

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

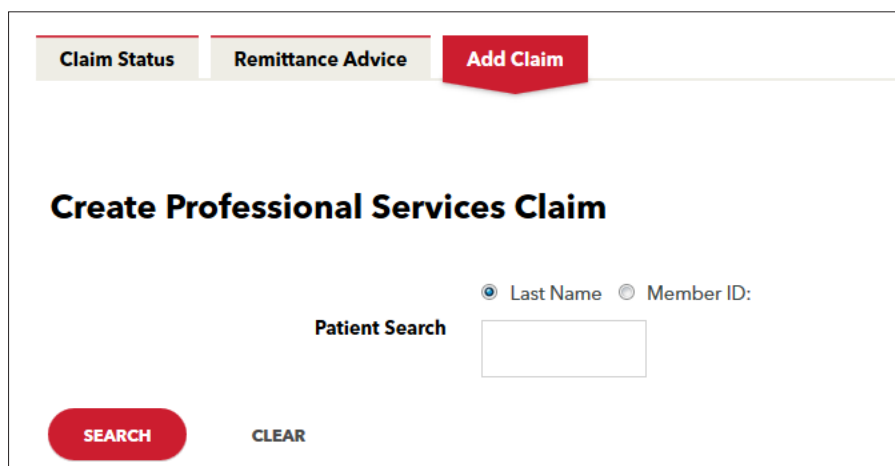
Professional Claim submission is available to all Users who currently have access to claims data. This feature is available only for members whose ID begins with "HP."

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
<div>SELECT</div>	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

Relationship:

Child

Address:

1 Street

State, Zip

MA 12345

Date of Birth

1 Jan 2011

Release of Information:

Signed statement/Claims

Patient Account

Member ID:

HP123456789

City

Town

Home Phone

Gender

M

Amount Paid by Patient

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

-Select-

EPSDT Condition Indicator

☐ AV ☐ ST ☐ S2

Rendering Provider

☐ Name: ☐ Provider ID:

Rendering Provider

SEARCH

Practice Name

Unknown

Billing Provider

Unknown

Provider Signature on File

-Select-

Benefits Assigned

-Select-

Rendering Provider Tax ID

Billing Provider Tax ID

Provider Accept Assignment

-Select-

Referral and Authorization Information

Referring Physician

Prior Auth. No.

☐ Name: ☒ Provider NPI

Ref/Auth Search

PROVIDER SEARCH

-or-

REFERRAL SEARCH

Diagnoses

Dx Codes

SEARCH

Claim Note

Claim Note

Services

ADD SERVICES

Indicates required field

HPHConnect for Providers User Guide — May 2024

3

Professional Claims Submission

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

SEARCH

Click “Select” next to the provider to add them to the claim.

Provider Search					
Select	Provider Name	Provider ID:	Provider NPI	Tax ID	Practice Name
<div><div>SELECT</div></div>	<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

* Rendering Provider

☒ Name:

☐ Provider ID:

SEARCH

* Practice Name

Billing Provider

* Provider Signature on File

* Benefits Assigned

* Rendering Provider Tax ID

Billing Provider Tax ID

* Provider Accept Assignment

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

PROVIDER SEARCH

-or-

REFERRAL SEARCH

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

Referring Physician

☐ Name: ☒ Provider NPI

Ref/Auth Search

1234567891

PROVIDER SEARCH

Click “Select” next to the correct response

Provider Search

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

Referring Physician

John Doe
NPI: 0123456789

Prior Auth. No.

☐ Name: ☒ Provider NPI

Ref/Auth Search

PROVIDER SEARCH

-or-

REFERRAL SEARCH

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

M79.609

SEARCH

Search Results

Select	Code Set	Code	Description	Related Codes
<div>SELECT</div>	<div>ICD-10-CM</div>	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: 11/1/2019

Accident Date:

Admit Date:

Discharge Date:

EPSDT Referral: -Select-

EPSDT Condition Indicator: ☐ AV ☐ ST ☐ S2

Rendering Provider

Mouse, Deborah (AA494633)
NPI: 1811196017

* Rendering Provider:

* 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.:

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

Provider

Doe, Jane
(AA123456)

Patient Account No.

HP123

Practice

Jane Doe Practice
(1234567890)

Services

Start Date

11/01/2019

End Date

Place of Service

Select

Service Facility Location

Name

Provider NPI

SEARCH

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

Place of Service

Office

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

Place of Service

Urgent Care Facility

Service Facility Location

Name

Provider NPI

SEARCH

Provider Search

Select	Provider Name	Provider ID:	Tax ID	Practice Name	Facility Address
<div>SELECT</div>	Other Practice	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

Urgent Care Facility

Service Facility Location

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

Name

Provider NPI

SEARCH

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

Procedure Code Search

Search

Procedure

99244

FIND

Search Results

Select	Code Set	Code	Description	Related Codes
<div>SELECT</div>	<div>CPT</div>	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	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"/> -HB	Adult program, non geriatric
<input type="checkbox"/> -25	Significant, Separately Identifiable Evaluation and Management Service by ...	<input type="checkbox"/> -CR	Catastrophe/disaster related	<input type="checkbox"/> -HC	Adult program, geriatric
<input type="checkbox"/> -26	Professional Component	<input type="checkbox"/> -EP	Service provided as part of medicaid early periodic screening diagnosis ...	<input type="checkbox"/> -HD	Pregnant/parenting womens program
<input checked="" type="checkbox"/> -27	Multiple Outpatient Hospital E/M Encounters on the Same Date	<input type="checkbox"/> -ET	Emergency services	<input type="checkbox"/> -HU	Funded by child welfare agency
<input type="checkbox"/> -33	Preventive Service	<input checked="" type="checkbox"/> -FP	Service provided as part of medicaid family planning program	<input type="checkbox"/> -KX	Specific required documentation on file
<input type="checkbox"/> -57	Decision for Surgery	<input type="checkbox"/> -GA	Waiver of liability statement on file	<input type="checkbox"/> -Q5	Service furnished by a substitute physician under a reciprocal billing ...
<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"/> -Q6	Service furnished by a locum tenens physician
<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"/> -QJ	Services/items provided to a prisoner or patient in state or local ...
<input type="checkbox"/> -99	Multiple Modifiers	<input type="checkbox"/> -GQ	Via asynchronous telecommunications system	<input type="checkbox"/> -SA	Nurse practitioner rendering service in collaboration with a physician
<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"/> -SB	Nurse midwife
<input type="checkbox"/> -AG	Primary Physician	<input type="checkbox"/> -GT	Via interactive audio and video telecommunication systems	<input type="checkbox"/> -SM	Second surgical opinion
<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"/> -TH	Obstetrical treatment/services, prenatal or postpartum
<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"/> -U7	Medicaid level of care 7, as defined by each state
<input type="checkbox"/> -AM	Physician, team member service	<input type="checkbox"/> -HA	Child/adolescent program		

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

EDIT **REMOVE** **NEXT** **CANCEL**

[Return to Previous Page](#)

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

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

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	FP			1	Y	2 Units	\$200.00

Service Facility Location Seacoast Medicare NP: 1952461626

Total Charges \$200.00

Submit

Cancel

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

Claim StatusRemittance AdviceAdd 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.

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.

Create Professional Services Claim

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

Patient Condition Related To

Related Causes: ☐ Auto Accident ☐ Employment ☐ Other Accident

Accident Location: State / Prov -or- Country

* Date of Current Illness or LMP: 11/1/2019 Accident Date:

Admit Date: Discharge Date:

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.

The screenshot shows the HPHC - Patient Inform interface. On the left, there is a sidebar with a menu containing 'Current Patient', 'Search Patients', 'Patient Information', 'Referrals', 'Authorizations & Notifications', 'Claims' (highlighted with a red arrow), and 'Eligibility'. The main area has a header with 'PATIENT MANAGEMENT', 'OFFICE MANAGEMENT', and 'ADMINISTRATION'. Below the header, there is a patient selection dropdown showing 'SMITH, MARY' and a large orange button with a plus sign. The title 'HPHC - Patient Inform' is displayed in the center.

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.

The screenshot shows the Claim Status Detail for 191014M21B93. It includes sections for 'Claim Level Information' and 'Service Line Information'.

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	Patient Responsibility
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 Claim/line has been paid.
Remark 00200000 65 Claim/line has been paid.
Indicates non-standard HIPAA data element