

LTC Professional Claim Submission via iCare Provider Portal

Log on to iCare Provider Portal [Provider Portal](#)

From the menu on the left side select **Claims**, next select **create claim**, (see screen shot 1)

Next select **member name** (enter member last name , first name, date of birth or member Medicaid id) click on **search**, (This will bring up the members name) verify your member is correct, click **next**

Claim Type (Required) select **Professional Claim**, Then choose **Provider Name** if more than one available then click **next**

Select the claim type, provider name, and the service address.

Select Claim Type (Required) = **Professional Claim**

Services Details

Click Accept Assignment to right of screen

Enter the following for Service Line 1

From date MM/DD/YYYY, next enter **To** date MM/DD/YYYY

Place of service (12 - home)

Diagnosis (Z02.9)

Charge, (\$X.XX) Provider must calculate charge amount based on rate and units)

CPT/HCPCS (XXXX)

Modifier (XX) Use a comma between Modifiers when entering more than one

Units (days/units),

Unit Type (Units/Days),

Click **+ Add Service Line** to submit additional charges

Once the fields are complete on each service line, click View Estimate

Next

Confirm Claims Service Line is correct. Then click Submit Claim

Please be sure to review your claim to ensure accuracy. Any corrected claims will need to be submitted on the hard copy LTC Professional Form

Screen Shot 1

Create Claim

Search Claim Details And Create Claims

Search Claims
Create Claim

Member Information
Provider Information
Service Details
View Estimate
Submit Claim

Member Information

Please provide the necessary details below to begin your search. Choose Gender when searching for a member with a same name or common name.

Search by :

Member ID Member Name Subscriber ID

Member ID (Required)

9412894791

Search

Member:

 5810 LINCOLN VILLAGE DR 210, RACINE, WI 53406	Group ID TZSPONSOR000114	Age 71	Status Eligible	Eligible as of 03/01/2022
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Next

Member Information
Provider Information
Service Details
View Estimate
Submit Claim

Provider Information

Select the claim type, provider name, and the service address.

Claim Type (Required)

Professional Claim

Provider Name (Required)

PEOPLE'S CARE SERVICES LLC (CNP0002291) Tax ID: 13-1161267 Address: 8211 RAND AVE STE 101, RACINE, WI, UNITED STATES 53406

Next

Member Information
Provider Information
Service Details
View Estimate
Submit Claim

Service Line 1

Date of Service From

(Required)

05/27/2024

Date of Service To

(Required)

05/27/2024

Place of Service

(Required)

12 - Home

Diagnosis

(Required)

Z02.9

Charge

\$52.48

CPT / HCPCS

(Required)

Modifiers

S5125



Enter modifiers

Units

(Required)

Unit Type

8

Units

Ambulance Pickup Zip

NDC Code

Zip

Enter NDC code



Add Service Line

Total Charge Amount

\$760.96

Claim Details (Optional)



View Estimate



The Financials displayed during estimation are subject to change based on the Deductible / Out of Pocket progress of the member.

Submit Claim

