



SUBMIT A CLAIM ONLINE

Revised: 12/12/2014

My Practice

- ▼ **My Authorizations**
 - Check Member Eligibility
- ▶ **My Claims**
 - Submit a Claim Online
 - View Claims Submitted Online
 - Check Claims Status
- ▶ **My EDI**
 - Submit EDI Files
- ▶ **My Practice**
 - Administrator Setup
 - Display/Edit Practice Information
- ▶ **My Reports**
 - Plan-Specific Reports
- ▶ **My Forms**
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 - Change Password
 - Edit My Profile

submit a claim (claims courier) :: Welcome Help?

Magellan Complete Care is pleased to offer professional claim submission for professional services. This online application is designed as a tool to both **submit and manage claims** submitted through the Claims Courier.

- It is the submitter's responsibility to monitor the claim using 'View Submitted Claims' function until it is in 'Accepted/Received' status and thereby entered into the adjudication system.
- **Magellan Complete Care will only accept claims for which Magellan Complete Care both manages and pays claims.**
- We **cannot accept institutional claims** (UB-04) or data feeds from provider billing software through this website. If you wish to use your billing software or if you wish to submit institutional claims (UB-04) electronically, please contact one of our **contracted clearinghouses.**
- If you wish to view **adjudicated claims status**, you can [check claims status](#) through My Claims.



**CREATE a
New, Blank
Claim**



**CREATE a
New Claim
from a Copy**



**FINISH a
Saved Claim**



**VIEW
Submitted
Claims**

Users are given the following options:

- Create a new claim.
- Create a new claim from a copy of a previously submitted claim.
- Finishing a claim that was previously started but not completed.
- View claims that have been submitted, but not processed yet.

CREATE A NEW, BLANK CLAIM

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submit a claim (claims courier) :: PO Box

[Help?](#)

The P.O. Box to which you would submit paper claims is **required** for proper payment. If you are unsure of the appropriate P.O. Box for this claim, please refer to your authorization letter.

If the P.O. Box to which you submit claims is not accepted by Claims Courier, it is likely the claim may be paid by a payer other than MCC.

[Return to Welcome Page](#) | [Submitted Claims List](#)

Identify Provider TIN/MIS Association

Provider TIN/MIS:

987654321 COMPLETE CARE PROVIDER

Enter the PO Box to which you would submit a paper claim.

P.O. Box No.:

[Verify](#)

P.O. Box	Account Name	Messages
2097	MCC Florida	

[Continue](#)

[Clear Form](#)

[Return to Welcome Page](#) | [Submitted Claims List](#)

Users must always start with a new claim the first time submitting online for a particular member. The first step is to enter and verify the P.O. Box Number.

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submit a claim online (claims courier) :: Patient Search Help?

This application allows you to determine if a member is eligible for your services.

NOTE: Payment of benefits is subject to the member's eligibility on the date of service and any other contractual provisions of the plan. To assure compliance with state mandates, please follow the pre-authorization instructions on the member's health insurance card.

Enhance treatment planning for members in your care - access useful member outcomes tools and reports by clicking "Manage Outcomes" (if available) on the left-hand menu.

Magellan no longer requires pre-authorization or TRF for most outpatient services such as counseling and medication management. To confirm if the plan or the outpatient service is one of the exceptions that continue to apply authorization requirements, click [here](#).

Please note: To proceed to the Patient/Insured Information page without searching, click Cancel. If you proceed to the Patient/Insured Information page without searching and the member information is not loaded in our eligibility, your claim payment may be delayed or rejected.

Search for a Member

Your search results will be limited to **ONE** record. The recommended search parameters are Member Name, Date of Birth, and State. At a minimum, you must enter State and Member Name or Member Number.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Date of Birth: <small>(mm/dd/yyyy)</small>	<input type="text"/>	State/Province/Territory:	<input type="text" value="Florida"/>
Member Number:	<input type="text"/>	Zip Code:	<input type="text"/>

[Return to MyPractice Page](#)

The user will then conduct a search for the member.

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submit a claim online (claims courier) :: Patient Details **Help?**

Please be advised that the use of this tool for review of eligibility or benefits does not guarantee claim payment. Payment of benefits is subject to the member's eligibility on the date service is rendered and any other contractual provisions of the plan. To assure compliance with state mandates, please follow the pre-authorization instructions on the member's health insurance card.

Member Information

Member:	MCC MEMBER	Member DOB:	06/29/1978
Gender:	F	Relationship:	Subscriber
Address:	123 MAIN STREET	Magellan Member No.:	FLM999888777444
City, State, ZIP:	LAUDERDALE LAKES, FL 33309	Member Benefit Card No.:	1234567890

Plan Benefits Information

Client Name:	MCC of Florida
Effective Date:	01/01/2014
Termination Date:	12/31/2069

Select this Member
Search Again

[Return to MyPractice](#)

When the member is located, the user will click Select this Member.

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submit a claim online (claims courier) :: Help?

Patient/Insured Information

PO Box
Patient/Insured Information
Provider Information
Treatment Information
Claim Detail
Preview

987654321 COMPLETE CARE PROVIDER (111111000)

Patient/Insured Information

Patient/Member

Last Name: * MEMBER	First Name: * MCC	Suffix:
Middle Initial: 	Patient ID: * FLM999888777444	Date of Birth: * <small>(mm/dd/yyyy)</small> 06/29/1978 31

Gender: *
 Male Female Unknown

Address 1: * 123 MAIN STREET **Address 2:** _____

City: * LAUDERDALE LAKES **State/Province: *** FL **ZIP/Postal: *** 33309

Release of Information Code: *
 ----- Select One ----- ?

Benefits Assigned to Provider? *
 Yes No Not Applicable

Is the subscriber the same as the patient? * Yes No

Is Magellan the primary insurance carrier? * Yes No

Save and Continue
Save for Later
Clear Form

[Return to Welcome Page](#) | [Submitted Claims List](#)

The member's information will automatically populate. It is very important not to change any information, or the claim will be rejected by the system. The additional fields and questions on the Patient/Insured Information page must be completed before proceeding. Depending on the answers to various questions, additional information may need to be provided.

When finished, click Save and Continue to proceed to the next page.

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submit a claim (claims courier) :: Provider Information **Help?**



987654321 COMPLETE CARE PROVIDER (11111000)

Provider Information

Billing/Pay-To Provider Information

Provider Type: * Individual Group Facility **Accepts Assignment:** * Yes No

Organization/Last Name: * DOCTOR 10 **First Name:** * TEST **Middle Initial:** *

Suffix: *

Address 1: * **Address 2:** *

City: * **State/Province:** * -- Select One -- **ZIP/Postal:** * nullnull

Primary ID Number

NPI Number: * ?

Secondary ID Number:

Tax ID Number: * **Tax ID Code:** * -- SELECT --

- Is the rendering provider the same as the billing provider?** * Yes No
- Is there a referring provider?** * Yes No
- Is the service location the same as the billing address?** * Yes No
- Does this claim include a purchased service?** * Yes No
- Is there a Supervising Provider?** * Yes No
- Is there an Ordering Provider?** * Yes No

Save and Continue **Save for Later** **Clear Form**

[Return to Welcome Page](#) | [Submitted Claims List](#)

The next page contains the provider’s information. Users will be required to manually enter the Tax ID Number and Tax ID Code type. Employer ID should be selected when billing using a TIN or EIN. Users need to ensure the ID number is typed corrected, so the claim is not rejected by the system.

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submit a claim (claims courier) :: Treatment Information

Help?



987654321 COMPLETE CARE PROVIDER (111111000)

Treatment Information

Onset Date of Current Illness:

(mm/dd/yyyy)

Date of Similar Illness:

(mm/dd/yyyy)

Assumed Care Date:

(mm/dd/yyyy)

Relinquished Care Date:

(mm/dd/yyyy)

Date Authorized Return To Work:

(mm/dd/yyyy)

Dates Patient/Member Unable to Work:

From: (mm/dd/yyyy) **To:** (mm/dd/yyyy)

Dates Patient/Member Hospitalized:

From: (mm/dd/yyyy) **To:** (mm/dd/yyyy)

Condition Related To:

- Employment
- Other Accident
- Auto Accident

Save and Continue **Save for Later** **Clear Form**

[Return to Welcome Page](#) | [Submitted Claims List](#)

The next page contains treatment information. All fields on this page are optional. The user can choose whether or not they want any of this information included in the claim.

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submit a claim (claims courier) :: Claim Detail
[Help?](#)

PD Box

Patient/Insured Information

Provider Information

Treatment Information

Claim Detail

Preview

987654321 COMPLETE CARE PROVIDER (111111000)

Claim Detail

Patient Account Number: *	Authorization Number:	Referral Number:
<input type="text" value="MCC1234"/>	<input type="text"/>	<input type="text"/>
Service Authorization Exception Code:	Special Program Code:	Delay Reason:
<input type="text" value="-- SELECT --"/>	<input type="text" value="-- SELECT --"/>	<input type="text" value="-- SELECT --"/>

* - Required fields

At least one claim line must be added in order to submit claim.

Add new Claim Line
View/Add Attachments

[Return to Welcome Page](#) | [Submitted Claims List](#)

On the Claim Detail page, Patient Account Number is mandatory and must be entered before the claims lines will display. The Patient Account Number is the number the provider's office uses to identify the patient. Once entered, the user can then click Add new Claim Line.

Service Dates: (from - to)*	<input type="text" value="31"/> to <input type="text" value="31"/>	Charges: *	<input type="text"/>
CPT/HCPCS Code: *	<input type="text"/>	Charges include Postage paid?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Place of Service: *	<input type="text"/>	Sales Tax Amount:	<input type="text"/>
Initial Treatment Date:	<input type="text" value="31"/>	Units: *	<input type="text"/>
Diagnosis Code: *	Modifiers:	Allowed:	<input type="text"/>
1. <input type="text"/>	1. <input type="text"/>	Paid:	<input type="text"/>
2. <input type="text"/>	2. <input type="text"/>	FDA Investigational Device Exemption(IDE) number:	<input type="text"/>
3. <input type="text"/>	3. <input type="text"/>		
4. <input type="text"/>	4. <input type="text"/>		
Provider Control Number:	<input type="text"/>	Emergency:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional Information:		EPSDT:	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text" value="-- SELECT --"/>		Copay Exempt:	<input type="radio"/> Yes <input checked="" type="radio"/> No
<div style="border: 1px solid gray; height: 60px;"></div>		Family Planning:	<input type="radio"/> Yes <input checked="" type="radio"/> No
You have 160 characters remaining.			

On the Edit Line Detail screen, users will need to complete all required fields before saving. Clicking on the magnifying glass icons will allow users to search for the appropriate codes for those fields.

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submit a claim (claims courier) :: Claim Detail Help?

PO Box

Patient/Insured Information

Provider Information

Treatment Information

Claim Detail

Preview

987654321 COMPLETE CARE PROVIDER (111111000)

Claim Detail

Patient Account Number:* <input type="text" value="MCC1234"/>	Authorization Number: <input type="text"/>	Referral Number: <input type="text"/>
Service Authorization Exception Code: <input type="text" value="-- SELECT --"/>	Special Program Code: <input type="text" value="-- SELECT --"/>	Delay Reason: <input type="text" value="-- SELECT --"/>

* - Required fields

1. 12/01/2014 77331 \$100.00

Add new Claim Line
View/Add Attachments

Total Charge: 100.00
Total Patient Paid: 0.00

Save and Continue
Save for Later

Once a line has been entered, it will display as shown above. The icons will allow users to view the line details, delete the line or edit the line. Attachments can also be included with the submission by clicking the View/Add Attachments button.

Once all lines have been entered, the user can click Save and Continue to advance to the Preview page where they will review all information and then submit the claim.

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submit a claim (claims courier) :: Transaction Summary Help?

You are encouraged to print this page for your records. If you choose not to print this page at this time, you can find this transaction by selecting the 'View Submitted Claims' function.

If you would like to return to the initial screen, select 'Return to Welcome Page'.

To check the status of a claim, please click on 'Check Claim Status' under 'My Claims' in the left hand menu.

[Return to Welcome Page](#) | [Submitted Claims List](#)

Transaction Number: 4048730 ? **Transaction Status: Accepted**

This Transaction has been **Approved/Accepted** in the Claims processing system and will soon begin the adjudication process. It is your responsibility to monitor this transaction until adjudication is complete. Please note: Your transaction should be available for viewing in 'Check Claims Status' 24-48 hours after submission.

[Create a New Claim](#)

[Copy a Claim](#)

P.O. Box:
2097

Submission Date:
12/11/2014

Patient Name:
MCC MEMBER

Rendering Provider:
DOCTOR 10, TEST

Claim Number:
2983289

Initial Claim Processing Status:
Pended [View](#)

Line No.	Date of Service	Procedure Code	Charge	Processing Status
1	12/01/2014 - 12/01/2014	77331	100.00	Pended

Upon submission, confirmation will be given that the claim was received. Processing of the claim can then be monitored using the Check Claims Status application.

CREATE A NEW CLAIM FROM A COPY

My Practice

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▶ **My Claims**

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▶ **My EDI**

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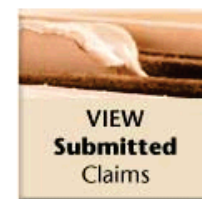
- Change Password
- Edit My Profile

submit a claim (claims courier) :: Welcome

Help?

Magellan Complete Care is pleased to offer professional claim submission for professional services. This online application is designed as a tool to both **submit and manage claims** submitted through the Claims Courier.

- It is the submitter's responsibility to monitor the claim using 'View Submitted Claims' function until it is in 'Accepted/Received' status and thereby entered into the adjudication system.
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- If you wish to view **adjudicated claims status**, you can [check claims status](#) through My Claims.



The Create a New Claim from a Copy option allows users to create a new claim from a previous submission. This is a very time-saving feature for users because the majority of information on the claim is retained from the previous submission.

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submit a claim (claims courier) :: Claim Search **Help?**

Search for an Existing Transaction/Claim

Below is a list of your claims entered through Claims Courier. To narrow your search, enter one or more search criteria and click "Search". [Learn More](#). Check the status of **adjudicated** claims [here](#).

Service Date Range: **Patient/Member Name:**

From: 12/10/2014 **To:** 12/11/2014

Last Name: **First Name:**

Transaction Status: **Transaction Number:**

Select One

Search

[Return to Welcome Page](#)

1 Claim Found **1**

Archive

<input type="checkbox"/>	Patient / Birthdate	Service Date	Provider	Submitted	Trans No / Claim No	
<input type="checkbox"/>	MEMBER, MCC 07/18/1987	12/10/2014 - 12/10/2014	PROVIDER, TEST	12/10/2014	4048687 2982250	View Copy

[Check All](#) - [Clear All](#)

Archive

[Return to Welcome Page](#)

1 Claim Found **1**

Previously Received/Accepted claims will provide a yellow Copy button which users can click in order to create a new claim from a previous submission.

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submit a claim (claims courier) :: Claim Detail Help?

PO Box
Patient/Insured Information
Provider Information
Treatment Information
Claim Detail
Preview

596012065 ZITON, LAURA (600857904)

Claim Detail

Patient Account Number:*	Authorization Number:	Referral Number:
<input type="text" value="MCC1234"/>	<input type="text"/>	<input type="text"/>
Service Authorization Exception Code:	Special Program Code:	Delay Reason:
<input type="text" value="-- SELECT --"/>	<input type="text" value="-- SELECT --"/>	<input type="text" value="-- SELECT --"/>

* - Required fields

1. 12/01/2014 77331 \$100.00

Add new Claim Line
View/Add Attachments

Total Charge:	100.00	Total Patient Paid: 0.00
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Save and Continue
Save for Later

[Return to Welcome Page](#) | [Submitted Claims List](#)

The claim will open to the Claim Detail page. The only requirement would be for the user to edit claim lines using the pencil icon and update to current date(s) of service. New attachments can also be added, if needed.

All previously submitted information will remain on the claim; however, users can use the navigation boxes at the top of the page to make any required edits on other pages.

Once all edits have been made, the user will proceed to the Preview page to review and submit. Upon submission, confirmation will be provided, as with initial claim submissions.

FINISH A SAVED CLAIM

My Practice

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- Check Member Eligibility

▶ **My Claims**

- Submit a Claim Online
- View Claims Submitted Online
- Check Claims Status

▶ **My EDI**

- Submit EDI Files

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 CREATE a New, Blank Claim	 CREATE a New Claim from a Copy	 FINISH a Saved Claim	 VIEW Submitted Claims
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The Finish a Saved Claim option allows users to search for and open partially completed claims, in order to finish the submission process.

VIEW SUBMITTED CLAIMS


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from a Copy**



**FINISH a
Saved Claim**



**VIEW
Submitted
Claims**

The View Submitted Claims option allows users to search for and view the status of claims previously submitted through the site. In addition to being the fourth button in the Submit a Claim Online application, there is also a link directly to that feature in the list of site applications.