

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 the 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 on

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

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

(Required)

\$52.48

CPT / HCPCS

(Required)

S5125



Modifiers

Enter modifiers

Units

(Required)

8

Unit Type

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

