



How to Submit a Claim in Availity

If you have any questions, feel free to contact Availity Client Services at 1.800.AVAILITY (282.4548) or contact your FCS Manager at 1-844-451-2828.

1. <https://www.availity.com/>

2. Click green 'Login' button in top right corner.

AVAILITY PORTAL

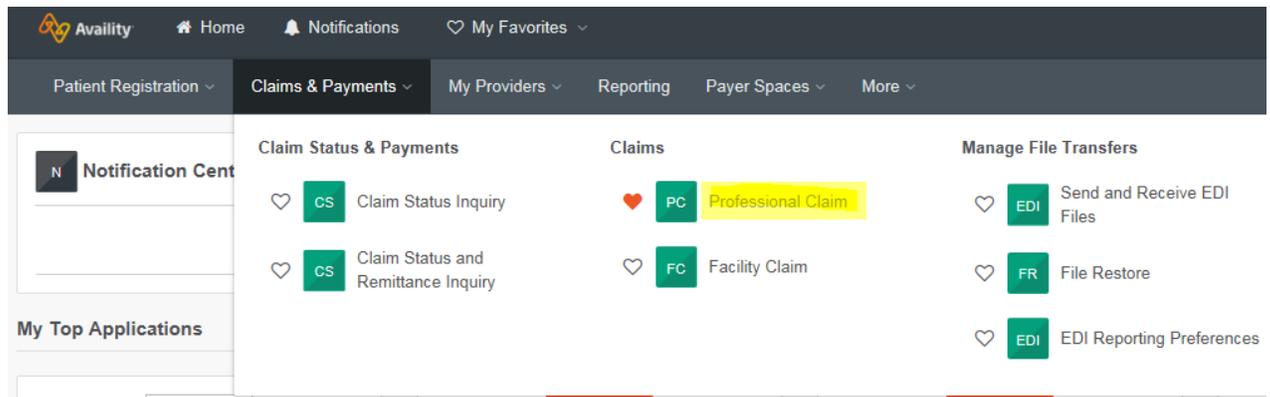
 LOGIN

 REGISTER

3. Enter your User ID and Password. Click 'Log in.'

A screenshot of the Availity login page. At the top left is the Availity logo. Below it, the text "User ID:" is followed by a white input field. Underneath that, the text "Password:" is followed by another white input field. Below the password field is a checkbox labeled "Show password". At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". To the right of these links is a blue button with the text "Log in".

4. Click 'Claims & Payments' at the top toolbar then select 'Professional Claim.'



5. This will bring you to the 'Professional Health Care Claim' page. You'll need to complete each section. Enter payer and 'Patient Information' sections.

Note: Select 'Amerigroup' for Payer and 'Primary' for Responsibility Sequence. Enter FCS enrollee/client's information in 'Patient Information' section.

Click on the blue question mark (?) if you need help with what to enter.

6.

Professional Health Care Claim

* indicates a required field

* Payer: ? ▼

* Organization: ▼

Transaction Type: ? ▼

Responsibility Sequence: ? ▼

Patient Information

* Last Name:

* First Name:

Middle Name or Initial:

* Date of Birth: / / 
MM DD YYYY

Date of Death: / / 
MM DD YYYY

* Gender: ▼

Country: ? ▼

* Address 1:

Address 2:

* City, State, ZIP Code: ▼ -

* Relationship to Subscriber: ? ▼

release signature from provider on behalf of patient

Patient Amount Paid: ?

7. Complete 'Subscriber Information.'

*Note: use the client's ProviderOne number for their 'Subscriber ID' and select 'Yes' for Authorized Plan to Remit Payment to Provider. You will **not** select the box for a secondary insurance plan.*

Subscriber Information ?

* Subscriber ID: ?

Policy or Group Number: ?

Group Name ?

* Authorized Plan to Remit Payment to Provider? ?

This claim also includes...

a secondary insurance plan

8. Complete 'Billing Provider Information' with your organization's information.

Note: you can choose to set up express entry so that your information auto populates. You'll need to enter the primary taxonomy and NPI specific to FCS and associated with your NPI (some examples include: Case Management - 251B00000X, Case Manager/Care Coordinator - 171M00000X, Community/Behavioral Health - 251S00000X). If you can't remember what your taxonomy is, you can look it up on the NPI Registry: <https://npiregistry.cms.hhs.gov/>.

Billing Provider Information

Express Entry - Billing Provider: ?

* Organization / Provider Last Name: ?

First Name:

* Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ?

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: -

* Specialty / Taxonomy:

* NPI: ?

Tax ID Type:

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

State License Number:

Provider UPIN:

Payer Assigned ID: ?

Location Number:

* Provider Accepts Assignment: ?

* Release of Information Code: ?

9. Complete 'Diagnosis Codes.'

Note: you may use one of these two diagnosis codes:

- Z59.9 - Problem related to housing and economic circumstances, unspecified
- Z56.9 - Unspecified problems related to employment

Diagnosis Codes ?

* Principal Diagnosis Code: [ICD-10 Code Verification ?](#)

10. Complete 'Claim Information.'

Note: Patient Control number field is the internal number the provider office uses to identify the client in the office's billing records and computer system. This number is not assigned by Amerigroup Washington, Inc.

In Billing Frequency, select 'Admit through Discharge Claim' if this is an initial claim.

Select 'Yes' for Provider Signature on File.

Claim Information

* Patient Control Number / Claim Number: ?

Medical Record Number:

* Place of Service: ?

* Billing Frequency: ?

this is an HMO claim

* Provider Signature on File:

Prior Authorization Number: ?

Care Plan Oversight Number (for Medicare Patients): ?

Chiropractic Patient Condition Code:

11. Continue completing 'Claim Information.'

Note: Enter the Procedure Code with one of the three billing codes (HCPCS codes) for FCS:

- H2023 (pre-employment)
- H2025 (employment sustaining)
- H0043 (supportive housing)

Diagnosis Code Pointers will populate in a drop down format. Pick the appropriate code based on diagnosis code entered above.

In the Charges field, you'll enter the total charges (charges = rate x units). For example, if you're billing for 4 units of Supported Employment services (1 unit = \$25) on one service line, you would enter \$100 in the charges field (\$25 x 4 units). You'll only bill for one service date per service line. Supportive Housing services billing code is a daily rate, so the charges field will always be \$105.

- H2023 (pre-employment) + H2025 (employment sustaining): 1 unit = 15 minutes = \$25
- H0043 (supportive housing): 1 unit = daily rate = \$105

After you've entered the claim information (by service date), you need to click 'Save to Service Line' to add the information. You can add multiple service lines for each client you provided Supported Employment and/or Supportive Housing services to.

Line Number	Date(s) of Service:		Place of Service	Procedure Code CPT/HCPCS	Modifiers				Diagnosis Pointer	Charges	Minutes or Units	Prior Auth Number
	From	To			1	2	3	4				
No claims entered yet. Enter claim(s) below and click Save to Service Line.												
										Total:	\$0.00	

Line Number: 1

* Line Item Control Number: ?

* Date of Service: ? From / / To / /
MM DD YYYY MM DD YYYY

Place of Service: ?

* Procedure Code: ?

non-specific procedure code description

Modifiers:
1 2 3 4

* Diagnosis Code Pointers: ?
* 1 2 3 4

this claim was an emergency

* Charges:

* Number of: ? Units

Prior Authorization Number: ?

12. Once you've entered all the service lines, click 'Submit.'

13. You'll then see the Claim Response Detail page with the Transaction ID, Transaction Date and Customer ID.

Claim Response Detail [Learn More >>](#)

Transaction ID: 1034913756 Transaction Date: May 24, 2018 07:38 PM EDT Customer ID: 257232

Your claim has been sent to AMERIGROUP, which processes claims in batches.
You will receive the response for this claim in your [ReceiveFiles](#) mailbox.


An Anthem Company

Claim Number:	A23773
Submission Type:	Professional Claim
Submission Date:	05/24/2018
Date(s) of Service:	04/22/2018
Patient Name:	Test, Test
Subscriber ID:	[REDACTED] WA
Billing Provider Name:	[REDACTED]
Billing Provider NPI:	[REDACTED]
Billing Provider Tax ID:	[REDACTED]
Total Charges:	\$25.00

14. Congratulations – you're done!