



# ACS

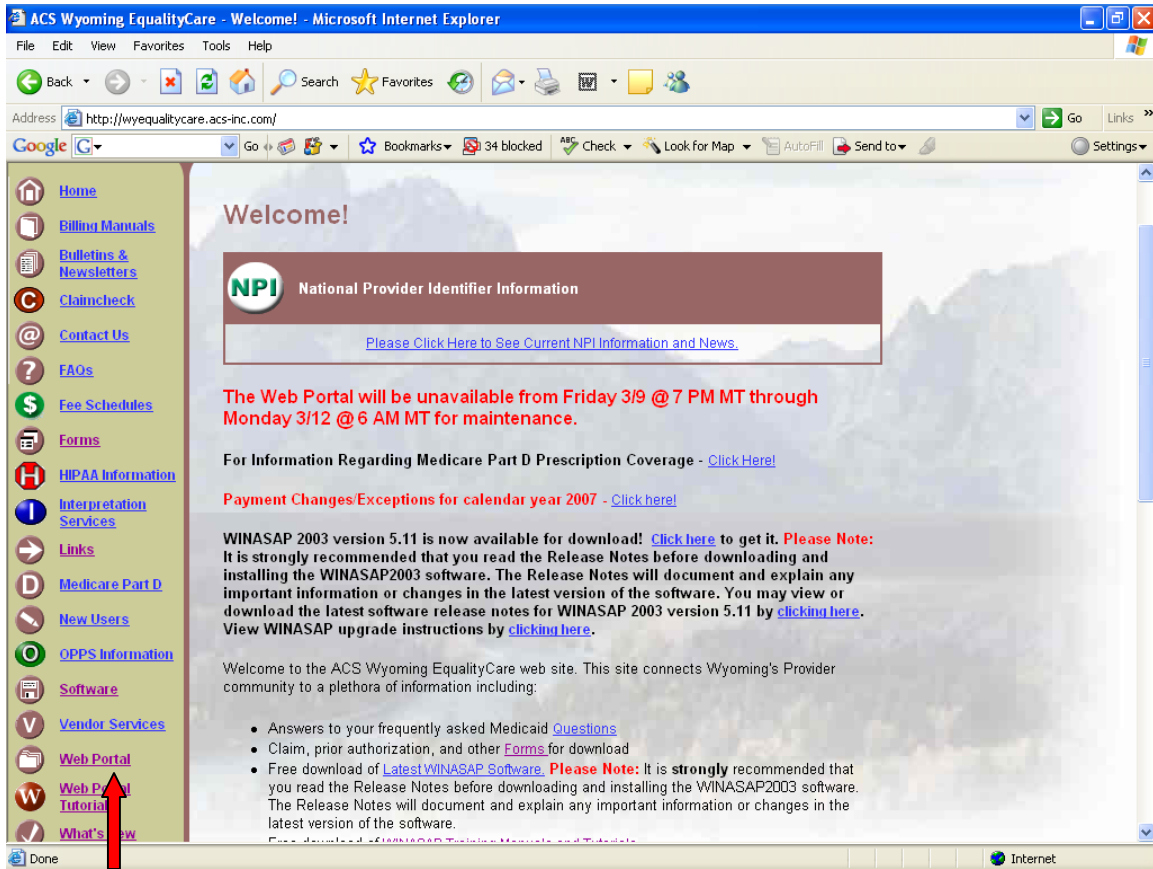
## WYOMING MEDICAID



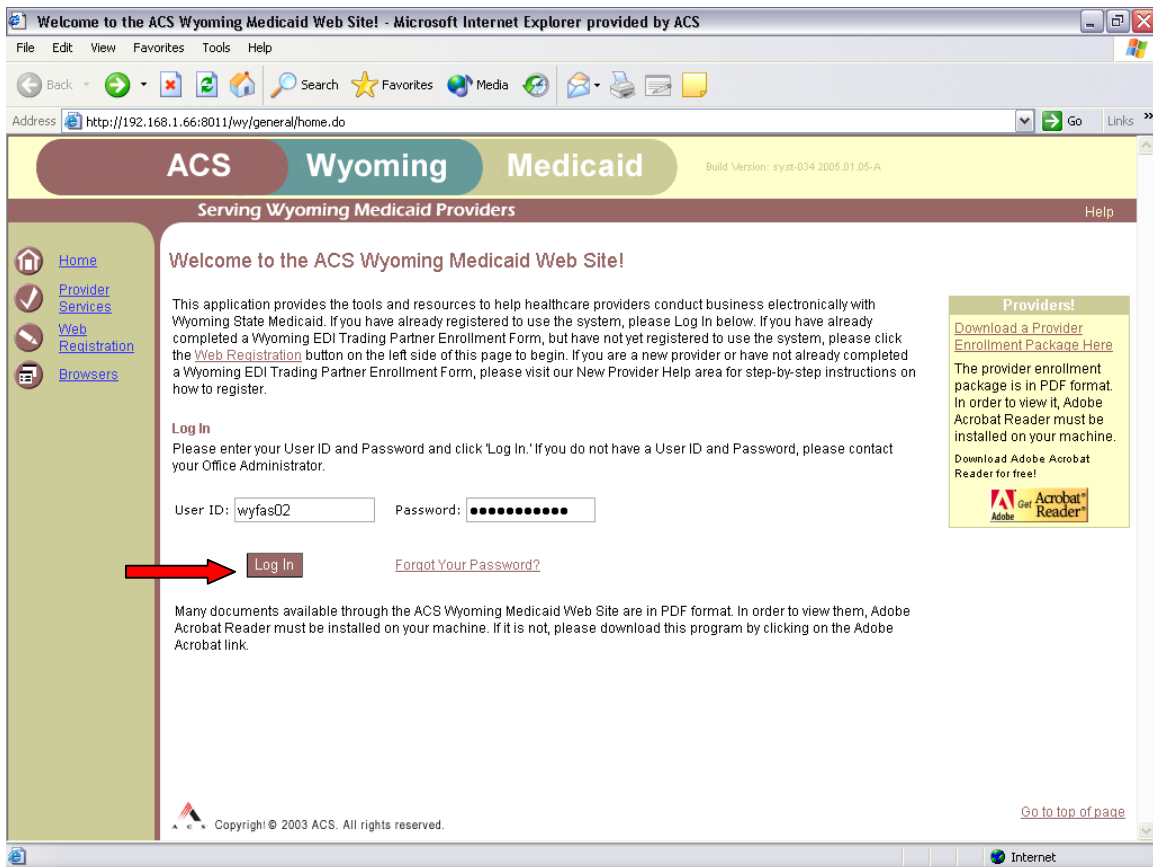
### WEB PORTAL TUTORIAL

### Dental

January 2008



This is the **Wyoming EqualityCare Home Page** (<http://wyequalitycare.acs-inc.com>). Click on “**Web Portal**”

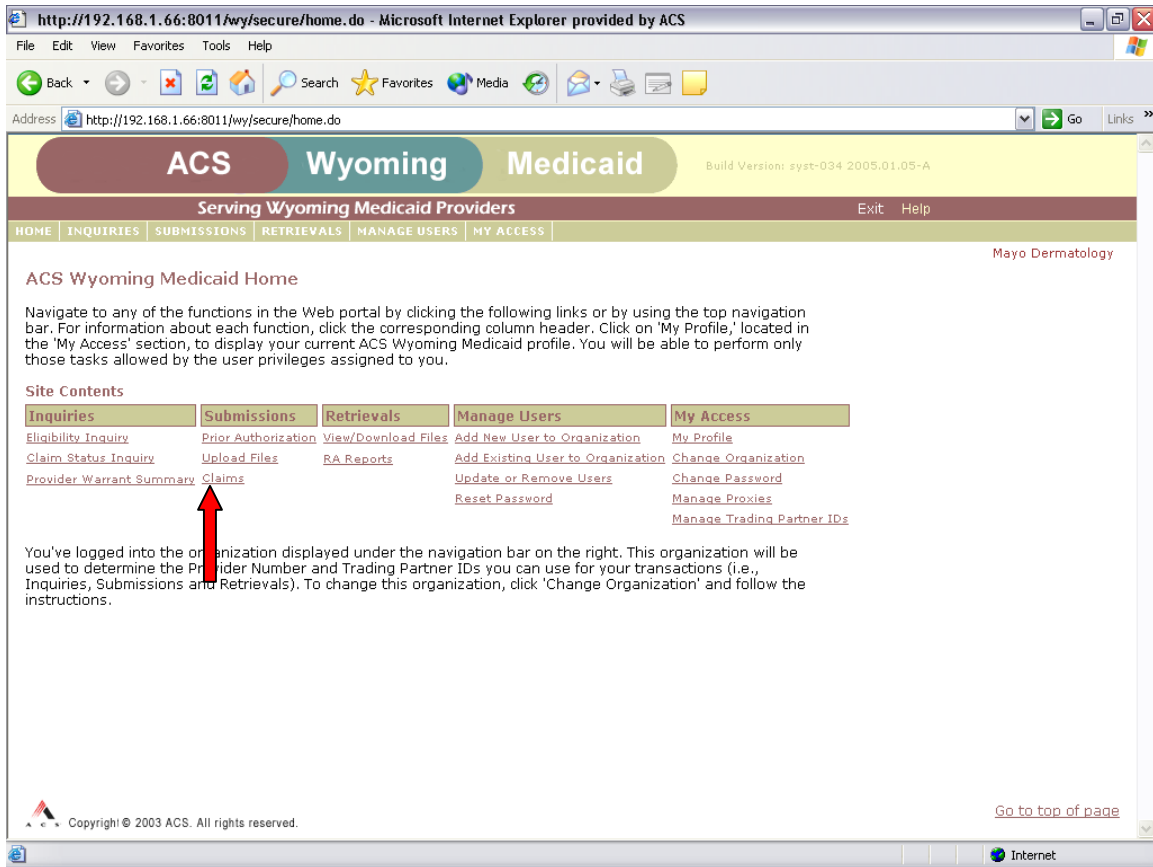


Enter your **User ID** and **Password**, click on “**Log In**”

**User ID** – this is the user ID you created when you first registered, or that was set up for you by your office administrator.

**Password** – This is the password you created when you first registered, or that you created when you first logged in after your office administrator set you up.

**PLEASE NOTE: IF YOU HAVE NOT YET REGISTERED, YOU WILL BE UNABLE TO LOG IN. YOU MUST FIRST FOLLOW THE STEPS OUTLINED IN THE REGISTRATION TUTORIAL IN ORDER TO SET UP YOUR USER ID AND PASSWORD.**



This is the **Web Portal Home Page**. This page provides access to all of the Web Portal information. Under **“Submissions”**, click on **“Claims”**.

ACS Wyoming Medicaid  
Build Version: syst-034 2005.01.05-A

Serving Wyoming Medicaid Providers Exit Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Claims Mayo Dermatology

### Claims

The menu options on this page allow you to create, edit, delete, submit and resubmit Professional, Institutional and Dental claims. They also provide you with a means of creating, saving, editing and deleting claim templates, which are partially completed claim forms containing information regularly used in various types of claims (such as a provider's address or identifying information).

Create Claims	Manage Claims	Create Templates	Manage Templates
<a href="#">Create Professional Claim</a>	<a href="#">Edit/Delete Saved Claim</a>	<a href="#">Create Professional Template</a>	<a href="#">View/Edit/Delete Template</a>
<a href="#">Create Institutional Claim</a>	<a href="#">View Submitted Claims</a>	<a href="#">Create Institutional Template</a>	
<a href="#">Create Dental Claim</a>		<a href="#">Create Dental Template</a>	
<a href="#">Create Claim From Template</a>			
<a href="#">Create Claim From Submitted Claim</a>			

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Under “**Create Claims**”, you will choose which type of claim you wish to create. Click on “**Create Dental Claim**”.

# CREATING A DENTAL CLAIM

http://wysyst.acs-shc.com/wy/secure/claims/createDentalClaim.do?type=837-D&claimsEntryMode=Clai - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://wysyst.acs-shc.com/wy/secure/claims/createDentalClaim.do?type=837-D&claimsEntryMode=Claim&destinationTab=Tab1

Are you resubmitting this claim?  Yes  No Submitter ID: 100053

**PROVIDER INFORMATION**  
Go to [Other Claim Info](#) to enter information for providers other than the Referring provider.

**BILLING PROVIDER**

\* Provider ID: 122828500 - ANDREA O DOAN

+ Additional Billing Provider Information

Taxonomy Code: 1223P0221X

Entity Qualifier:

Org/Last Name: First Name: MI: Suffix:

Address Line 1: Address Line 2:

City: State:

Zip Code: Country:

Is the Billing Provider also the Pay-To Provider?  Yes  No

Is the Billing Provider or Pay-To Provider also the Rendering/Performing Provider?  Yes  No

**RENDERING (PERFORMING) PROVIDER**

\* Provider ID: 1081081080 XX:National Provider Identifier

+ Additional Rendering (Performing) Provider Information

1D: Medicaid Provider Number  
1G: Provider UPIN Number  
XX: National Provider Identifier

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Recipient ID: 0600123123

+ Additional Subscriber/Client Information

Does the subscriber have insurance other than Medicaid?  Yes  No

This is where you will begin entering your claim information.

\*\*\* The +’s will allow you to enter additional claim information by clicking on them. Please only enter additional information where indicated necessary.

Asterisks (\*) denote required fields

## Provider Information

Are you **resubmitting this claim**? Select “no” if this is a brand new claim OR a claim replacing a previously denied claim.

In the **Provider ID** field choose your billing provider number from the drop down box provided. This should be your NPI number as it is on file with ACS.

Select the + in front of Additional Billing Provider Information and enter your **Taxonomy Code** as it was registered with ACS.

Is the **billing provider** also the **pay-to-provider**? Click “yes”.

http://wysyst.acs-shc.com/wy/secure/claims/createDentalClaim.do?type=837-D&claimsEntryMode=Clai - Microsoft Internet Explorer

Address http://wysyst.acs-shc.com/wy/secure/claims/createDentalClaim.do?type=837-D&claimsEntryMode=Claim&destinationTab=Tab1

Are you resubmitting this claim?  Yes  No Submitter ID: 100053

**PROVIDER INFORMATION**  
Go to [Other Claim Info](#) to enter information for providers other than the Referring provider.

**BILLING PROVIDER**  
\* Provider ID: 122828500 - ANDREA O DOAN

**Additional Billing Provider Information**  
Taxonomy Code: 1223P0221X  
Entity Qualifier:   
Org/Last Name:  First Name:  MI:  Suffix:   
Address Line 1:  Address Line 2:   
City:  State:   
Zip Code:  Country:

Is the Billing Provider also the Pay-To Provider?  Yes  No  
Is the Billing Provider or Pay-To Provider also the Rendering/Performing Provider?  Yes  No

**RENDERING (PERFORMING) PROVIDER**  
\* Provider ID: 1081081080 XX:National Provider Identifier  
Additional Rendering (Performing) Provider Information:   
1D:Medicaid Provider Number  
1G:Provider UPIN Number  
XX:National Provider Identifier

**SUBSCRIBER/CLIENT INFORMATION**  
SUBSCRIBER/CLIENT  
\* Recipient ID: 0600123123  
Additional Subscriber/Client Information:

Does the subscriber have insurance other than Medicaid?  Yes  No

Is the **billing provider** or **pay-to-provider** also the **rendering provider**? Click “yes” or “no” as appropriate.

If you select “no”, you will need to enter the correct provider information for the rendering provider :

**Provider ID** – Enter the appropriate identification for the rendering provider and select the ID type from the drop down list to match.

### **Subscriber/Client Information**

Enter the client’s 10 digit EqualityCare ID number.

**Do Not enter anything under Additional Subscriber / Client Information.**

Additional Subscriber/Client Information

Does the subscriber have insurance other than Medicaid?  Yes  No

CLAIM INFORMATION

Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.: 123

\* Service Date: mm dd ccy 01 01 2007

Additional Claim Data

Place of Service: 11:Office

Delay Reason Code:

Provider Signature on File:  Yes  No

Special Program Type Code:

Medicare Assignment Code: C:Not Assigned

Benefits Assignment Certification:  Yes  No

Release Of Information Code: Y:Provider Has Signed Release

Service Authorization Exception Code:

Patient Paid Amount:

Admission Date: mm dd ccy Discharge Date: mm dd ccy

Referral Date: mm dd ccy Appliance Placement Date: mm dd ccy

Does the subscriber have **insurance other than Medicaid**? If yes, you will be required to enter the subscriber member ID, name, date of birth, gender, group or policy number, and group or plan name.

If the other insurance has paid, enter the amount paid under **COB Payer Paid Amount**.

If the subscriber does not have another insurance, click **“no”**.

### Claim Information

Enter the **Patient Account Number** here.

Enter the claim **Service Date**.

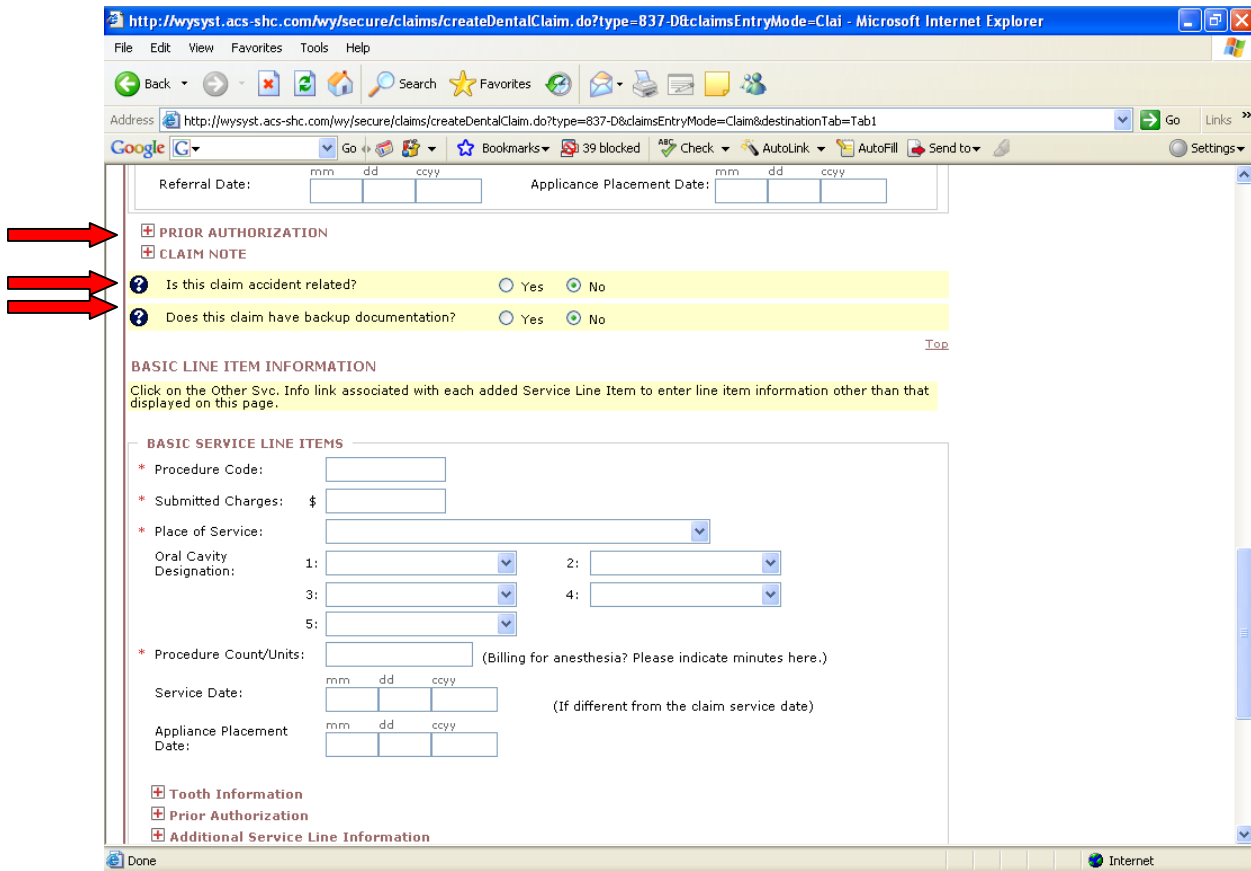
Click on the + next to **“Additional Claim Data”**

Enter the appropriate **Place of Service** code

Mark **Provider Signature on File** as **“yes”**

Enter the **Medicare Assignment Code** as **“not assigned”**

Enter the **Release of Information Code** as **“Provider Has Signed Release”**



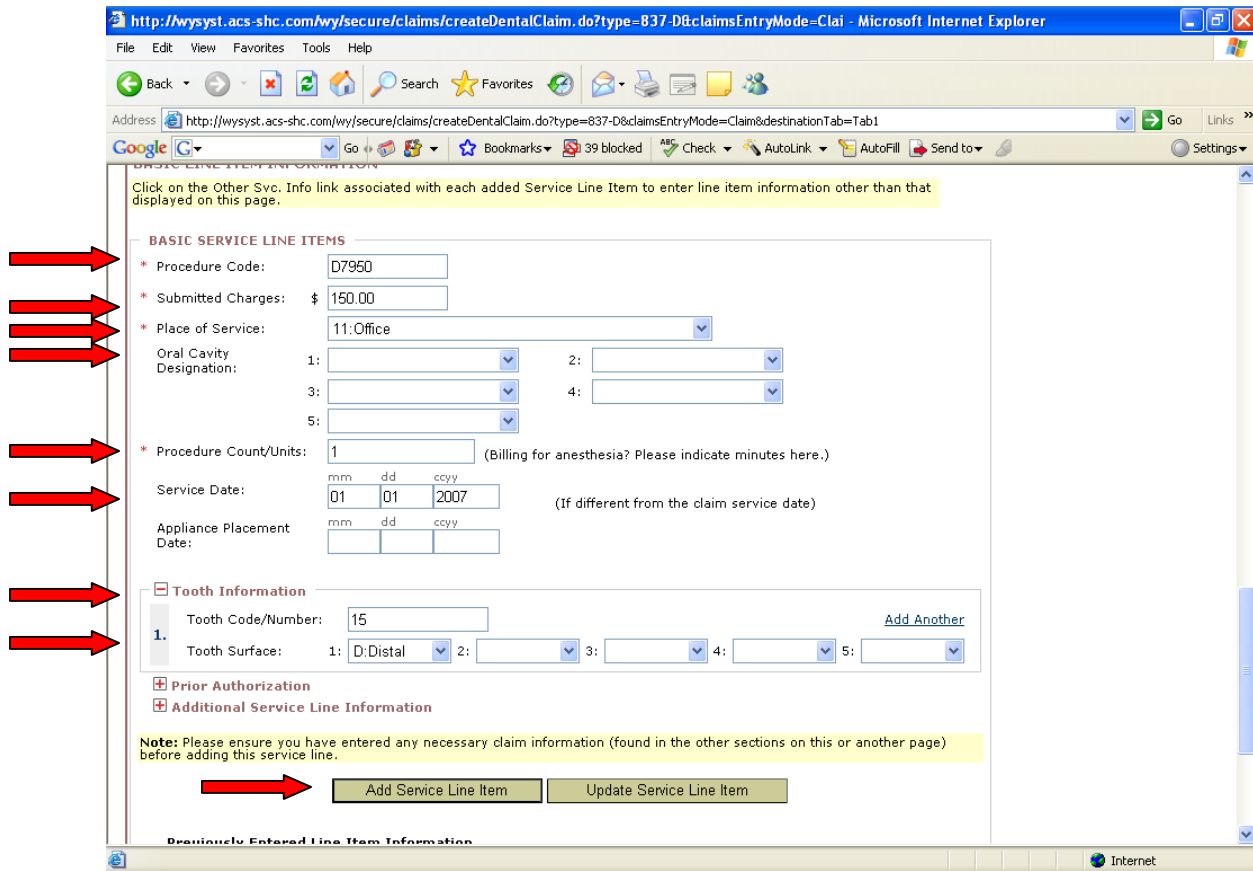
## Claim Information

### If a Prior Authorization Number is needed:

Click on the + in front of **Prior Authorization**.  
Enter the 10-digit **Prior Authorization number**.

Is this claim accident related? Click **“yes”** or **“no”** as appropriate.

Does this claim have backup documentation? Click **“yes”** or **“no”** as appropriate.  
Only select **“yes”** if you plan on mailing in supporting documentation such as an EOB, Operative Report , Invoice, Etc.



## Basic Line Item Information

Enter the **Procedure Code**

Enter the total **Submitted Charge** for this line item

Enter the appropriate **Place of Service** code

Enter the appropriate **Oral Cavity Designation** code if necessary

Enter the **Procedure Count/Units**

Enter the **Service Date**

If you need to enter **“Tooth Information”**, click on the + next to this and enter the **tooth code/number and surface** information.

Click **“Add Service Line Item”**

If you have additional lines to add, go back to **“Basic Service Line Items”** and enter your next line, clicking on **“Add Service Line Item”** after each, until you have entered all of your claim line items.

http://wysyst.acs-shc.com/wy/secure/claims/addDentServiceLineItem.do - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites RSS Mail Print

Address http://wysyst.acs-shc.com/wy/secure/claims/addDentServiceLineItem.do#claimLineItem

Google Go Bookmarks 39 blocked Check AutoLink AutoFill Send to Settings

Oral Cavity Designation: 1: [dropdown] 2: [dropdown]  
 3: [dropdown] 4: [dropdown]  
 5: [dropdown]

\* Procedure Count/Units: [input] (Billing for anesthesia? Please indicate minutes here.)  
 Service Date: [mm][dd][ccyy] (If different from the claim service date)  
 Appliance Placement Date: [mm][dd][ccyy]

Tooth Information  
 Prior Authorization  
 Additional Service Line Information

**Note:** Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

**Previously Entered Line Item Information**  
 Click a Line No. below to view/update that Line Item Information. **Total Submitted Charges: \$150.00**

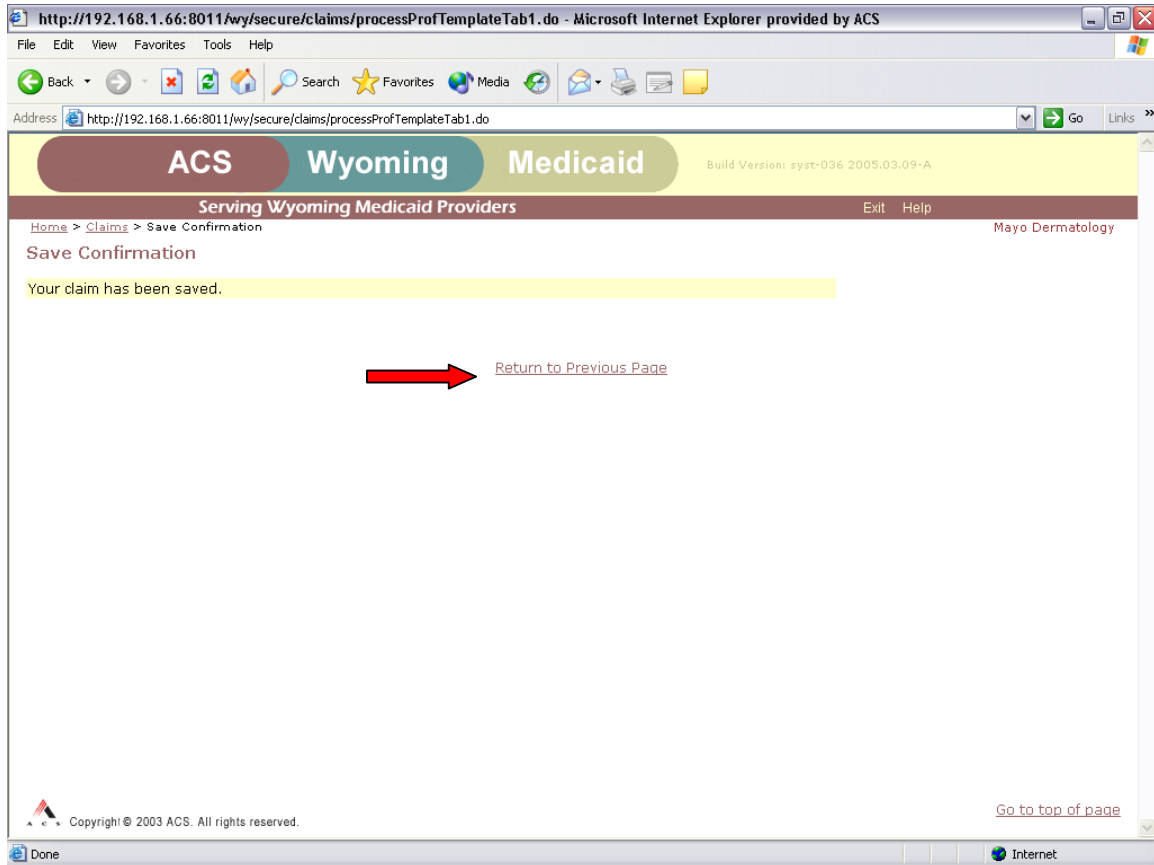
Line No	Proc. Code	Submitted Charges	Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	
			1	2	3	4	5					
<a href="#">1</a>	D7950	\$150.00						1	01/01/2007		15, D	<a href="#">Delete or Other Svc Info</a>

[Top](#)

Done Internet



Click on "Save Claim"



Your claim has been saved. Click on **“Return to Previous Page”**

http://wysyst.acs-shc.com/wysecure/claims/addProfServiceLineItem.do - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address http://wysyst.acs-shc.com/wysecure/claims/addProfServiceLineItem.do#claimLineItem

Google Go Bookmarks 39 blocked Check AutoLink AutoFill Send to Settings

\* Service Date From: mm dd ccyy To: mm dd ccyy

\* Place of Service: [Dropdown]

\* Procedure Code: [Text] Modifiers: 1: [Text] 2: [Text] 3: [Text] 4: [Text]

\* Submitted Charges: \$ [Text] Diagnosis Pointers: 1: [Dropdown] 2: [Dropdown] 3: [Dropdown] 4: [Dropdown]

\* Units: [Text]

Prior Authorization

Additional Service Line Information

**Note:** Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

**Previously Entered Line Item Information**

Click a Line No. below to view/update that Line Item

**Total Submitted Charges: \$180.00**

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	
	From	To		1	2	3	4	1	2	3	4			
<u>1</u>	01/01/2007	01/01/2007	99212					1	2			\$180.00	1	<a href="#">Delete</a> or <a href="#">Other Svc Info</a>

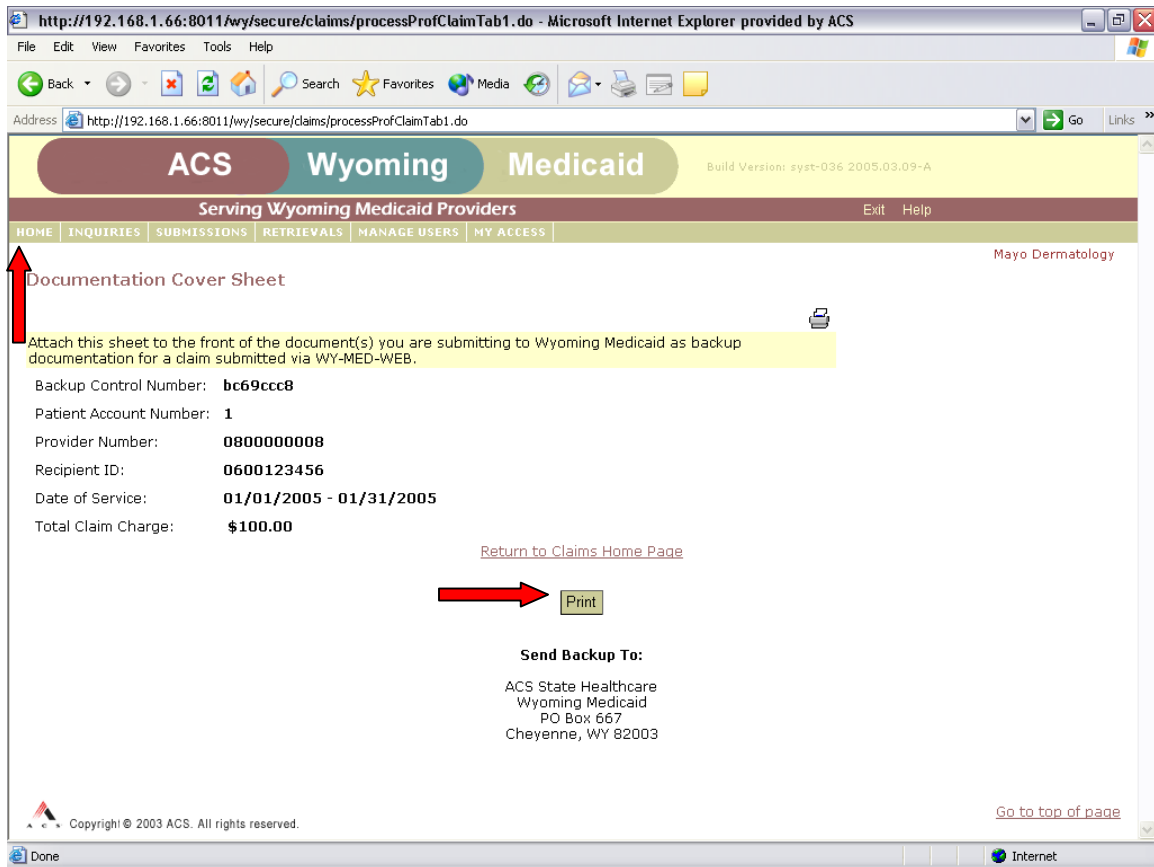
[Top](#)

[Go to top of page](#)

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Done Internet

Click on “Submit Claim”



Your claim has been submitted. You may print this page for your records.

Click on “**Home**” to be taken back to the Web Portal Home Page.