How to submit a claim in Availity Essentials

Washington | Medicaid

If you have any questions, contact Availity Client Services at **800-AVAILITY** (**282-4548**) or contact your Foundational Community Supports (FCS) manager at **844-451-2828**.

1. Go to https://Availity.com.
2. Select the orange **Log in to Essentials** button in the top right corner of the screen.
3. Enter your user ID and password and then select **Log In**.
4. Select **Claims & Payments** at the top toolbar and then select **Claims & Encounters**.
5. You'll need to complete each section. Complete the *Insurance Company/Benefit Plan* section first.
   Note: Select **Professional Claim** for claim type, Wellpoint for payer, and **Primary** for responsibility sequence. Navigate to the blue question mark for help with what to enter.
6. Enter the FCS enrollee's information in the *Patient Information* section.
7. Complete the *Subscriber Information* section.
   Note: Use the client's ProviderOne ID as their *Subscriber ID* and select **Yes** for *Authorized Plan to Remit Payment to Provider*. You will not add a secondary insurance plan.
8. Complete the **Billing Provider Information** with your organization's information.
   Note: Your Availity administrator should set up *Manage My Organization* so that your provider 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). Your taxonomy number is available on the NPI Registry at https://npiregistry.cms.hhs.gov.
9. Complete the *Claim Information* section.
   Note: The Patient Control number field is the internal number your provider office/organization uses to identify the enrollee in the office's billing records and computer system. This number is not assigned by Wellpoint:
   a. In *Frequency Type*, select 1) **Admit through Discharge Claim** if this is an initial claim.
   b. Select **Yes** for *Provider Signature on File*.
   c. If submitting a corrected claim, enter the original claim number in the Patient Control Number and select 7) **Replacement of Prior Claim** in the Frequency Type.
10. Complete *Diagnosis Codes*.

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Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.
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Note: Only use one of these two diagnosis codes for FCS services:

- Z599 — problem related to housing and economic circumstances, unspecified
- Z569 — unspecified problems related to employment

11. Continue completing the claim information in the claim *Lines* section.
    Note: The *Service From and Service To* dates should be the same date since FCS services are billed for a single date of service (DOS).
    a. Enter the **Procedure Code** with one of the three billing codes (HCPS codes) for FCS. Modifiers shouldn't be used for FCS services:
        - H2023 (pre-employment)
        - H2025 (employment sustaining)
        - H0043 (supportive housing)
    b. *Diagnosis Code Pointers* will populate in a drop-down format. Pick the appropriate code based on the diagnosis code entered in step 10.
    c. In the *Charge Amount* field, enter the total charge amount (charge amount = rate x units). For example, if you're billing for four units of Supported Employment services (one unit = $40) on one service line, enter $160 in the charges field ($40 x 4 units).
    d. Only bill for one service date per service line. Supportive Housing services billing code is a per diem/daily rate, so the charges field will always be $145:
        - H2023 (pre-employment) + H2025 (employment sustaining): one unit = 15 minutes = $40
        - H0043 (supportive housing): one unit = daily rate = $145
    e. Select **+ Add a Line** if you have another service line (date of service) to bill for the same enrollee. You can add multiple service lines for each enrollee you provided with supported employment and/or supportive housing services.
12. When you've entered all the services, select **Continue**.
13. Review all the information, and if no changes are needed, select **Submit**.
14. You will then see a *Claim Submitted* confirmation page with the transaction ID, submission date, and other claim details.

You can print the claim submitted detail page for your reference, enter a new claim, or close the window.

Visit the Provider Learning Hub to access an on-demand Availity Essentials training course on claim submission.