	5232877V55	4 Sep 2019	Doctor Name2	\$172.00	\$27.43	24 Sep 2019

Click "Add Claim" The Claim entry screen will appear with the member data completed. All fields marked with the red asterisk are required.

The screenshot shows the 'Create Professional Services Claim' form. The form is divided into several sections:

- Patient Information:**
 - Patient Name: JOHN Q SMITH
 - Relationship: Child
 - Address: 1 Street
 - State, Zip: MA 12345
 - Date of Birth: 1 Jan 2011
 - Release of Information: Signed statement/Claims
 - Patient Account: HP123
 - Member ID: HP123456789
 - City: Town
 - Home Phone: (empty)
 - Gender: M
 - Amount Paid by Patient: 0
- Patient Condition Related To:**
 - Related Causes: Auto Accident Employment Other Accident
 - Accident Location: State / Prov (dropdown) -or- Country (dropdown)
 - Date of Current Illness or LMP: 11/1/2019
 - Accident Date: (calendar icon)
 - Admit Date: (calendar icon)
 - Discharge Date: (calendar icon)
 - EPSDT Referral: -Select-
 - EPSDT Condition Indicator: AV ST S2

Please see pages 1-11 for steps on how to complete claim.

Verifying the Claim Status

From Office Management:

Search for the claim by the Member or the Provider and the Date of Service. ***Claims will be available in Office Management only after they have been processed by Harvard Pilgrim. Claims in 'Submitted Status' are only available under Patient Management.

Enter search criteria and click "Search."

Claim Status Remittance Advice Add Claim

Claim Status Search

Claim Number

Date of Service To

Patient Last Name Member ID Social Security Number Patient Account Number

(Patient List)

(ID Example - HP5555555,HP4444444)

Provider Last Name Provider ID: Provider NPI

(NPI Example - 1111111111 (10 digits))

Status Paid Pended Denied

SEARCH CLEAR

Indicates non-standard HIPAA data element

Search results will show claims that have been accepted for processing as well as those that have been adjudicated.

From Patient Management:

Select the Member from your Current Patient List.

Claim Status Remittance Advice Add Claim

Pages: (1) 2 3 Results: 44

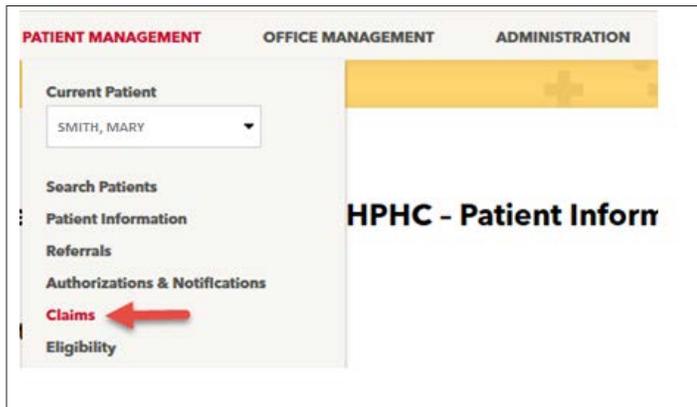
Claim Status Search Results

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Payment Date
12345M67M890	Finalized/Payment	SMITH, MARY L	11122233344	25 Oct 2019	Provider Name	\$41.00	\$0.00	
12345M67M891	Finalized/Payment	JONES, JOHN H	44111222333	23 Oct 2019	Provider Name	\$39.00	\$10.79	
12345M67M892	Finalized/Payment	DOE, JANE A	11144222333	22 Oct 2019	Provider Name	\$500.00	\$0.00	

Click "Claims."

Claims for the Member that are associated with your provider(s) will appear on this screen.

The new claim will appear with an acknowledgement message in the status field.



Click on the Claim number to view line item details for the submitted claim. The claim and claim line status will be updated as the Claim is processed.

Claim Status Search Results for HP765432100

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Payment Date
12345M67M890	Finalized/Payment	SMITH, MARY	11122233344	10 Oct 2019	Provider Name	\$272.00	\$183.16	22 Oct 2019

The claim and claim line status will be updated as the Claim is processed.

Claim Status Detail for 191014M21B93

Claim Level Information

Provider: Provider Name (NPI) Practice: Provider Practice (Tax ID)
 Patient: MARY L SMITH Patient Account No.: 11122233344
 Bill Type: NOT APPLIC
 Ref/Auth Number: None Claim Receipt Date: 14 Oct 2019
 Diagnosis: J06.9 : ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED
 R05 : COUGH

Service Line Information

Line	Status	Check/EFT Number	Payment Date	DOS	Procedure	Modifier	Units	Billed Amount	Allowed Amount	Patien Respons
00100000	Finalized/Payment	987654321	22 Oct 2019	10 Oct 2019	99213		1	\$170.00	\$165.76	\$20.00
00200000	Finalized/Payment	987654321	22 Oct 2019	10 Oct 2019	87804		2	\$102.00	\$37.40	\$0.00
Totals								\$272.00	\$203.16	\$20.00

Payor Remarks

- Remark 00100000 65 Claims/line has been paid.
- Remark 00200000 65 Claims/line has been paid.
- Indicates non-standard HIPAA data element