

# Portal Claim Sample for Professional Claim Submission Training for Medication Therapy Management Benefit

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You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer:

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Next Search By: ICN

**Professional Claim** ?

\*required fields are indicated with an asterisk (\*).

ICN	<input type="text"/>	Rendering Physician	<input type="text"/> <input type="button" value="[ Search ]"/>
Provider ID	1639245558 NPI	Referring Provider	1111111111
Member ID*	1110560117	Medicare Disclaimer	no disclaimer
Last Name	MEDICAID	Other Insurance Indicator	<input type="text"/>
First Name, MI	MARY <input type="text"/> R	Total Charge*	\$250.00
Date of Birth	10/01/1938	Other Insurance Amount	\$0.00
atient Account #	<input type="text"/>	Total Amount Paid	\$0.00
Medical Record Number	<input type="text"/>		

[Diagnosis Condition Medicare Anesthesia](#)

**Diagnosis** ?

Sequence 1	Diagnosis 1	25000	<input type="button" value="[ Search ]"/>
Sequence 2	Diagnosis 2	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 3	Diagnosis 3	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 4	Diagnosis 4	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 5	Diagnosis 5	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 6	Diagnosis 6	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 7	Diagnosis 7	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 8	Diagnosis 8	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 9	Diagnosis 9	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 10	Diagnosis 10	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 11	Diagnosis 11	<input type="text"/>	<input type="button" value="[ Search ]"/>
Sequence 12	Diagnosis 12	<input type="text"/>	<input type="button" value="[ Search ]"/>

**Detail**

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A	4	10/03/2012	10/03/2012	99605	U1				1.00	\$50.00
A	3	10/03/2012	10/03/2012	99605	U1				1.00	\$50.00
A	2	10/03/2012	10/03/2012	99607	UA				2.00	\$100.00
A	1	10/03/2012	10/03/2012	99605	UA				1.00	\$50.00

Type data below for new record.

Line Number	4	Rendering Physician	<input type="text"/> <input type="button" value="[ Search ]"/>
From Date of Service*	10/03/2012	Referring Physician	<input type="text"/>
To Date of Service*	10/03/2012	Emergency	<input type="text"/>
Procedure Code*	99605 <input type="button" value="[ Search ]"/>	Family Planning	<input type="text"/>
Modifiers	U1 <input type="button" value="[ Search ]"/> <input type="text"/> <input type="button" value="[ Search ]"/> <input type="text"/> <input type="button" value="[ Search ]"/> <input type="text"/> <input type="button" value="[ Search ]"/>		
Diagnosis Code Pointers	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Units*	1.00	Status	<input type="text"/>
Charge*	\$50.00	Allowed Amount	\$0.00
Place of Service Code*	01 <input type="button" value="[ Search ]"/>	CoPay Amount	\$0.00
Notes	<input style="width: 100%;" type="text"/>		
	Professional Service Description	<input style="width: 100%;" type="text"/>	

**NDCs for JCode**

**Medicare Information(Detail)**

Line Number	4	Medicare Deductible	<input type="text"/>	\$0.00	+
Medicare Date Paid	<input type="text"/>	Medicare Coinsurance	<input type="text"/>	\$0.00	+
Medicare Paid Amount	\$0.00	Psychiatric Reduction	<input type="text"/>	\$0.00	+
Medicare Non Covered Charge	\$0.00	Medicare Copayment	<input type="text"/>	\$0.00	+
		Remaining Patient Liability*	<input type="text"/>	\$0.00	=

**Attachments**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Attachment Control Number	<input type="text"/>
Description	<input type="text"/>

**Claim Status Information**

Claim Status Not submitted yet