



How Do I Submit a Claim Online?

For additional questions and answers, visit our [FAQ](#) section.

Step 1: Select the Application

Click **Submit a Claim Online** on the left hand side menu on the *MyPractice* Page.

- *Submit a Claim Online* is HIPAA-compliant.
- The application is available for all CMS 1500 claims for which Magellan is the payer.

Step 2: Welcome Screen

At the *Welcome* screen, click **Create a New, Blank Claim**.

- Use the **Save for Later** button from within the claim to save up through the current screen.
- Use the **Finish a Saved Claim** option from the *Welcome* screen to search for and open partially completed claims.
- Use the **Create a Claim from a Copy** option from the *Welcome* screen to copy all information from a previously submitted online claim. The only new information to complete is the date of service. You can edit other information, if necessary.
- Use the **View Submitted Claims** option from the *Welcome* screen to search for claims and see their status (Submitted, Validating, Received/Accepted, Rejected, etc.).

Step 3: P.O. Box Screen

On the *P.O. Box screen*, if you have more than one MIS/TIN combination, or more than one address, you will be asked to indicate which of these you will use for the claim.

Enter the **P.O. Box number** you would normally use to mail the claims to Magellan.

Click **Verify**.

Review the accounts that display for that P.O. Box and confirm that you are submitting for one of these accounts.

Click **Continue**.

Step 4: Member Information

On the *Patient/Insured Information* screen, you must enter Member's First Name, Last Name, Date of Birth and State and click **Search**. Alternately, Member ID and State can be used. The search will only return one result.

On the *Search Results* screen, click **Select this Member**.

Step 5: Provider Information

On the *Provider Information* screen, enter the provider's information then click **Save and Continue**.

- If the billing provider is different from the rendering provider, then complete the *Rendering Provider* section.
- If the billing address is different from the service address, then complete the *Service Location* section.

Step 6: Treatment Information

On the *Treatment Information* screen, enter the treatment details (if applicable) then click **Save and Continue**.

- All fields on this screen are optional.

Step 7: Claim Details

On the *Claim Detail* screen, enter up to six service lines and click **Save and Continue**.

- Use the magnifying glass icons to lookup HIPAA-compliant codes if necessary.
- Multiple service dates can be entered on the same line as long as their within the same calendar month.
- If billing for more than one unit, enter total amount of *Charges* for all units.

Note: *If Magellan was indicated as secondary payer on the Member Information page, Coordination of Benefits fields will display for each claim line.*

If Coordination of Benefits detail is required for additional line items, click the '+' to expand the fields.

Step 8: Preview Claim

On the *Preview* screen, confirm the information and either click **Edit** to make changes or **Submit** to proceed.

- The claim will be reviewed for accuracy within 48 hours. If it has invalid information, it will be rejected and you will need to edit and resubmit it.
- Providers are responsible for checking the site to ensure claims are *Received/ Accepted* into Magellan's claim system.

Step 9: Confirmation

Once the claim is submitted, you will receive confirmation of the status:

- **Validating** – This means the transaction is being **Validated** in the Claims Processing system. Claim adjudication will not begin until the claim has been *Accepted*. It is your responsibility to monitor this transaction until it has been accepted and adjudication is complete.

Please note: Your transaction should be available for viewing in '*Check Claims Status*' 24-48 hours after acceptance.

- **Accepted** – This means the transaction has been **Approved** 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.

- **Rejected** – This means the transaction was **Rejected** and not able to enter the Claims Processing system. You will need to click the *View* button to see the reason for rejection. Click 'Create New Claim' to submit changes.

Tips:

- HIPAA-compliant.
- For further assistance, use the *FAQs* link to access *Contact Us*.