

# SUBMISSION INSTRUCTIONS

## WPS EXCEL CLAIM FORM

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Family Care



## **CONTACT:**

- Questions regarding Excel Claim Form submission and data requirements:  
Send an email to: [FCWPS@wpsic.com](mailto:FCWPS@wpsic.com)
- Questions regarding Authorization and/or Benefit questions:  
Contact your MCO: CCCW, ContinuUs, Lakeland, MCFC, or WWC
- Questions regarding claim status, payments or denials:  
Contact Customer Service: (800) 223-6016

## **BACKGROUND INFORMATION:**

- This is an automated process.
- It is the submitter's responsibility to submit accurate claim information (e.g. Date of Service and Service Code).
- Inaccurate information submitted on a claim could cause claims to be denied, delayed, or returned to sender.

## **EXCEL SPREADSHEET WILL BE RETURNED TO SENDER:**

- Excel Spreadsheet that has been modified from WPS original format.
- Excel Spreadsheet that has multiple worksheet tabs.
- Excel Spreadsheet that has added formulas.
- Excel Spreadsheet that is not a WPS authorized format.
- Excel Spreadsheet that has missing required data or incorrect data format.
- Excel Spreadsheet that is submitted for future date of service.
- Excel Spreadsheet that is submitted with two different years on the same service line.
- Excel Spreadsheet that is submitted for corrected claims (see CORRECTED CLAIMS section on page 4).
- Non-Excel file format.



## **EXCEL CLAIM FORM AND SUBMISSION:**

- Through the Move-It Gateway to:  
<https://secure-EDI.wpsic.com>
- The Move-It account will include the following:
  - Submitter ID
  - Business Name
  - Email Address
- The Excel Claim Form is designed to be used for electronic submission via Move-It – this claim form will not be accepted if submitted via paper.
- Each row of data on the Excel Claim Form will be processed as an individual claim.
- The Excel Claim Form is formatted with data protection that will only accept data entry in a specific format.
- Name each file with Business name and submission date.
  - If more than one file submitted, use 1, 2, 3 etc.
- The following function is allowed:
  - Sort row
  - Delete row
  - Insert row
- **Caution: Do not copy & paste data from other Excel Spreadsheets into WPS Excel Claim Form.**

## **DATA ENTRY INSTRUCTIONS:**

- Multiple customers can be submitted on the same Excel Claim Form.
- Only one TAX ID with one unique Service/Facility address can be submitted on each Excel Claim Form.
- Multiple Excel Claim Form attachments can be submitted to your Move-It account.
- Professional (HCFA) and Institutional (UB) services can be submitted on the same Excel Claim Form (need to use different data field for service code).

## **SUBMISSION DEADLINE:**

- Excel claim data will be imported to WPS claim system shortly after received.



**RECALL OR RETRACTION OF PREVIOUSLY SUBMITTED CLAIMS:**

- Files cannot be recalled, retracted, or changed.
- Verify claim information is correct prior to submission.

**EXCEL FILE RECEIVED NOTIFICATION:**

- Confirmation will be given on your Move-It account once your file has been uploaded
- Check the logs to verify the action states "Upload File". If "deleted" or "failed" is listed under action, upload the spreadsheet again.

**RENDERING PROVIDER INFORMATION:**

- The rendering provider name and NPI# are required for psychiatric services; claim cannot be processed without this information.
- Rendering Provider name and NPI # are optional for Medical services.

**CORRECTED CLAIMS:**

- A corrected claim is any claim that has been previously paid and the original claim information (e.g., Units, Dollar Amount, and Date of Service) needs to be adjusted.
- Corrected claims cannot be submitted via Move-It Excel attachments.
- Corrected claims must be submitted on paper using the WPS Corrected Claim Form via postal service.
- Any spreadsheet submitted on paper will be returned.
- Please contact WPS/CLTS Customer Service to obtain a copy of the WPS Corrected Claim Form.

**MEDICARE OR OTHER INSURANCE IS A PRIMARY PAYER:**

- Unless a claim is submitted with a Medicare Disclaimer Code, Medicare or Other Insurance must be submitted on paper via postal service.
- Explanation of Benefit is required for the processing of claims.



# EXCEL CLAIM FORM

PROVIDER INFORMATION:									
Provider TAX ID/EIN/SSN:		Location # (required for WPS):		Group Name or Program Name:		WPS			
Provider Billing NPI #:		Fax # (required for WPS):		Provider Contact Name:					
Service Provider Address:		Billing Provider Address:		Provider Contact Email:					
Provider Address:		Billing Provider Address:		Provider Contact:					
City:		City:		Open Text:					
State:		State:							
Zip Code:		Zip Code:							

## CLAIM DETAIL INFORMATION:

Member Information					Date(s) of		UB-04		NCFA			Modifier				Primary Classifier Code (optional)	Total Units	Total Charges (\$)	Rendering/Attending Provider			Account # or Invoice# (optional)
Member ID #	First Name	Last Name	Name Initial	Birth (MMDDCCYY)	Authorization #	Date (MMDDCCYY)	End Date (MMDDCCYY)	Type of Bill	Code (Service Code)	# of Servi	Code (Service Code)	1	2	3	4				Last Name	First Name	NPI #	



## DATA ENTRY INSTRUCTIONS

<i>PROVIDER INFORMATION</i>	<i>ENTRY INSTRUCTIONS</i>
Provider TAX ID/EIN/SSN	<ul style="list-style-type: none"> <li>• Key the 9-digit numeric number from the Authorization form.</li> <li>• Do not key special characters such as dash or slash.</li> </ul>
Provider Billing NPI #	<ul style="list-style-type: none"> <li>• NPI# for non-Medical services is optional.</li> <li>• NPI# for medical services is required.</li> <li>• Key the 10-digit numeric NPI number that starts with 1 or 2.</li> <li>• Do not key special characters such as dash or slash.</li> </ul>
Location #	<ul style="list-style-type: none"> <li>• Leave the field blank.</li> <li>• This field is reserved for WPS.</li> </ul>
Pend (Reserved for WPS)	<ul style="list-style-type: none"> <li>• Leave the field blank.</li> </ul>
<b>SERVICING PROVIDER INFORMATION:</b>	
Servicing or Business Provider Name	<ul style="list-style-type: none"> <li>• Key the Servicing Provider Name from the Authorization form.</li> </ul>
Servicing or Business Provider Address	<ul style="list-style-type: none"> <li>• Key the Servicing Provider Address from the Authorization form.</li> </ul>
City/State/Zip Code	<ul style="list-style-type: none"> <li>• Key the Servicing Provider City/State/Zip Code from the Authorization form.</li> <li>• Do not abbreviate the city name.</li> </ul>
<b>BILLING or PAY-TO PROVIDER INFORMATION:</b>	
Billing or Pay-to Provider Name	<ul style="list-style-type: none"> <li>• Key the Billing or Pay-to Provider Name from the Authorization form.</li> </ul>
Billing or Pay-to Provider Address	<ul style="list-style-type: none"> <li>• Key the Billing or Pay-to Provider Address from the Authorization form.</li> </ul>
City/State/Zip Code	<ul style="list-style-type: none"> <li>• Key the billing or Pay-to Provider City/State/Zip Code from the Authorization form.</li> <li>• Do not abbreviate the city name.</li> </ul>



## DATA ENTRY INSTRUCTIONS

<b>OTHER INFORMATION:</b>	
Group Name or Program Name	<ul style="list-style-type: none"> <li>Enter the appropriate MCO. <b>Do not submit multiple groups on one spreadsheet.</b></li> </ul>
Provider Contact Name	<ul style="list-style-type: none"> <li>Key the name of the contact person for Provider.</li> </ul>
Provider Contact Email	<ul style="list-style-type: none"> <li>Key the email address contact person for Provider.</li> </ul>
Provider Contact Phone	<ul style="list-style-type: none"> <li>Key the Phone number including area code of the contact Person for Provider.</li> </ul>
Open Text	<ul style="list-style-type: none"> <li>Note section. This field contains up to 70 characters in length.</li> </ul>
<b>MEMBER INFORMATION: ENTRY INSTRUCTIONS:</b>	
Member#	<ul style="list-style-type: none"> <li>Key the member # from the Authorization form.</li> <li>The member # must be a 9-digit numeric number.</li> <li>Do not key special characters such as dash or slash.</li> </ul>
First Name	<ul style="list-style-type: none"> <li>Key the member's First Name from the Authorization form.</li> </ul>
Last Name	<ul style="list-style-type: none"> <li>Key the member's Last Name from the Authorization form.</li> </ul>
Middle Name or Initial	<ul style="list-style-type: none"> <li>Key the member's Middle Name or Middle Initial from the Authorization form.</li> </ul>
Date of Birth	<ul style="list-style-type: none"> <li>Key the member's Date of Birth from the Authorization form.</li> <li>The member's Date of Birth must be formatted as (2-digit MONTH, 2-digit DAY, 4-digit YEAR).</li> <li>Example: July 4, 2009 should be keyed as 07042009.</li> <li>Do not key special characters such as dash or slash.</li> </ul>
<b>CLAIM INFORMATION ENTRY INSTRUCTIONS:</b>	
Authorization #	<ul style="list-style-type: none"> <li>Key the Authorization # from the Authorization form.</li> </ul>
Date of Service (Start Date)	<ul style="list-style-type: none"> <li>Key the Date of Service (Start Date) that is covered under the Authorization number.</li> <li><b>Do not submit claim for future date.</b></li> <li><b>Do not submit two different years on the same service line.</b></li> <li>Date of Service must be formatted as (2-digit MONTH, 2-digit DAY, 4-digit YEAR).</li> <li>Example: February 14, 2009 should be keyed as 02142009.</li> </ul>



## DATA ENTRY INSTRUCTIONS

Date of Service (End Date)	<ul style="list-style-type: none"> <li>• Key the Date of Service (End Date) that is covered under the Authorization number.</li> <li>• <b>Do not submit claim for future date.</b></li> <li>• <b>Do not submit two different years on the same service line.</b></li> <li>• Date of Service must be formatted as (2-digit MONTH, 2-digit DAY, 4-digit YEAR).</li> <li>• Example: February 14, 2009 should be keyed as 02142009.</li> </ul>
Bill Type	<ul style="list-style-type: none"> <li>• The Bill Type is optional.</li> <li>• Key the 3-digit or 4-digit numeric Bill Type.</li> </ul>
Service Code (Revenue Codes)	<ul style="list-style-type: none"> <li>• Key the Service Code from the Authorization form.</li> <li>• Do not key the HCPCS/CPT code if submitting claim with Revenue codes.</li> <li>• <b>Example of Revenue Codes: 0131, 0159, 0242, 0243</b></li> </ul>
Place of Service	<ul style="list-style-type: none"> <li>• Key the two-digit Place of Service if applicable otherwise leave field blank.</li> </ul>
Service Code (HCPCS/CPT code)	<ul style="list-style-type: none"> <li>• Key the Service Code from the Authorization form.</li> <li>• Do not key the Revenue codes if submitting claim with HCPCS/CPT codes.</li> <li>• <b>Example of HCPCS/CPT Codes: T2003, S5170, 99499</b></li> </ul>
Primary Diagnosis Code	<ul style="list-style-type: none"> <li>• Key the 3-5 digit primary diagnosis code if applicable.</li> </ul>
Modifier (1)	<ul style="list-style-type: none"> <li>• Key the Modifier (1) if applicable, otherwise leave field blank.</li> <li>• Key the 2-character modifier code.</li> </ul>
Modifier (2)	<ul style="list-style-type: none"> <li>• Key the Modifier (2) if applicable, otherwise leave field blank.</li> <li>• Key the 2-character modifier code.</li> </ul>
Modifier (3)	<ul style="list-style-type: none"> <li>• Key the Modifier (3) if applicable, otherwise leave field blank.</li> <li>• Key the 2-character modifier code.</li> </ul>
Modifier (4)	<ul style="list-style-type: none"> <li>• Key the Modifier (4) if applicable, otherwise leave field blank.</li> <li>• Key the 2-character modifier code.</li> </ul>
Disclaimer Codes	<ul style="list-style-type: none"> <li>• Key the Disclaimer Code if applicable, otherwise leave field blank.</li> <li>• Example of valid Disclaimer codes: M1, M5, M7, M8, OPY, OPD, OID, OIP.</li> </ul>



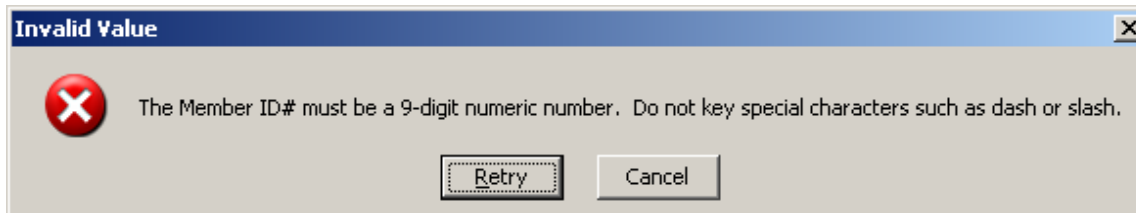
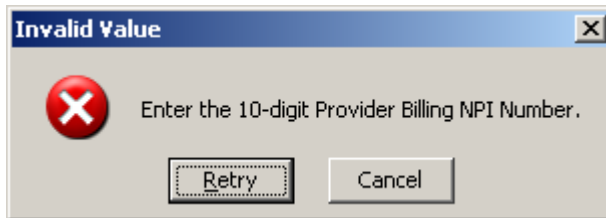
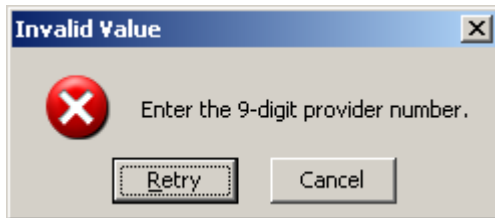


## DATA ENTRY INSTRUCTIONS

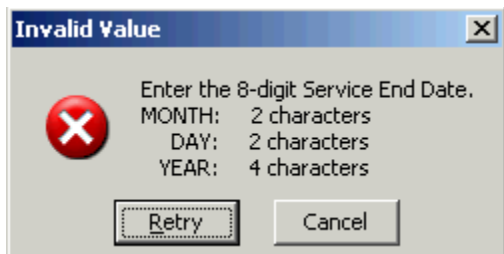
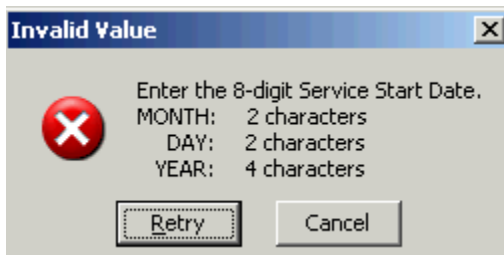
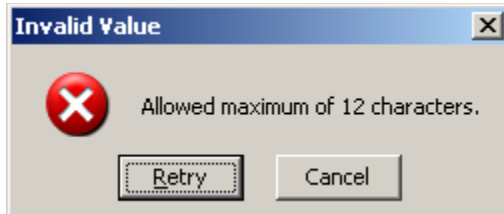
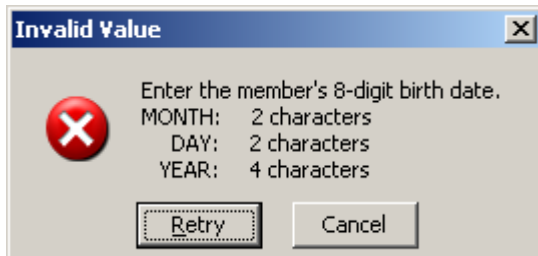
Total Units	<ul style="list-style-type: none"> <li>• Key the total units.</li> <li>• Total Units cannot be greater than 8-digits per service line.</li> <li>• Total Units must be submitted as a whole number.</li> <li>• Do not use decimals or partial units in this field.</li> <li>• Example: 1.2 units will be returned for corrections prior to processing.</li> </ul>
Total Charges (\$)	<ul style="list-style-type: none"> <li>• Key the total charges.</li> <li>• The Total Charges field is formatted as currency with two decimal.</li> <li>• Example: 1 dollar will be formatted to \$1.00.</li> <li>• The total charged amount cannot be greater than \$99,999.00 per service line.</li> </ul>
Rendering/Attending Provider Last Name	<ul style="list-style-type: none"> <li>• Key the Last Name of the Rendering or Attending Provider.</li> </ul>
Rendering/Attending Provider First Name	<ul style="list-style-type: none"> <li>• Key the First Name of the Rendering or Attending Provider.</li> </ul>
NPI #	<ul style="list-style-type: none"> <li>• Key the NPI # of the Rendering or Attending Provider.</li> <li>• Key the 10-digit numeric NPI number that starts with a 1 or 2.</li> </ul>
Account # or Invoice #	<ul style="list-style-type: none"> <li>• This data field is optional.</li> <li>• The account # or invoice # cannot be greater than 20 characters per service line.</li> </ul>



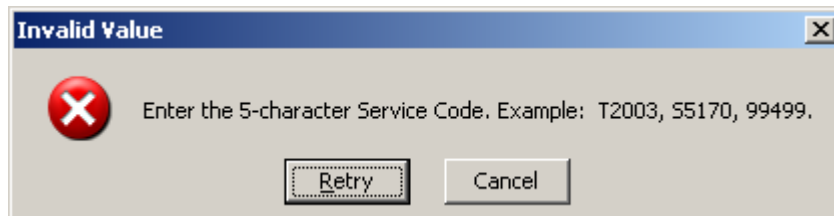
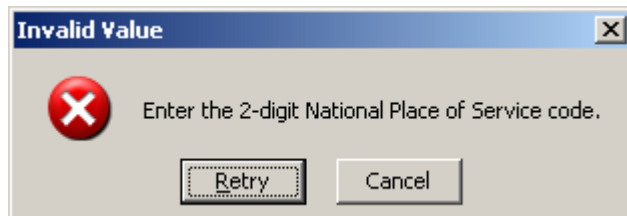
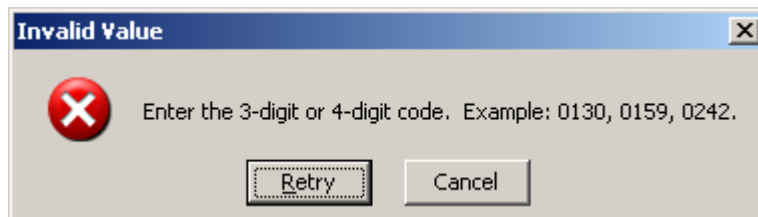
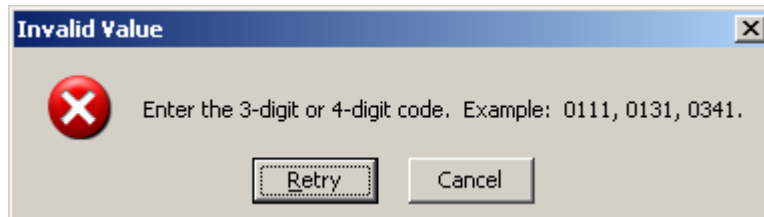
## EXCEL SPREADSHEET CELL EDITS



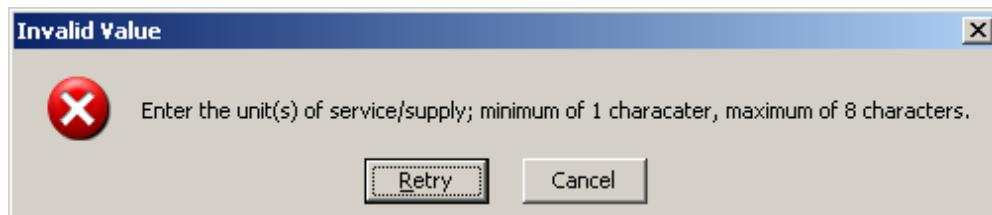
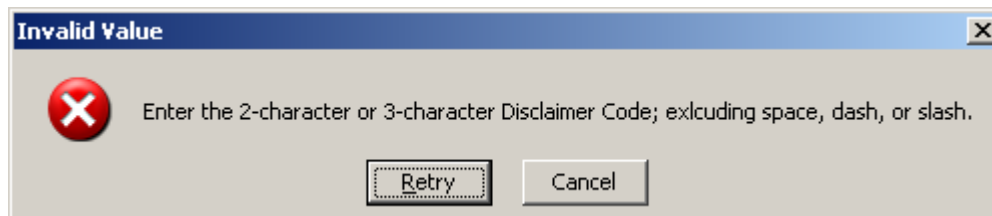
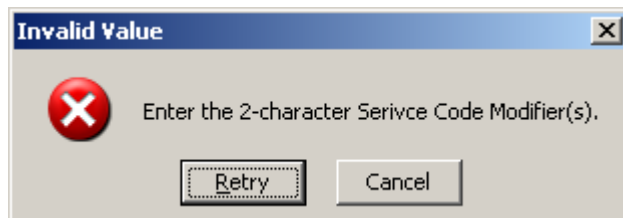
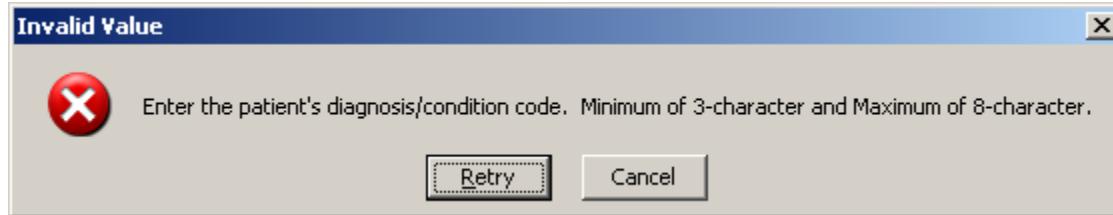
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