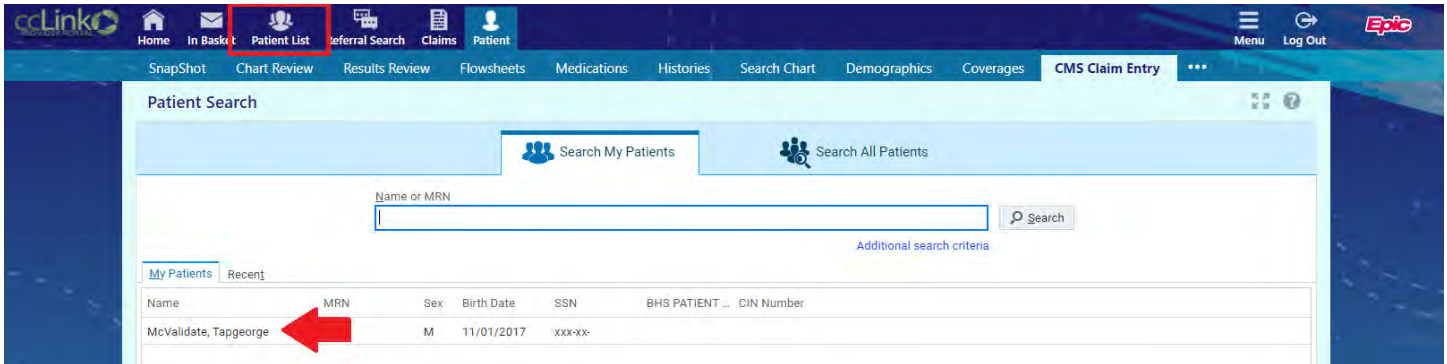



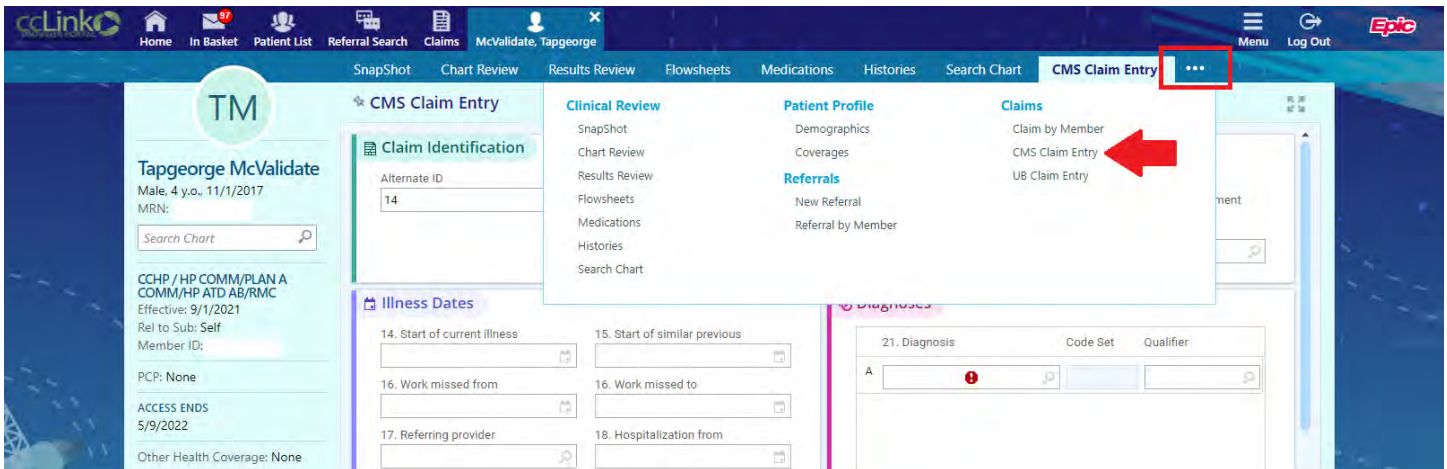
CaAIM CMS 1500 Claim Entry

Submit claims using Claim Entry in the Patient List section of CCLink Provider Portal. The fields have clear labels to guide the process.

Go to Patient List to select the patient you'd like to enter the claim for.



You can hover over the 3 white dots  to expand the menu. Select CMS Claim Entry for a CMS 1500 form.



Fill in all the required information as shown below for the CalAIM claim submission.

1. **Claim Identification**- the Alternate ID# will be auto- populated. (example: 24930276)
2. **Diagnoses**- Enter Diagnosis Code(s) (**Box 21**) – 1 per box. – Required.

The screenshot shows the 'CMS Claim Entry' form. The 'Claim Identification' section has an 'Alternate ID' field with the value '11' and a red arrow pointing to it. The 'Diagnoses' section has a red box around the '21. Diagnosis' field, which contains the letter 'A' and a red exclamation mark icon. The 'Accident Information' section has fields for '10. Condition related to', '10a. Related to employment', '15. Accident date', and '10b. Accident state'. The 'Illness Dates' section has fields for '14. Start of current illness', '15. Start of similar previous', '16. Work missed from', '16. Work missed to', '17. Referring provider', '18. Hospitalization from', '18. Hospitalization to', '20. Outside lab', and '20. Outside lab charges'. The '24h. EPSDT' section has a checkbox and a field for '24h. EPSDT Conditions'.

3. **Adjudication Options**- Payer information will be displayed. Provider must select CCHP Medi-Cal coverage (coverage name starts with CCHP[900] / HP MCAL). – Required.

The 'Adjudication Options' section shows a 'Pay as' field and a 'Coverage billing to' table. The table has the following data:

Coverage	Line of Business	Subscriber Name	Effective Date	Termination Date
CCHP [900] / HP COMM/PLAN A COMM/HP ATD AB/RMC [900... ACTX		McValidate, Tapgeorge		

Continued on next page.

4. Service Line Entry

- Enter Service Dates “Svc from date” and “Svc to date” (Box 24.a). - Required.
- Enter a Place of Service Type (Box 24.b). - Required.
- Enter Procedure Service Codes and Name (Box 24.d). - Required.
- Enter Procedure Codes Modifier(s) (Box 24.d) – 1 per box. - Required.
- Enter Associated Diagnosis (Box 24.e). - Required. (add 1, 2, depending on the diagnosis pointer. When adding a number, it will default to a letter. For example 1 becomes A.)
- Enter Service Unit Cost/ Charge Amount- Amount Billed (Box 24.f). - Required.
- Enter Service Unit Count- Quantity (Box 24.g). - Required.

Note: Click “New” or ALT+W to add additional claim service lines.

Services

#	From Date	To Date	POS Type	Service	Code T...	Modifiers	Asso...	Amount Bi...	Quan...	Prior Ins...	Prior Pat...
1									1.00		

Service Entry - Line 1

24a. Service from date

24a. Service to date

24b. Place of service type

24d. Service

24d. Modifiers

24e. Associated diagnosis

24f. Amount billed

24g. Quantity

Time Info NDC Info Ambulance Info **+ New** X Delete Next Previous

5. Claim Level Info- Enter Invoice Amount- Total Billed (Box 28). - Required.

Claim Level Information

28. Total billed

6. Encounter Information

- Enter Billing Provider Information- Vendor (Box 33). - Required.
- Enter Invoice Number- Account number with Vendor (Box 26). - Required.
- Enter Place of Service (Box 32). - Required.
- Enter Rendering Provider Information- Provider (Box 24.j). - Required.

Encounter Information

33. Vendor <input type="text"/>	26. Account number with vendor <input type="text"/>	32. Place of service <input type="text"/>	24j. Provider <input type="text"/>
Specialty <input type="text"/>	Encounter date <input type="text"/>	Encounter time <input type="text"/>	33b. [ZZ] Vendor taxonomy <input type="text"/>
24j. [ZZ] Provider taxonomy <input type="text"/>	27. Provider accept assignment code <input type="text"/>	13. Benefit assignment indicator <input type="text"/>	

7. Miscellaneous Information- Member Homelessness Indicator: - Required.

- a. Box ID
- b. Box Data Contents

If the Member does not have an address and is experiencing “Homelessness,” as defined in the ECM Policy Guide. Please enter as described below.

If Member is “Homelessness” : Enter “1” under Box ID .

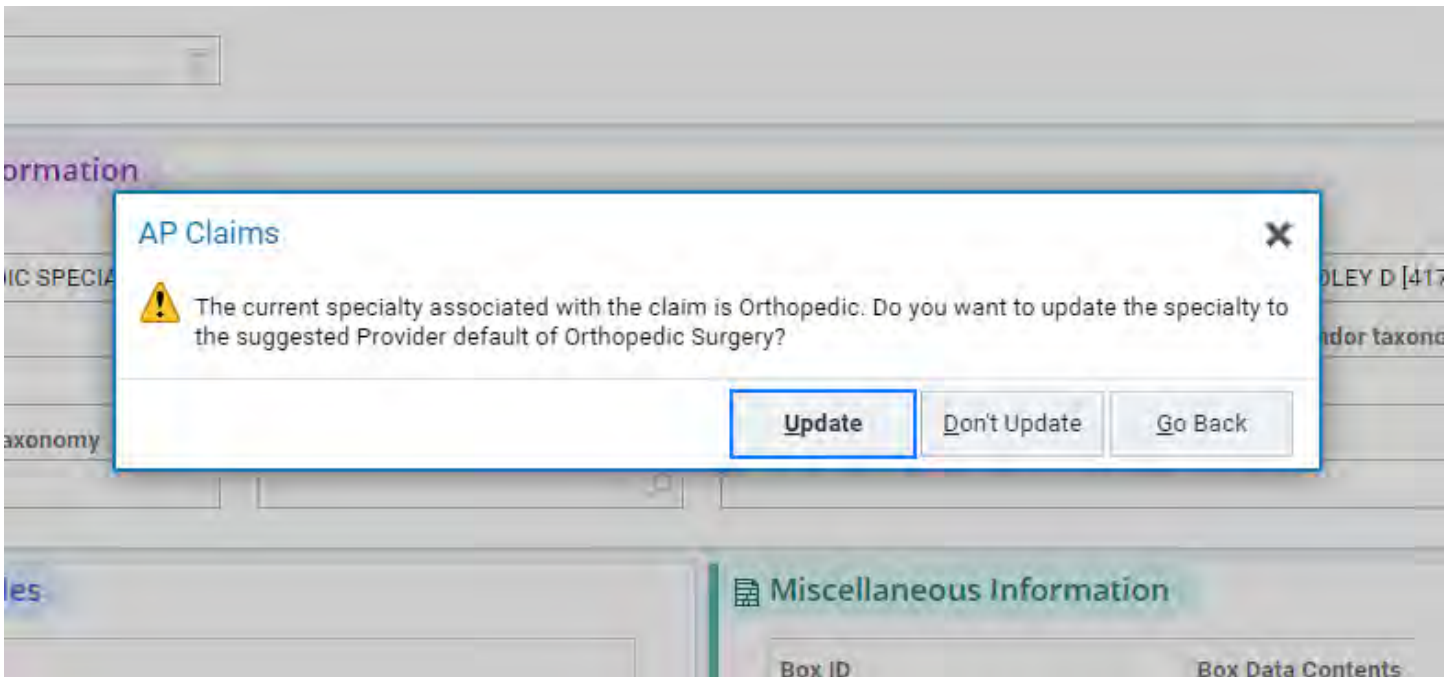
Enter “ Homelessness” under Box Data Contents.

If Member is not “ Homelessness” or unknown - leave blank on both Box ID & Box Data Contents.

8. To complete the claim, click “Accept” or ALT+A.

<p>Condition Codes</p> <p>Condition Codes</p> <input type="text"/>	<p>Miscellaneous Information</p> <table border="1"> <tr> <td>Box ID</td> <td>Box Data Contents</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Box ID	Box Data Contents	<input type="text"/>	<input type="text"/>
Box ID	Box Data Contents				
<input type="text"/>	<input type="text"/>				
<p>Ambulance Information</p>					
<input type="button" value="✓ Accept"/> <input type="button" value="✗ Cancel"/>					

9. If a specialty was not chosen, it will ask if you will add the specialty. Click **“Update”** if you will add the specialty. Click **“Don’t update”** if you will proceed to **Accept**.



10. **Processing:** The claim is being processed.

