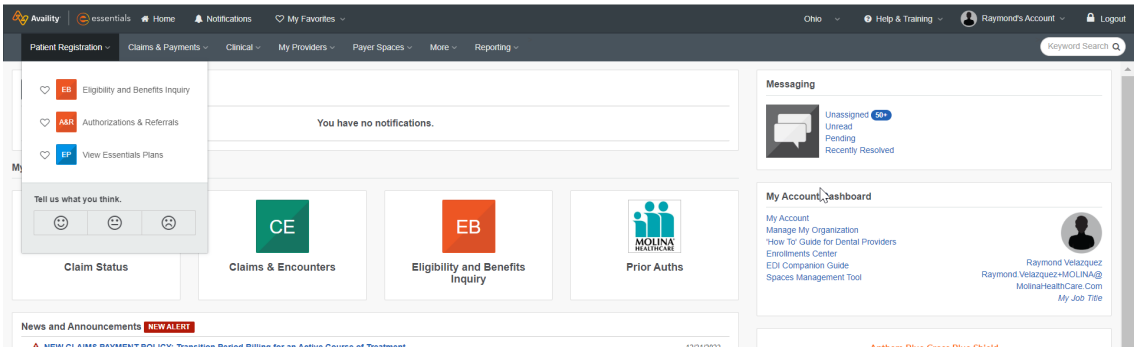
How to submit a Quick Claim (formerly Smart Claim)

Use the Quick Claims application when…

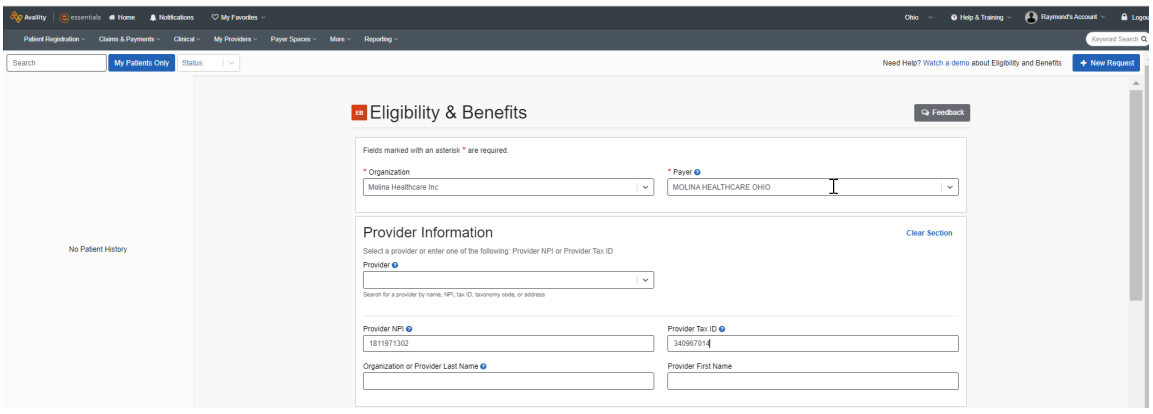
- The claim does not have any attachments.
- The patient:
    - has only one insurance provider.
    - has agreed to allow the payer to pay the provider for services.
- Release of Information is on file at the service provider or utilization review organization.
- Signature is On File using the authorization form for CMS-1500 claim form Box 12 and/or Box 13.

Under the **Patient Registration** tab, click **Eligibility and Benefits Inquiry**

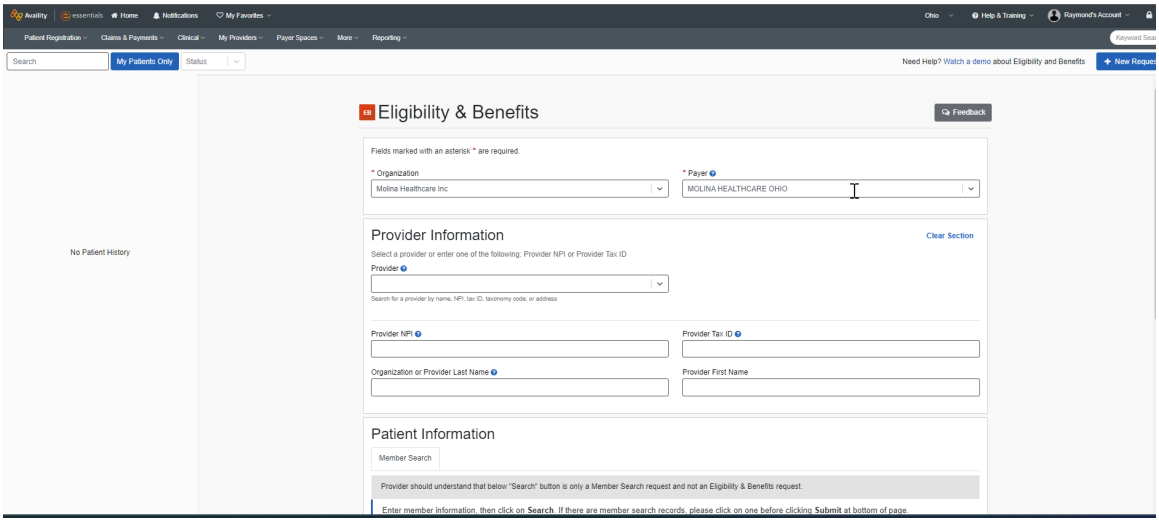


Scroll down to the **Provider Information** section:

- Enter Provider Tax ID number (TIN)
- Enter Provider's National Provider Identifier (NPI) (**NOT applicable for Atypical Providers**)



Scroll down to the **Patient Information** section:

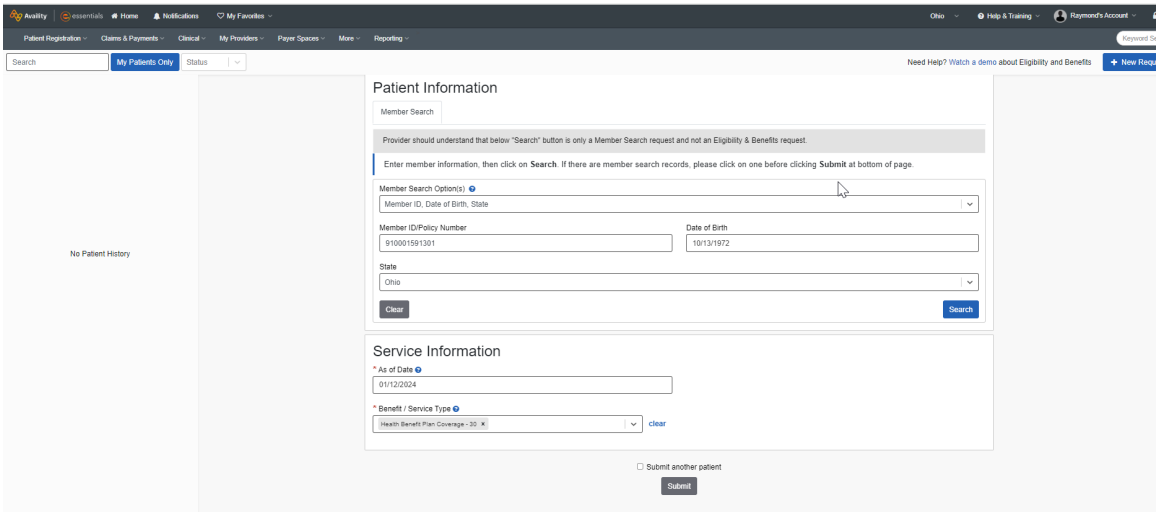


Member Search Options consist of the following combinations:

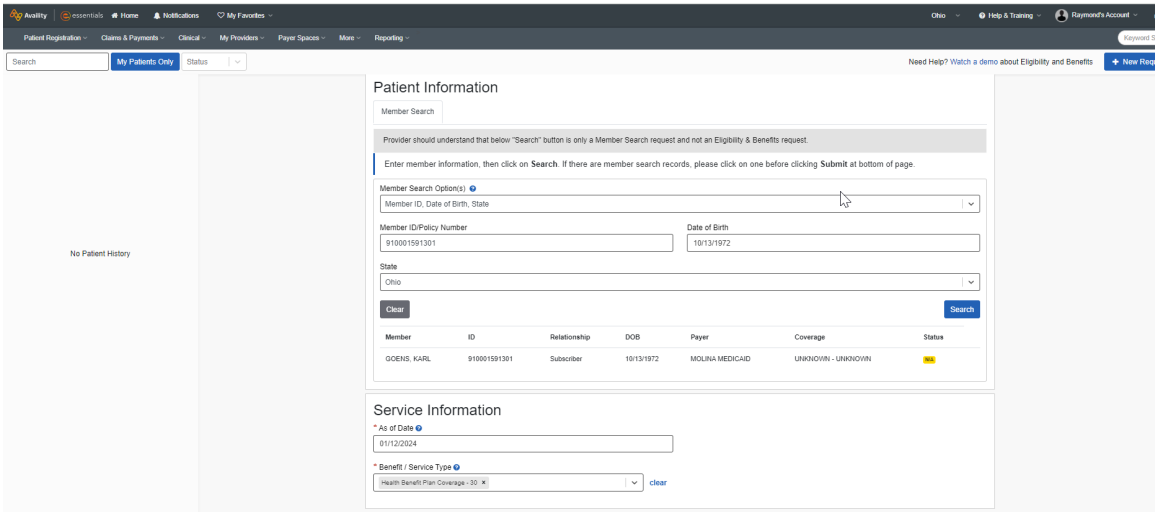
- Member ID, Date of Birth, State
- Member Last Name, Member First Name, Date of Birth, State
- Member ID, Member Last Name, Date of Birth, State
- Member ID, Date of Birth, Gender, State
- Member ID, Last Name, Date of Birth, Gender, State

Search for your Member

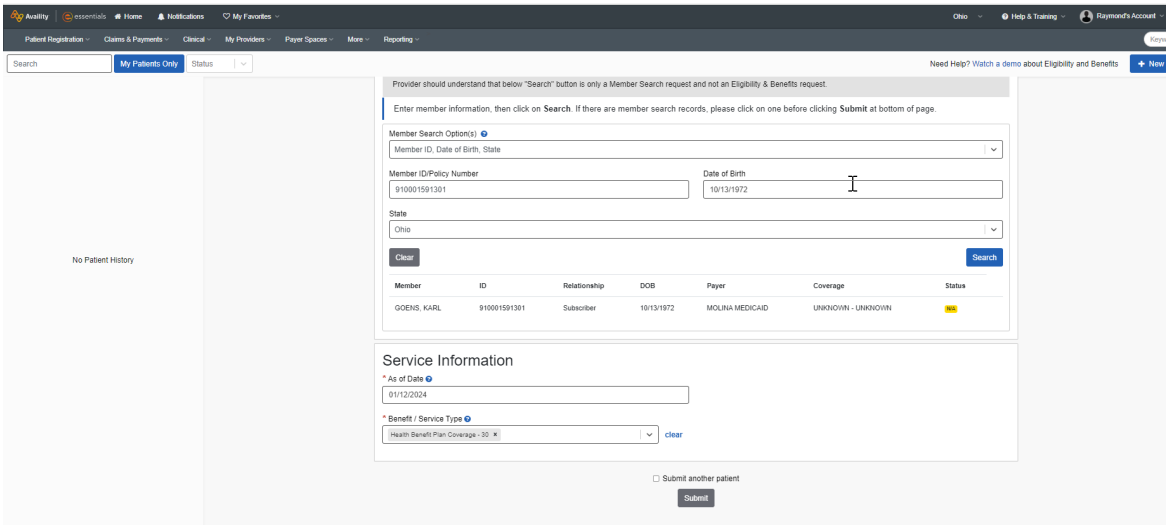
Scroll to the **Service Information** section and enter the Date of Service in the As of Date field



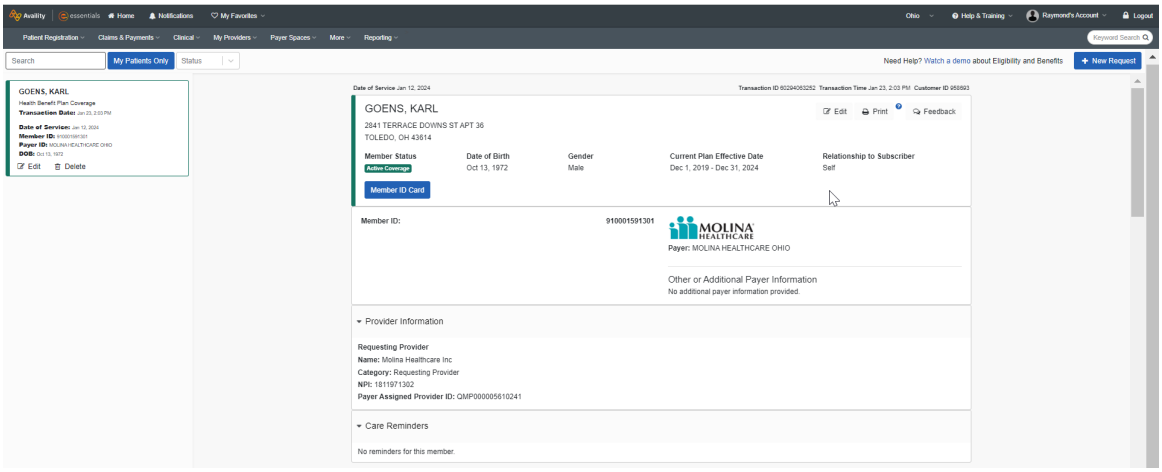
Click the **Search** button on the right of the screen:



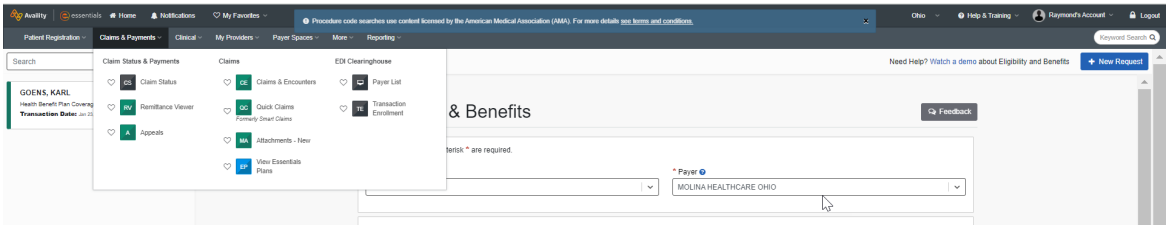
If your Member is found, that record will be displayed above the **Service Information** section. Highlight this record with your cursor and click the **Submit** button at the bottom of the screen.



The following screen will appear:



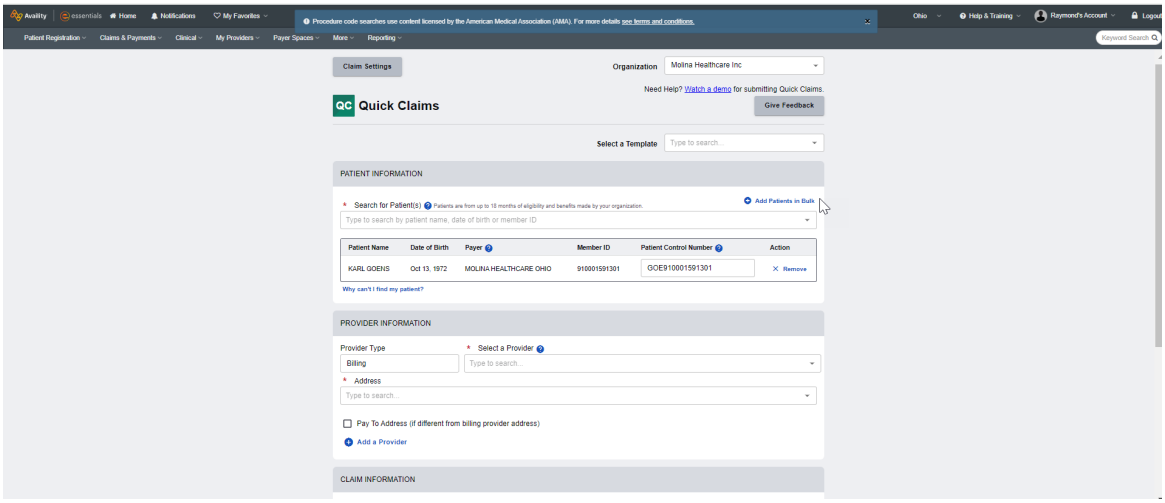
Now that you have verified your Member's Eligibility and Benefits, go to the **Claims & Payments** tab and select the **Quick Claims** (**QC**) button under the **Claims** section:



The screen shown below will be displayed. Go to the **Search for Patient(s)** field in the **Patient Information** section. All Members whose Eligibility has been searched will appear in the dropdown field;

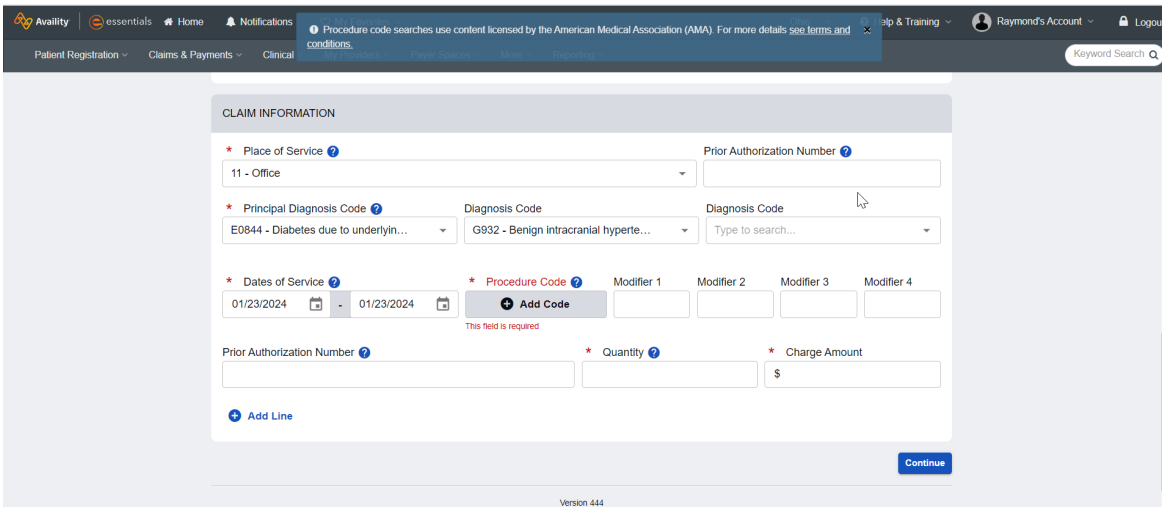
- Select your Member in the **Search for Patient(s)** field in the **Patient Information** section
- Select your Provider in the **Select a Provider** field in the **Provider Information** section. You can add different Provider Types, which include:
    - Billing Provider
    - Rendering Provider
    - Referring Provider
    - Supervising Provider

- Scroll down to the **Claim Information** section

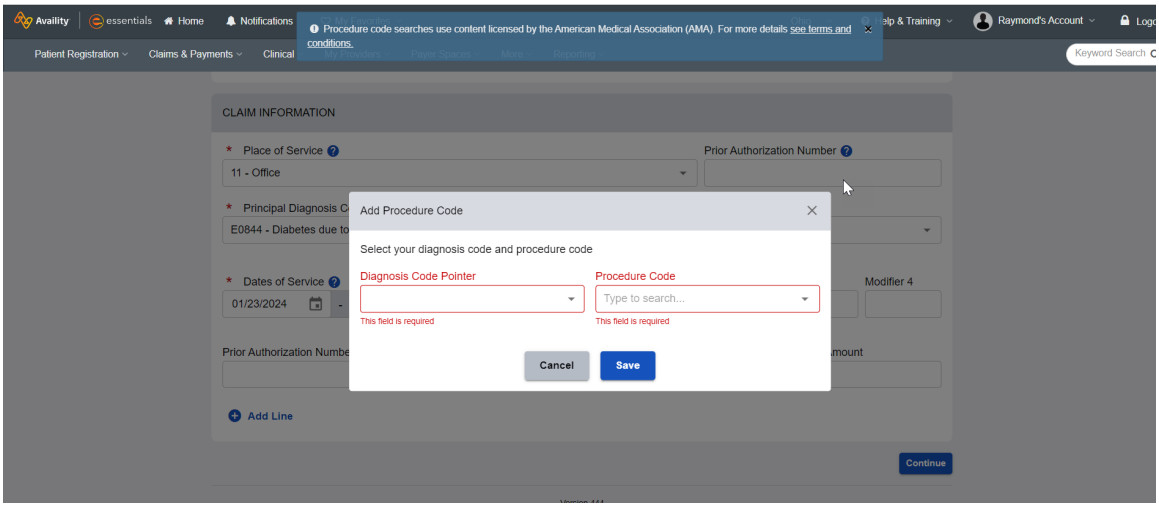


The following data is required:

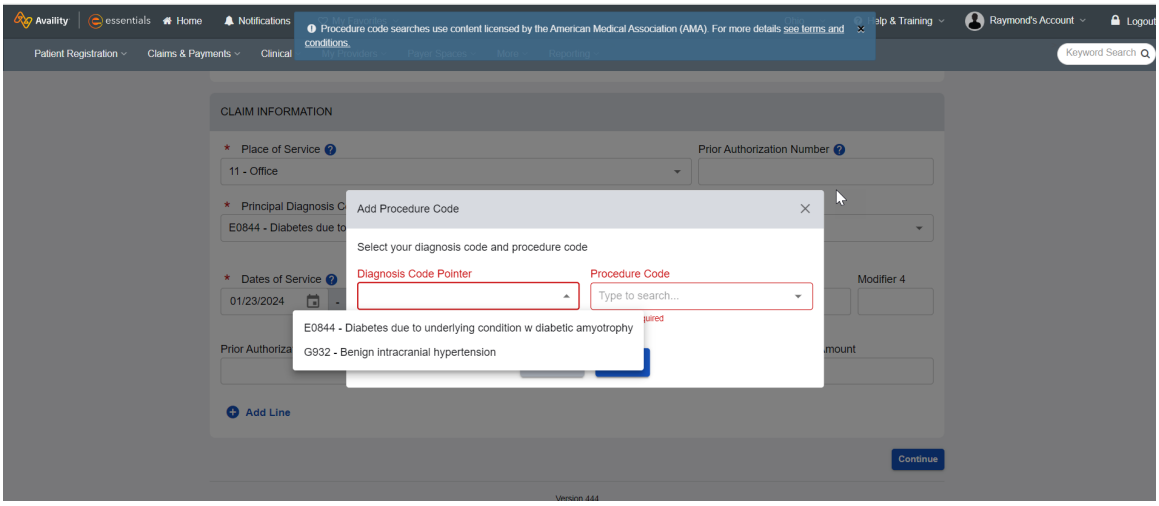
- Select the **Place of Service** in the dropdown field
- Enter the **Prior Authorization Number**, if applicable
- Enter the **Principal Diagnosis Code;** you can enter the English description and the appropriate ICD-10 Diagnosis Codes will appear. Please note that up to Three (3) Diagnosis Codes can be entered
- Enter the **Dates of Service**; the first field is the From or Start Date; the second field is the To or End Date



Click the **Add Code** button under **Procedure Code**; the following screen appears:

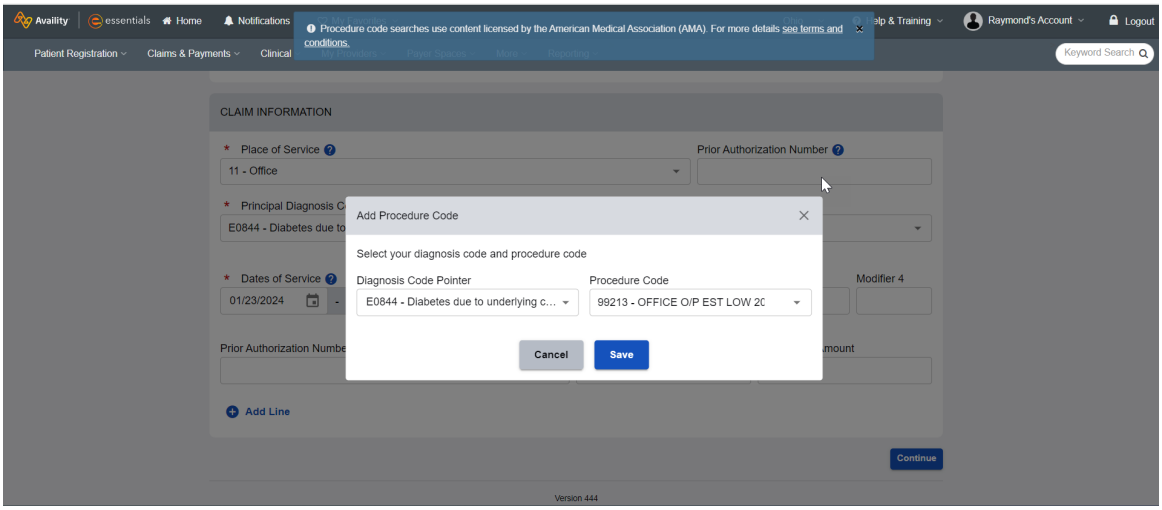


When you click the down arrow in the Diagnosis Code Pointer field, the following screen displays the Diagnosis Code(s) entered:



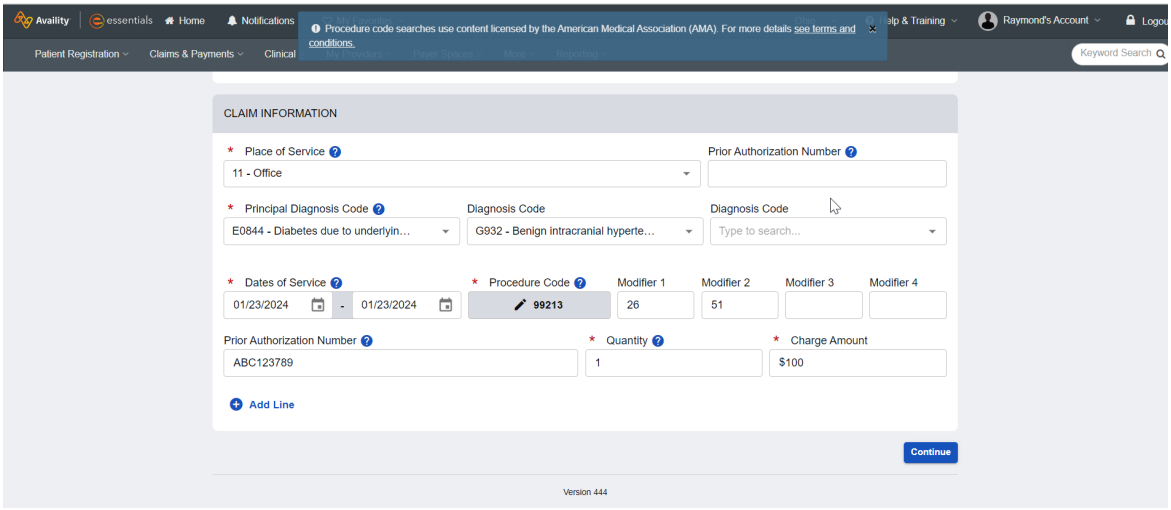
- Select the Diagnosis related to the Procedure Code to be entered.
- Enter the Procedure Code for this line. You can enter the CPT / HCPCS code or you can enter the English description of the Procedure / Service. ***If you choose to enter the English description, please Confirm that you select the correct Procedure Code.***

- Click the **Save** button

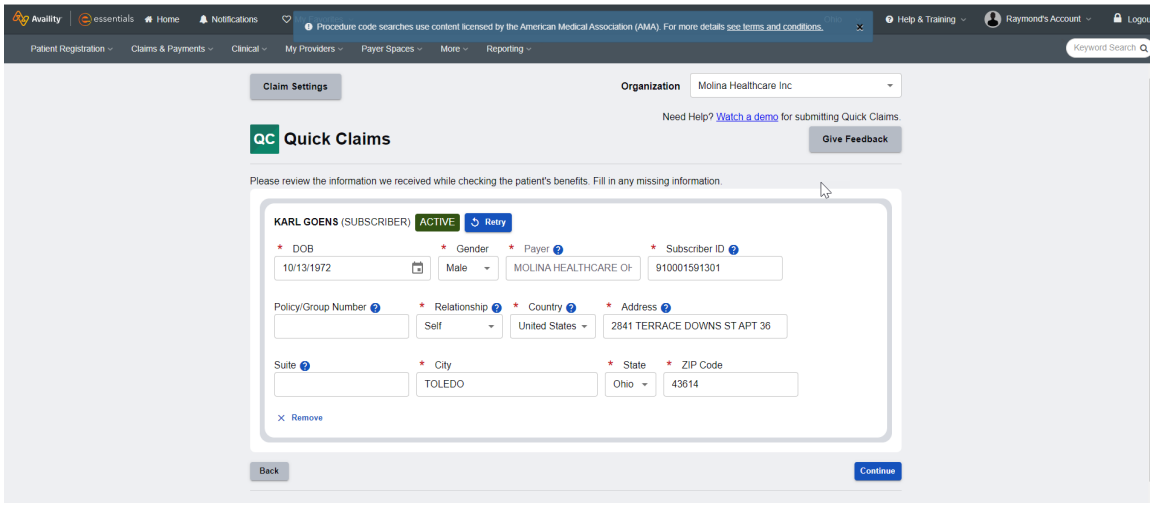


- Enter any **Modifier(s)**, if applicable. You can enter up to Four (4) Modifiers
- Enter your **Prior Authorization Number**, if applicable. This is NOT a required field.
- Enter the **Quantity** that you are billing.
- Enter the **Charge Amount** that you are billing.

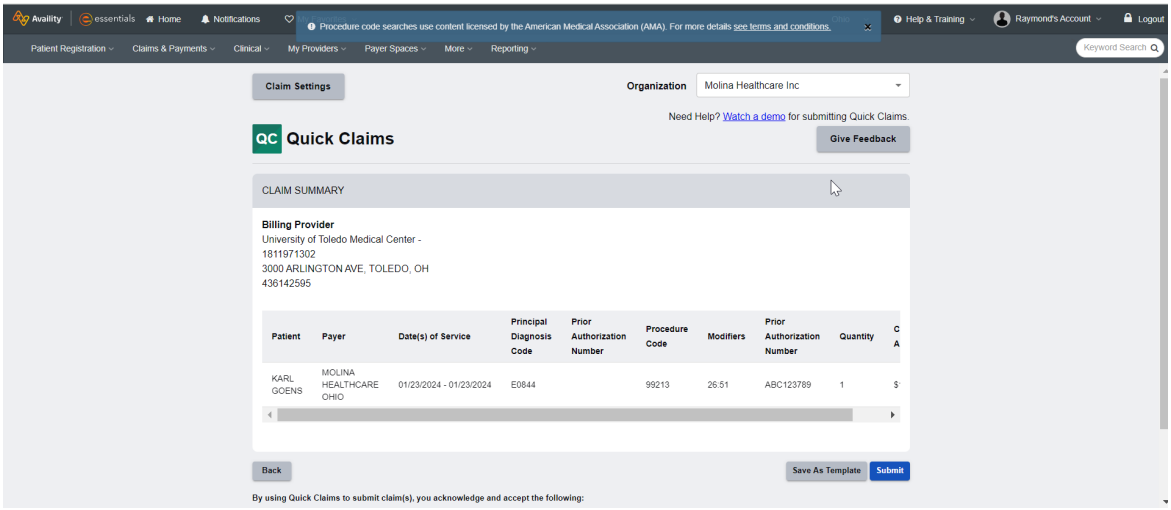
Click **Continue**



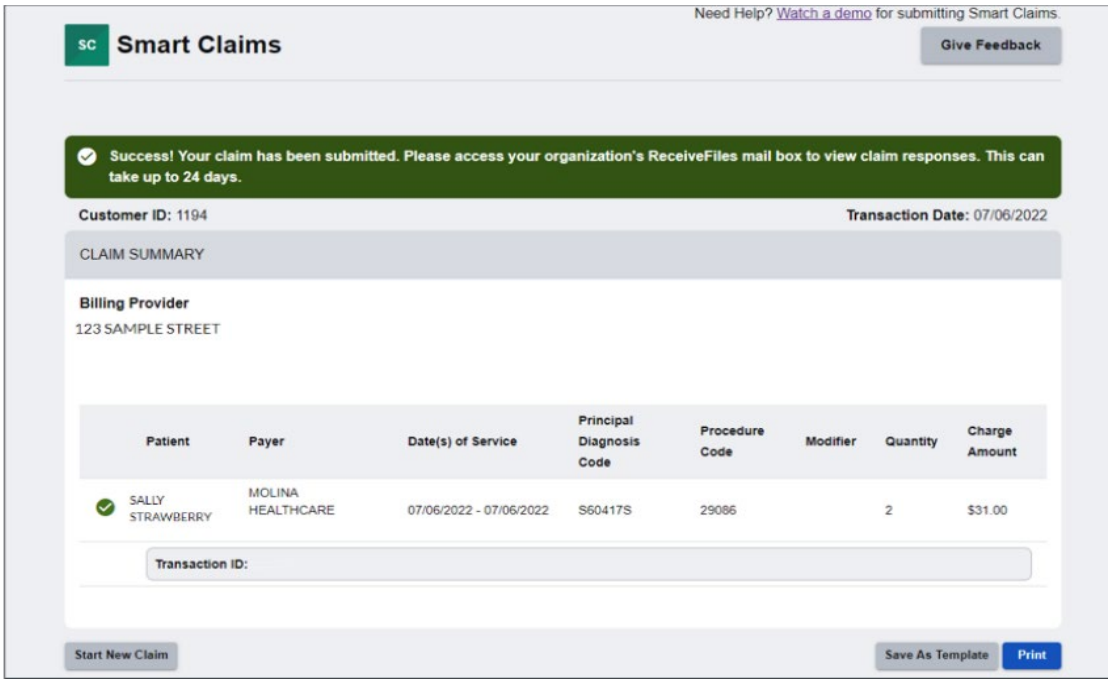
- The following screen is displayed:



Click **Continue;** the following screen appears:



Click **Submit** to enter the claim; you can also click **Save As Template**


Need Help? Watch a demo for submitting Smart Claims.
SC
Smart Claims
Give Feedback
Success! Your claim has been submitted. Please access your organization's ReceiveFiles mail box to view claim responses. This can take up to 24 days.
Customer ID: 1194
Transaction Date: 07/06/2022
CLAIM SUMMARY
Billing Provider
123 SAMPLE STREET
Patient
Payer
Date(s) of Service
Principal Diagnosis Code
Procedure Code
Modifier
Quantity
Charge Amount
SALLY STRAWBERRY
MOLINA HEALTHCARE
07/06/2022 - 07/06/2022
S60417S
29086
2
$31.00
Transaction ID:
Start New Claim
Save As Template
Print