

CLTS/WPS

General Claim Submission Requirements

General claim submission requirements:

The following information entered on a claim **should always match the information on the authorization form received from your County Waiver Agency (CWA):**

1. **Participant information: ID Number, First and Last Name, Date of Birth**
2. **Provider information: Billing/Pay-to and Servicing/Business Name and Address**
3. **Service codes:** Three- or four-digit Revenue Code or five-digit alphanumeric HCPCS/CPT
4. **Modifiers:** If listed on the authorization form, these must be entered on the claim
5. **Dates of Service:** Bill dates of service when services were provided within the authorized date span (claims billed with future dates will be returned unentered)
NOTE: When to use a date span versus one day of service:
 - Services were performed on consecutive dates: Bill a date span (8/1-8/7)
 - Services were performed on two or more different dates: Bill one date per claim line (8/1, 8/3, and 8/7)
6. **Total units:** Bill total number of units serviced or performed based on the authorized units
NOTE: Partial units or decimals should not be entered into this field
7. **Total charge:** Total charge should equal the unit rate times the number of units billed on the claim
EXAMPLE: Unit rate = \$9.00 x 5 units = \$45.00 total charge

NOTE: If the information on the authorization is incorrect, please contact your CWA prior to submitting a claim.

EDI (Electronic Data Interchange) claim submission requirements:

1. One unique service code per claim
2. Bill services on the appropriate Professional or Institutional format
EXAMPLE: CLTS **Personal Care services** must be billed on the Professional format
3. Review all error reports promptly
Contact EDI at 800-782-2680, option 1 with any questions
4. Claims paid by Medicare or Other Insurance primary payers must be submitted on paper through the mail at this time
5. For proper loop/segment of Disclaimer Codes, contact EDI at 800-782-2680, option 1

Visit the EDI website to review the Quick Start guidelines for CLTS claim submission:

wpshealth.com/resources/provider-resources/edi/software.shtml

Excel spreadsheet claim submission requirements:

1. All files must be named appropriately using the Billing Provider Name and date of submission; if multiple files are uploaded on one day, use 1, 2, 3, etc. after the Billing Provider Name
2. **Valid .xls or .xlsx file formats** are accepted; other file formats, such as .ods, .doc, .pdf, .csv, etc., **will not** be processed
3. Each line on the spreadsheet is a separate claim
4. Claim data must be entered into the appropriate fields in the correct format

EXAMPLE:

- Three- or four-digit Revenue Codes must be entered in the Revenue Code field only
 - Five-digit HCPCS/CPT codes must be entered in the HCPCS/CPT field only
 - Date of Birth and Date of Service should be entered as MMDDYYYY without any special characters (such as / or -)
5. Disclaimer codes are only accepted in the disclaimer code field and will not be processed if listed in any other field
 6. Always check the MOVEit logs to verify that the action column states “uploaded (integrity ok or integrity not checked)” and **if the action column states “failed” or “deleted,” upload the file again**
 7. Validate that the correct email address is listed under the notification section in the account options in MOVEit; if there is an error on a spreadsheet, email notification will be sent to the email on file letting the provider know there is a package/message in MOVEit

Review the **Spreadsheet Submission Instructions** for proper formatting. Email FCWPS@wpsic.com with questions regarding the spreadsheet instructions or uploading a file.

Paper (CMS 1500, UB-04, and CLTS claim forms) claim submission requirements:

1. One unique service code per claim
EXCEPTIONS: Medicare or Other Insurance primary
2. Bill on the appropriate format (CMS 1500 or UB-04)
3. Claim data must be entered into the appropriate fields

EXAMPLE:

- Authorization number, Revenue Codes, HCPCS/CPT codes, Rendering Provider NPI, etc.

Review the **CLTS Non-Standard paper claim form tip sheets** to verify information is entered correctly.



Claim status questions?

Call the WPS/CLTS Contact Center at **877-298-1258**.

