# How to submit a Quick Claim (formerly Smart Claim)

Use the Quick Claims application when…

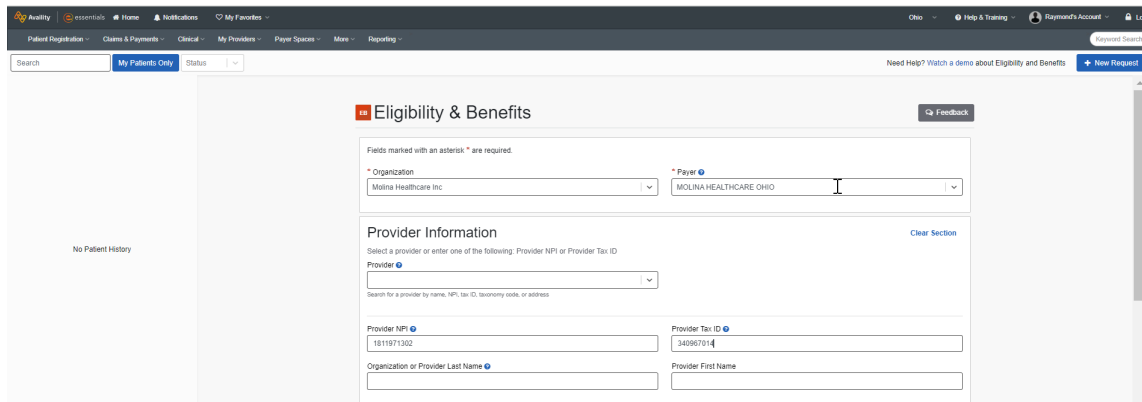• The claim does not have any attachments.
• The patient:
> • has only one insurance provider.
> • has agreed to allow the payer to pay the provider for services.
• Release of Information is on file at the service provider or utilization review organization.
• Signature is On File using the authorization form for CMS-1500 claim form Box 12 and/or Box 13.

Under the **Patient Registration** tab, click **Eligibility and Benefits Inquiry**
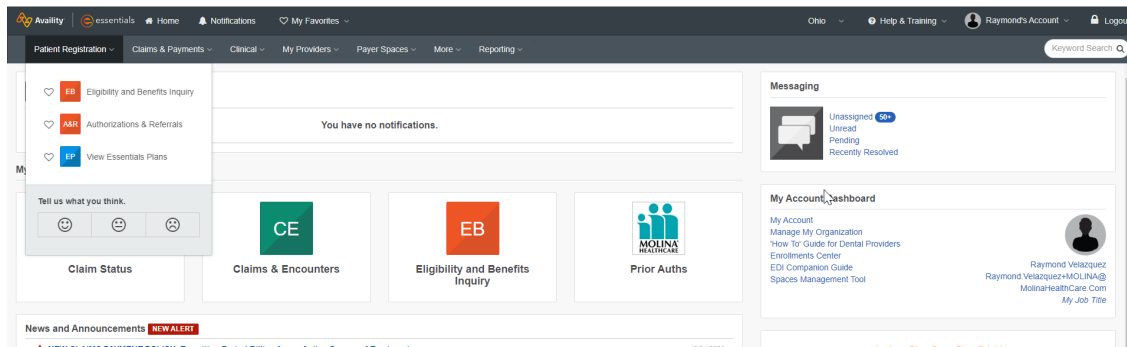
Scroll down to the **Provider Information** section:

- Enter Provider Tax ID number (TIN)
- Enter Provider's National Provider Identifier (NPI) (**NOT applicable for Atypical Providers**)

Scroll down to the **Patient Information** section:

Member Search Options consist of the following combinations:

- Member ID, Date of Birth, State
- Member Last Name, Member First Name, Date of Birth, State
- Member ID, Member Last Name, Date of Birth, State
- Member ID, Date of Birth, Gender, State
- Member ID, Last Name, Date of Birth, Gender, State

  Search for your Member

Scroll to the **Service Information** section and enter the Date of Service in the As of Date field

Click the **Search** button on the right of the screen:

If your Member is found, that record will be displayed above the **Service Information** section. Highlight this record with your cursor and click the **Submit** button at the bottom of the screen.
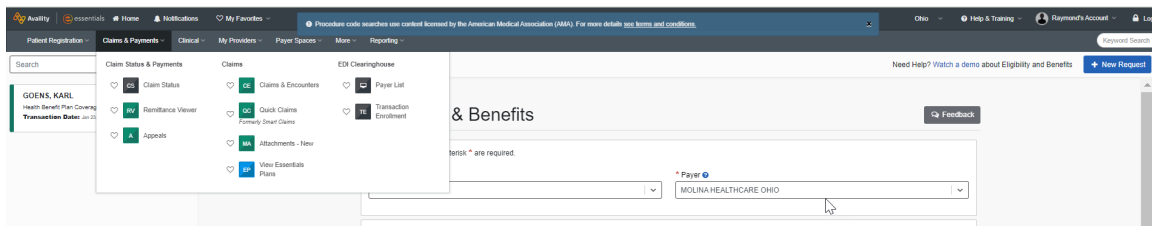
The following screen will appear:
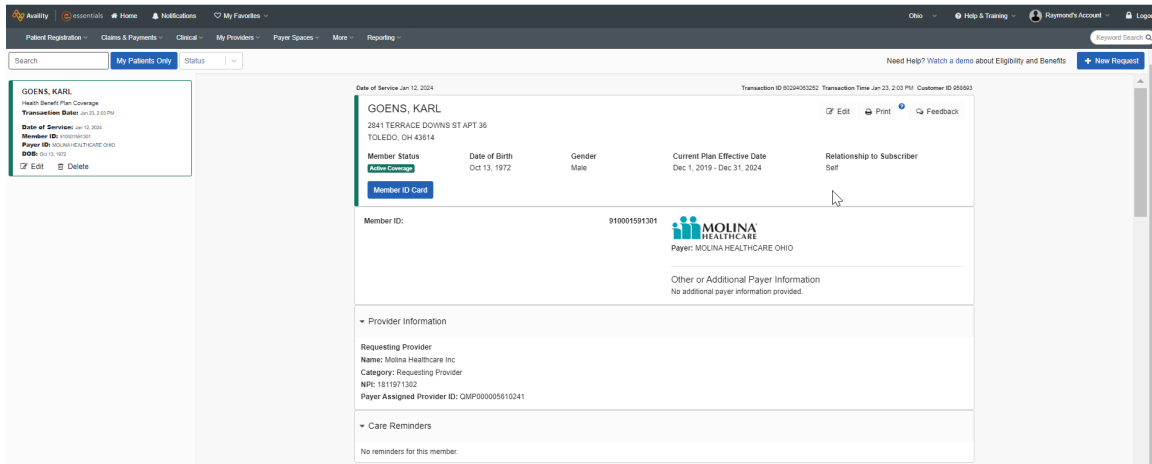
Now that you have verified your Member's Eligibility and Benefits, go to the **Claims & Payments** tab and select the **Quick Claims** (**QC**) button under the **Claims** section:

The screen shown below will be displayed. Go to the **Search for Patient(s)** field in the **Patient Information** section. All Members whose Eligibility has been searched will appear in the dropdown field;

- Select your Member in the **Search for Patient(s)** field in the **Patient Information** section
- Select your Provider in the **Select a Provider** field in the **Provider Information** section. You can add different Provider Types, which include:
  - Billing Provider
  - Rendering Provider
  - Referring Provider
  - Supervising Provider

- Scroll down to the **Claim Information** section


The following data is required:

- Select the **Place of Service** in the dropdown field
- Enter the **Prior Authorization Number**, if applicable
- Enter the **Principal Diagnosis Code;** you can enter the English description and the appropriate ICD-10 Diagnosis Codes will appear. Please note that up to Three (3) Diagnosis Codes can be entered
- Enter the **Dates of Service**; the first field is the From or Start Date; the second field is the To or End Date

Click the **Add Code** button under **Procedure Code**; the following screen appears:
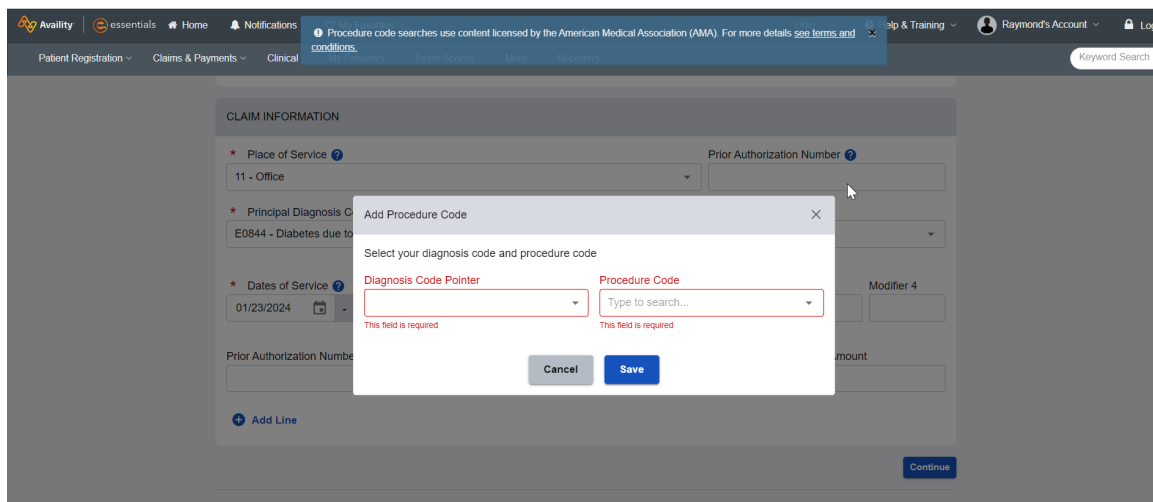
When you click the down arrow in the Diagnosis Code Pointer field, the following screen displays the Diagnosis Code(s) entered:
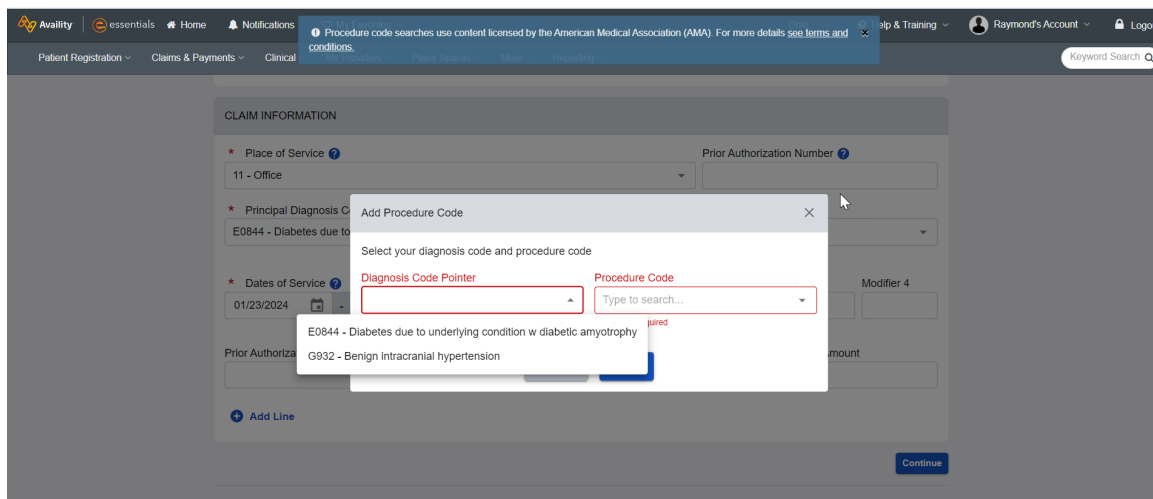
- Select the Diagnosis related to the Procedure Code to be entered.
- Enter the Procedure Code for this line. You can enter the CPT / HCPCS code or you can enter the English description of the Procedure / Service. ***If you choose to enter the English description, please Confirm that you select the correct Procedure Code.***

- Click the **Save** button

- Enter any **Modifier(s)**, if applicable. You can enter up to Four (4) Modifiers
- Enter your **Prior Authorization Number**, if applicable. This is NOT a required field.
- Enter the **Quantity** that you are billing.
- Enter the **Charge Amount** that you are billing.

Click **Continue**

- The following screen is displayed:

Click **Continue;** the following screen appears:

Click **Submit** to enter the claim; you can also click **Save As Template**

MOLINA HEALTHCARE

SC **Smart Claims**

Give Feedback

✓ **Success! Your claim has been submitted. Please access your organization's ReceiveFiles mail box to view claim responses. This can take up to 24 days.**

Customer ID: 1194   Transaction Date: 07/06/2022

CLAIM SUMMARY

Billing Provider
123 SAMPLE STREET

	Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
✓	SALLY STRAWBERRY	MOLINA HEALTHCARE	07/06/2022 - 07/06/2022	S60417S	29086		2	$31.00

Transaction ID:

Start New Claim   Save As Template   Print