



# Provider Web Portal Quick Guide: Submitting an Institutional Claim

1. Login to Provider Web Portal.

2. Select [Claims](#) in the header.

The screenshot displays the Health First Colorado Provider Web Portal. At the top left is the Colorado Department of Health Care Policy & Financing logo. To the right is the Health First Colorado logo with the tagline 'Colorado's Medicaid Program' and links for 'Contact Us' and 'Logout'. Below the logos is a navigation bar with 'Home', 'Eligibility', 'Claims' (highlighted with an orange box), 'Care Management', and 'Resources'. The main content area includes a search form with fields for 'Provider Name', 'Provider ID', 'Location', and 'Taxonomy'. On the left, there are sections for 'User Details' (with a 'Welcome' message and links for 'My Profile' and 'Manage Accounts') and 'Provider' (with fields for 'Name', 'Provider ID', and 'Location ID', and links for 'Provider Maintenance', 'EFT/ERA (\$35) Enrollment', and 'Disenroll'). On the right, there is a 'Welcome Health Care Professional!' message, a photo of two healthcare professionals, and a list of utility links: 'Contact Us', 'Notify Me', 'Alerts', and 'Secure Correspondence'. A paragraph at the bottom of the main content area states: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

### 3. Select Submit Claim Inst.

The screenshot shows a web portal interface with a blue navigation bar containing 'Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. Below the navigation bar is a green search bar with links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', and 'Search Payment History'. The main content area is titled 'Claims' and includes a date 'Tuesday 05/08/2018 05:02 PM MST'. A search form is present with fields for 'Provider Name' (LFNAME, LLNAME), 'Provider ID' (Providers -), 'Location' (LLNAME, LFNAME), and 'Taxonomy'. Below the search form is a green 'Claims' header with a list of links: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst' (highlighted with an orange box), 'Submit Claim Prof', and 'Search Payment History'.

**4. Select the “Claim Type” (Inpatient, Crossover Inpatient, Outpatient, Crossover Outpatient or Long-Term Care). Next, enter the information needed for the claim on the [Submit Institutional Claim: Step 1](#) page and click “Continue”.**

The Long-Term Care claim type should only be utilized for Nursing Facility charges.

The Institutional Provider ID is not necessary. The Billing Provider ID will be used to process claims.

To enter Medicare information, select a claim type of Crossover Outpatient or Crossover Inpatient. Crossover Inpatient Medicare information will be entered on the [Submit Institutional Claim: Step 1](#) page. Crossover Outpatient Medicare information will be entered on [Submit Institutional Claim: Step 3](#) page.

**Submit Institutional Claim: Step 1**

\* Indicates a required field.

Claim Type Inpatient

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

<b>Billing Provider ID</b>	<input style="background-color: #0070C0; color: white;" type="text"/>	ID Type <span style="border: 1px solid black; padding: 2px;">NPI</span>	Name <span style="border: 1px solid black; padding: 2px;">LFNAME LLNAME</span>
<b>Taxonomy</b>	<input type="text"/>		
<b>Institutional Provider ID</b>	<input type="text"/>	ID Type <span style="border: 1px solid black; padding: 2px;">▼</span>	Name <span style="border: 1px solid black; padding: 2px;">_</span>
<b>Taxonomy</b>	<input type="text"/>		<span style="border: 1px solid black; padding: 2px;">▼</span>
<b>Attending Provider ID</b>	<input type="text"/>	ID Type <span style="border: 1px solid black; padding: 2px;">▼</span>	Name <span style="border: 1px solid black; padding: 2px;">_</span>
<b>Taxonomy</b>	<input type="text"/>		<span style="border: 1px solid black; padding: 2px;">▼</span>
<b>Operating Provider ID</b>	<input type="text"/>	ID Type <span style="border: 1px solid black; padding: 2px;">▼</span>	Name <span style="border: 1px solid black; padding: 2px;">_</span>
<b>Taxonomy</b>	<input type="text"/>		<span style="border: 1px solid black; padding: 2px;">▼</span>
<b>Other Operating Provider ID</b>	<input type="text"/>	ID Type <span style="border: 1px solid black; padding: 2px;">▼</span>	Name <span style="border: 1px solid black; padding: 2px;">_</span>
<b>Taxonomy</b>	<input type="text"/>		<span style="border: 1px solid black; padding: 2px;">▼</span>

**Member Information**

*Member ID <input type="text"/>	First Name <span style="border: 1px solid black; padding: 2px;">_</span>
Last Name <span style="border: 1px solid black; padding: 2px;">_</span>	Birth Date <span style="border: 1px solid black; padding: 2px;">_</span>
Address <input type="text"/>	
<input type="text"/>	
City <input type="text"/>	Zip Code <input type="text"/>
State <span style="border: 1px solid black; padding: 2px;">▼</span>	

**Claim Information**

*Covered Dates <input type="text"/> - <input type="text"/>	*Admission Date/ Hour <input type="text"/> (hh:mm) Discharge Hour <input type="text"/> (hh:mm)
*Admission Type <input type="text"/>	*Admission Source <input type="text"/>
*Admitting Diagnosis Type <span style="border: 1px solid black; padding: 2px;">ICD-10-CM</span> ▼	*Admitting Diagnosis <input type="text"/>
*Patient Status <input type="text"/>	*Facility Type Code <span style="border: 1px solid black; padding: 2px;">▼</span>
*Patient Number <input type="text"/>	
Previous Claim ICN <input type="text"/>	
Note <input type="text"/>	
Include Other Insurance <input type="checkbox"/>	Total Charged Amount \$0.00

Continue Cancel

NOTE: Check the "Include Other Insurance" box to indicate a commercial (Non-Medicare) Third-Party Liability (TPL) coverage. Please refer to the Other Insurance Quick Guide for more information.

5. Enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Institutional Claim: Step 2 page under “Diagnosis Codes” and click “Add”.

**Submit Institutional Claim: Step 2** ?

\* Indicates a required field.

**Claim Type** Inpatient

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**Provider Information**

**Billing Provider ID**  **ID Type** NPI **Name** LFNAME LLNAME  
**Taxonomy** Emergency Medicine

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**Patient and Claim Information**

**Member ID**  **Member**  **Gender**   
**Birth Date**  **Total Charged Amount** \$0.00  
**Covered Dates**  **Admission Date/Hour**   
**Admitting Diagnosis Type** ICD-10-CM **Admitting Diagnosis**

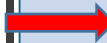
[Expand All](#) | [Collapse All](#)

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**Diagnosis Codes** -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
 Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
1				
1	*Diagnosis Type ICD-10-CM	*Diagnosis Code <input type="text"/>		
	Present on Admission No			

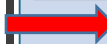


6. If applicable, enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Institutional Claim: Step 2 page under “External Cause of Injury Diagnosis Codes” and click “Add”.

**External Cause of Injury Diagnosis Codes** -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1			
1	*Diagnosis Type ICD-10-CM	*External Cause of Injury Diagnosis Code <input type="text"/>	



7. If applicable, enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Institutional Claim: Step 2 page under “Patient Reason for Visit Diagnosis Codes” and click “Add”.

**Patient Reason for Visit Diagnosis Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Diagnosis Type	Patient Reason for Visit Diagnosis Code	Action
1	ICD-10-CM		

\*Diagnosis Type: ICD-10-CM    \*Patient Reason for Visit Diagnosis Code:

**Add**    **Reset**

8. If applicable, enter the “Condition Code” information on the Submit Institutional Claim: Step 2 page under “Condition Codes” and click “Add”.

Condition and occurrence codes can be found in the following UB-04 billing manuals: [Dialysis Billing Manual](#), [FOHC and RHC Billing Manual](#), [Home Health Billing Manual](#), [Hospice Care Billing Manual](#), [Inpatient/Outpatient Billing Manual](#), [Nursing Facility Billing Manual](#) and the [Private Duty Nurse Billing Manual](#).

**Condition Codes**

Click the **Remove** link to remove the entire row.

#	Condition Code	Action
1		

\*Condition Code:

**Add**    **Reset**

9. If applicable, enter the “Occurrence Code” and “From and To Date” information on the Submit Institutional Claim: Step 2 page under “Occurrence Codes” and click “Add”.

**Occurrence Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
For an Occurrence Code enter the same From and To Date. For an Occurrence Span enter the From and To dates of the span.

#	Occurrence Code	From Date	To Date	Action
1				

\*Occurrence Code:     \*From Date:     \*To Date:

**Add**    **Reset**

10. If applicable, enter the value code and amount information on the Submit Institutional Claim: Step 2 page under “Value Codes” and click “Add”.

**Value Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
<u>1</u>			
1	*Value Code <input type="text"/>	*Amount <input type="text"/>	

**Add** **Reset**

11. If applicable, enter the “Surgical Procedure Type”, “Surgical Procedure Code” and “Date” information on the Submit Institutional Claim: Step 2 page under “Surgical Procedures” click “Add”. Click “Continue” when finished.

**Surgical Procedures**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.

#	Surgical Procedure Type	Surgical Procedure Code	Date	Action
<u>1</u>				
1	*Surgical Procedure Type <input type="text" value="ICD-10-PCS"/>	*Surgical Procedure Code <input type="text"/>	*Date <input type="text"/>	

**Add** **Reset**

**Back to Step 1** **Continue** **Cancel**

12. Enter the service detail information and, if applicable, upload supporting attachments on the Submit Institutional Claim: Step 3 page under “Service Details” and “Attachments”. Once finished, click “Submit”.

**Submit Institutional Claim: Step 3**

\* Indicates a required field.

**Claim Type** Inpatient

**Provider Information**

**Billing Provider ID**  **ID Type** NPI **Name** LFNAME LLNAME  
**Taxonomy** Emergency Medicine

**Patient and Claim Information**

**Member ID**   
**Member**  **Gender**   
**Birth Date**  **Total Charged Amount** \$0.00  
**Covered Dates**  **Admission Date/Hour**   
**Admitting Diagnosis Type** ICD-10-CM **Admitting Diagnosis**

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes**

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 \*Revenue Code  HCPCS/Proc Code

Modifiers

From Date  To Date  \*Units  \*Unit Type

\*Charge Amount

**Attachments**

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to add attachment.					



### 13. Confirm Institutional Claim information that was entered. If correct, click “Confirm”.

If changes need to be made, navigate back to the appropriate section using the “Back to Step X” buttons at the bottom of the page. Do not use the web browser’s “back” button as it can cause errors on the claim.

**Confirm Institutional Claim** ?

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

**Claim Type** Inpatient

**Provider Information**

Billing Provider ID	<input type="text"/>	ID Type	NPI	Name	LFNAME LLNAME
Taxonomy		ID Type	..	Name	..
Institutional Provider ID	<input type="text"/>	ID Type	..	Name	..
Taxonomy		ID Type	..	Name	..
Attending Provider ID	<input type="text"/>	ID Type	..	Name	..
Taxonomy		ID Type	..	Name	..
Operating Provider ID	<input type="text"/>	ID Type	NPI	Name	LFNAME LLNAME
Taxonomy		ID Type	..	Name	..
Other Operating Provider ID	<input type="text"/>	ID Type	..	Name	..
Taxonomy		ID Type	..	Name	..

**Member Information**

Member ID	<input type="text"/>	Gender	Female
Member			
Birth Date	<input type="text"/>		
Address	..		
	..		
City	..		
State	..	Zip Code	..

**Claim Information**

Covered Dates	<input type="text"/>	Admission Date/Hour	<input type="text"/>
Admission Type		Admission Source	
Admitting Diagnosis Type		Discharge Hour	
Admitting Diagnosis Patient Status		Facility Type Code	<input type="text"/>
Patient Number	<input type="text"/>		
Previous Claim ICN	..		
Note	..		
		Total Charged Amount	<input type="text" value="\$1,000.00"/>

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** ?

**Service Details** ?

Every Diagnosis Codes exist for this claim

is exist for this claim

for this claim

it for this claim

this claim

dist for this claim

this claim

Back to Step 1
Back to Step 2
Back to Step 3
Print Preview
Confirm

**Note:** If changes need to be made, navigate back to the appropriate section using the “Back to Step X” buttons at the bottom of the page.

**14. The claim status and Claim ID will be displayed on the Submit Inpatient Claim: Confirmation page. This will also appear on the RA.**

The screenshot shows a web interface with a green header bar containing the text "Submit Inpatient Claim: Confirmation". Below the header is a blue bar with "Inpatient Claim Receipt". The main content area contains the following text: "Your Inpatient Claim was successfully submitted. The claim status is Denied." followed by "The Claim ID is" and a blue input field. Below this are four instructions: "Click **Print Preview** to view the claim details as they have been saved on the payer's system", "Click **Copy** to copy member or claim data.", "Click **New** to submit a new claim.", and "Click **View** to view the details of the submitted claim." At the bottom of the content area are four buttons: "Print Preview", "Copy", "New", and "View". A yellow callout box on the right side of the screenshot contains the text: "Please note, one of three claim status values will appear on this page:" followed by a bulleted list: "• Approved", "• Denied", and "• Suspend". Two red arrows point from the callout box to the "Denied" status and the Claim ID field in the screenshot.

## Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides:

**Aid Code and Benefit Plan Acronyms**

**Are You Billing from the Correct Account?**

**Copy, Adjust, or Void a Claim**

**Delegates**

**Delegate Access Definitions**

**Entering Third Party Liability**

**Provider Maintenance**

**Provider Maintenance – License Update**

**Pulling your 835 - Linking to your own TPID**

**Pulling your Remittance Advice (RA)**

**Reading your Remittance Advice (RA)**

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

**Submitting a Claim with Other Insurance or Medicare Crossover Information**

**Adding and Updating TPL Information**

**Validating a Trading Partner ID (TPID)**

**Verifying Member Eligibility and Co-Pay**

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-Pay Amounts

**Updating your EFT Information**

**Updating your ERA Information**

**Viewing Prior Authorizations in the Portal**

**Web Portal Registration**

## Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the [Provider FAQ Central](#) web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

## Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

- [Session #1](#) Access the new Portal, Portal Registration, log in, My Profile, Manage Accounts (including delegates)
- [Session #2](#) Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment
- [Session #3](#) Member Information and Eligibility Verification
- [Session #4](#) Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment
- [Session #5](#) Notify Me, Alerts, Secure Correspondence
- [Session #6](#) Files Exchange, Resources
- [Session #7](#) Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)
- [Bridge](#) Bridge training for Community Centered Boards (CCBs) only