LTC Professional Claim Submission via iCare Provider Portal

Log on to iCare Provider Portal Provider Portal

From the menu on the left side select **Claims**, next select **create claim**, (see screen shot 1)

Next select **member name** (enter member last name , first name, date of birth or member Medicaid id) click on **search**, (This will bring up the members name) verify your member is correct, click **next**

Claim Type (Required) select **Professional Claim**, Then choose **Provider Name** if more the one available then click **next**

Select the claim type, provider name, and the service address.
Select Claim Type (Required) = **Institutional Inpatient Claim**

Services Details
Click Accept Assignment to right of screen

<u>**Enter the following for Service Line 1**</u>
From date MM/DD/YYYY, next enter **To** date MM/DD/YYYY
Place of service (**12** - home)
Diagnosis (Z02.9)
Charge, ($X.XX) Provider must calculate charge amount based on rate and units)
CPT/HCPCS (XXXX)
Modifier (XX)
Units (days/units),
Unit Type (Units/Days),

Click **+ Add Service Line** to submit additional charges

<mark>**Once the fields are complete on each service line, click View Estimate**</mark>

Next
Confirm Claims Service Line is correct. Then click <mark>Submit Claim</mark>

Please be sure to review your claim to ensure accuracy. Any corrected claims will need to be submitted on the hard copy LTC Professional Form

Screen Shot 1

Create Claim

Search Claim Details And Create Claims

- Home
- Eligibility
- **Claims**
- Referrals & Authorizations
- Member Management
- Additional Links
- Documents
- Find a Provider

Search Claims | **Create Claim**

| Member Information | Provider Information | Service Details | View Estimate | Submit Claim |

Member Information

Please provide the necessary details below to being your search. Choose Gender when searching for a member with a same name or common name.

↺ Reset Search

Search by :

◉ Member ID ○ Member Name ○ Subscriber ID

Member ID *(Required)*

9412894791

[Search]

Member:

5810 LINCOLN VILLAGE DR 210, RACINE, WI 53406

Group ID	Age	Status	Eligible as of
TZSPONSOR000114	71	Eligible	03/01/2022

[Next]

| Member Information | Provider Information | Service Details | View Estimate | Submit Claim |

| Member Information | Provider Information | Service Details | View Estimate | Submit Claim |

Provider Information

Select the claim type, provider name, and the service address.

Claim Type *(Required)*

Professional Claim ▾

Provider Name *(Required)*

PEOPLE... CARE SERVICES ... Tax ID: ... Address: ... AND AVE STE 101, RACINE, WI, UNITED STATES 53406) ▾

[Next]

| Member Information | Provider Information | Service Details | View Estimate | Submit Claim |

Service Line 1

Date of Service From *(Required)*

05/27/2024 📅

Date of Service To *(Required)*

05/27/2024 📅

Place of Service *(Required)*

12 - Home ▾

Diagnosis *(Required)*

Z02.9 🔍

Charge *(Required)*

$52.48

CPT / HCPCS *(Required)*

S5125 🔍

Modifiers

Enter modifiers

Units *(Required)*

8

Unit Type

Units ▾

Ambulance Pickup Zip

Zip

NDC Code

Enter NDC code 🔍

➕ Add Service Line

Total Charge Amount	$760.96

Claim Details (Optional) ➕

View Estimate

⚠ **The Financials displayed during estimation are subject to change based on the Deductible / Out of Pocket progress of the member.**

Submit Claim