ForwardHealth Portal Claim Search

September 12, 2022



Claim Search

Through the claim search function available on the ForwardHealth Portal, users can search for and view the details of submitted claims. On the Claim Search panel, users have the option to search for a claim based on various criteria. For example, users can search for claims by internal control number (ICN), member ID, claim type, and claim status.

To search for a claim, complete the following steps:

1. Click **Claims** on the main menu at the top of the secure Provider page.

0	wisconsin.gov home	state agencies	subject directory	department of health services			
j	Forwar	dHealt	h interCha Provider	nge	Welcom	e » August 23,	2011 1:50 PM Logout
Ho Ma	me Search Provi	ders Enrollment nt Contact Inform	Claims Prior Author ation Online Handboo	zation Remittance Advices ks Site Map Certification	Trade Files	HealthCheck	
You	u are longed in with I	NPI: 1234567890, T	axonomy Number: 100	RC0000X, Zip Code: 53703	سور چارمی ور می احاد	و در ساو هی هو کر دهه	للى مىدر مي م در

Figure 1 Main Menu

The Claims page will be displayed.

Claims	User Guides
	Portal User Guides
Claims Submission Options Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.	
Providers may begin the claim processing function by clicking on the following options.	
What would you like to do?	
<u>Claim search</u> Claims Submission Report	
Submit Dental Claim	
Submit Institutional Claim	
Submit Compound/Noncompound Claim	
Submit Professional Claim	
Upload Claim Attachments	
WWWP Reporting Form Search	
Submit WWWP Breast Cancer Diagnostic and Follow Up Report	
Submit WWWP Cervical Cancer Diagnostic and Follow Up Report	
Submit WWWP Breast and Cervical Cancer Screening Activity Report	
Private Duty Nursing - Prior Authorization Claims Report	
Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.	

Figure 2 Claims Page

2. Click **Claim search**. The Claim Search panel will be displayed.

Claim Search				3					
Required fields are indicated with an asterisk (*).									
Provider ID : 123	567890 NPI 🗸								
Internal Control Number(ICN)	Rendering Provider ID								
Member ID	Claim Type		~						
Old Internal Control Number(ICN)	Status		~						
From Date of Service	Date Paid								
To Date of Service	Amount Billed	\$0.00		Search					
				Clear					

Figure 3 Claim Search Panel

Note: The following steps apply to all claim searches, regardless of the type of claim for which the user is searching.

1.1 Search by Internal Control Number

The most direct method of searching for a claim is by ICN.

1. Enter a valid ICN in the Internal Control Number (ICN) field.

Claim Search					3
Required fields are indicated with a	an asterisk (*).				
Provider ID :	1234567890 NPI 🗸				
Internal Control Number(ICN)	2222229001012	Rendering Provider ID			
Member ID		Claim Type		~	
Old Internal Control Number(ICN)		Status		~	
From Date of Service		Date Paid			
To Date of Service		Amount Billed	\$0.00		<u>Search</u>
					Clear

Figure 4 Claim Search Using an ICN

2. Click Search.

If the ICN was not valid, a "No rows found" message will be displayed in the Search Results panel.



Figure 5 Error Message

If the ICN was valid, the Claim Information page will be displayed.

Note: An ICN will only be viewable if the billing provider information (for example, provider ID, taxonomy number, service location) for the claim matches the provider information under which the user is logged in. For example, if a claim was billed by Clinic 1, a user logged in as Clinic 2 for the same provider will not be able to view the claim because it was submitted under a different service location.

Professional Claim									3
Required fields are indicated with an	asterisk (*).								
ICN 2222229001012		Rendering Provider	0123456789	N	IPI [Sea	arch]			
Provider ID 0123456789 NPI	F	Referring Provider 1	555555555	N	IPI [Sea	arch]			
Member ID* 1234567890	F	Referring Provider 2			[Search	1			
Last Name MEMBER	1	1edicare Disclaimer	no disclaimer		~				
First Name, MI IMA	Other	Insurance Indicator	~						
Date of Birth 05/05/1995									
Patient Account #		Total Charge*	\$3	70.00					
Medical Record	Other	Insurance Amount		\$0.00					
Number									
SOI Date		Net Difference		\$64.52					
		Net Difference							
Diagnosis Condition Medicare A	nesthesia Other Insu	irance							
Detail									
Line Number From Date of Ser	vice To Date of Servic	e Procedure Code	Mod1 Mod2 Mo	od3 <u>Mod4</u>	Status	<u>Units</u>	<u>Charge</u>		
1 05/03/2022	05/03/2022	80051	тс		PAY	1.00	\$75.00		
2 05/03/2022 3 05/01/2022	05/03/2022	80051 80424	26 TC		PAY	1.00	\$75.00		
4 05/01/2022	05/01/2022	80424	91 26		DENY	1.00	\$0.00		
	Sele	ct row above to upd	ate -or- click Add	button below	N.				
Line Number			Rend	ering Provid	er			[Search]	
From Date of Service			Referr	ing Provider	1			[Search]	
To Date of Service			Referr	ing Provider	2			[Search]	
Procedure Code	[Search]		Ord	ering Provid	er			[Search]	
Modifiers	Search]	Search]	[Search]	[Sear	rch]				
Diagnosis Code Pointers									
Units									
Charge				Stat	us				
Place of Service Code	Search]		All	lowed Amou	nt				
Emergency 🗸			c	CoPay Amou	nt				
Family Planning 🗸									
Notes			Professional Servi	ce Descriptio	0.0				
		11							/
Medicare Information(Detail)									
Line Number	1	Medicare De	ductible	Ś	0.00 +				
Medicare Date Paid		Medicare Coir	surance	\$(0.00 +				
Medicare Paid Amount	\$0.00	Psychiatric R	eduction	\$(0.00 +				
Medicare Non Covered Charge	\$0.00	Medicare Co	payment	\$(0.00 +				
	-	Remaining Patient I	iability*	Ś	0.00 =				
Attachmonte	_					_	_	_	_
*** No rows found ***				_					_
	Sele	ct row above to upd	ate -or- click Add	button below	N.				
Attachment Control Number									
Description									
								Delete	Add
Claim Status Information									
Claim Status PAY									
Claim ICN 2222229001012									
Paid Date 08/17/2022									
Paid Amount \$64.52									
OB Information	_								
OB Information	lan								
0 9817 Per policy	ForwardHealth used	the billing provider	enrollment to dete	rmine rei					
1 9817 Per policy	, ForwardHealth used	the billing provider	enrollment to dete	rmine rei					
1 9918 Pricing Ad	djustment - Maximum	allowable fee pricing	applied.						
2 9817 Per policy	, ForwardHealth used	the billing provider of allowable foo pricing	enrollment to dete	rmine rei					
3 9817 Per policy	, ForwardHealth used	the billing provider	enrollment to dete	rmine rei					
3 9918 Pricing Ad	djustment - Maximum	allowable fee pricing	applied.						
4 9817 Per policy	, ForwardHealth used	the billing provider (enrollment to dete	rmine rei					
. 0221 me detai	. Shed amount is requ								
					Cance	el A	djust	Void Copy clain	1
							the second se		

Figure 6 Claim Information Page

1.2 Other Searches

A search using any field other than the ICN field may return one claim or several. Users can enter information in a single field to broaden the search results or in several fields to narrow the search results.

For example, to review all claims for a specific rendering provider, enter the provider's ID in the Rendering Provider ID field and click **Search**. To view the claims for a rendering provider during a certain time period, enter dates of service in the From Date of Service and To Date of Service fields in addition to the rendering provider's ID and then click **Search**.

Note: It is recommended to start with a broad search with only one or two parameters and then add other parameters if it is necessary to narrow your search results.

1.2.1 Search by Member ID

For most providers, one of the most useful ways to search for a claim is by a member's ID.

1. Enter a member's ForwardHealth ID in the Member ID field.

Claim Search					3
Required fields are indicated with a	an asterisk (*).				
Provider ID :	~				
Internal Control Number(ICN)		Rendering Provider ID			
Member ID	9010005385	Claim Type		~	
Old Internal Control Number(ICN)		Status		~	
From Date of Service		Date Paid			
To Date of Service		Amount Billed	\$0.00		Search
					Clear

Figure 7 Claim Search Using a Member ID

2. Click Search.

If only one result is returned, the Claim Information page will be displayed as shown in the <u>Search by Internal Control Number</u> section of this instruction sheet.

If more than one claim is found, all claims that match the search criteria will be displayed in the Search Results panel.

Claim Search											0
Required fields are indicated	with an asteris	k (*).									
Provider	ID:	~									
Internal Control Number	ICN)		Renderi	na Provider ID							
Manuk			-	Claim Ture							
Memb	7208361	.878		Claim Type			~				
Old Internal Control Number	ICN)			Status		~					
From Date of Se	rvice			Date Paid							
To Date of Se	rvice			Amount Billed		\$0.00					Search
											Clear
					_			_	_		
Search Results											
Claim	Adjustment	Original		Member	Member	From Date	To Date				
ICN/Old ICN Sequence	Status	ICN	Member ID	First Name	Last Name	of Service	of Service	Claim Type	Status	Date Paid	Amount Billed
2222224001027			7208361878	TRNSPLNT C	KARP	01/18/2022	01/29/2022	Inpatient	PAY	08/19/2022	\$10,000.00
2222213001005			7208361878	TRNSPLNT C	KARP	01/10/2022	01/12/2022	Inpatient	PAY	08/11/2022	\$10,000.00
5922213001002 2		2222213001003	7208361878	TRNSPLNT C	KARP	08/11/2021	08/12/2021	Inpatient	DENY	08/01/2022	\$10,000.00
2222213001003 1	Adjusted		7208361878	TRNSPLNT C	KARP	08/11/2021	08/12/2021	Inpatient	PAY	08/01/2022	\$10,000.00
2222213001004			7208361878	TRNSPLNT C	KARP	08/11/2021	08/12/2021	Inpatient	PAY	08/01/2022	\$10,000.00
2222146001023			7208361878	TRNSPLNT C	KARP	08/01/2021	08/02/2021	Inpatient	PAY	05/26/2022	\$10,000.00
2222144001067 1	Adjusted		7208361878	TRNSPLNT C	KARP	08/01/2021	08/02/2021	Inpatient	PAY	05/25/2022	\$10,000.00
5922145001003 2		2222144001067	7208361878	TRNSPLNT C	KARP	08/01/2021	08/02/2021	Inpatient	DENY	05/25/2022	\$10,000.00
2222142001003			7208361878	TRNSPLNT C	KARP	05/01/2022	05/02/2022	Inpatient	PAY	05/23/2022	\$10,000.00
2222213001002			7208361878	TRNSPLNT C	KARP	09/01/2021	09/01/2021	Inpatient	SUSPEND	0	\$10,000.00

Figure 8 Search Results Panel

Sorting the Search Results

Clicking a column heading once will sort the results in ascending order by that column. Clicking the column heading a second time will sort the results in descending order.

If the user holds the cursor over the column, it will show whether or not the column is sorted and, if so, how it is sorted.

er	From Date	To Date			
ame	of Serving V	of Service	Claim Type	Status	Date Paid
	02/15/2		C . 10	new]	03/25/2011
	02/15/2 From	Date of Servic	e, Sorted Desce	nding	03/30/2011
	02/15/2011	02/15/2011	Professional	DENY	03/25/2011
	01/16/2011	01/16/2011	Professional	PAY	03/28/2011
1	01/10/2011	01/10/2011	Professional	SUSPEND	0 (
	01/15/2011	01/15/2011	Professional	PAY	03/28/2011
	12/17/2010	12/17/2010	Professional	SUSPEND	0 0
	12/17/2010	12/17/2010	Professional	PAY	12/17/2010
	12/05/2010	12/07/2010	Professional	PAY	12/07/2010
	12/05/2010	12/07/2010	Professional	SUSPEND	0 0
	11/27/2010	11/27/2010	Professional	PAY	12/15/2010

Figure 9 From Date of Service Column

The Search Results panel displays 25 records at a time. To see more claims, click **Previous**, **Next**, or one of the page numbers at the bottom of the panel.

, Search Results												
	Claim	Adjustment	Original		Member	Member	From Date	To Date				
ICN/Old ICN	Sequence	Status	ICN	Member ID	First Name	Last Name	of Service	of Service	Claim Type	<u>Status</u>	Date Paid	Amount Billed
2222234001009				9010005384	RELEASE	JAN	08/15/2022	08/15/2022	Outpatient Xover	PAY	08/22/2022	\$200.00
2222152001016				9010005384	RELEASE	JAN	05/22/2022	05/22/2022	Outpatient Xover	PAY	06/01/2022	\$200.00
2222097001006				9010005384	RELEASE	JAN	01/07/2022	01/07/2022	Outpatient Xover	DENY	04/08/2022	\$200.00
2222097001009				9010005384	RELEASE	JAN	01/22/2022	01/22/2022	Outpatient Xover	PAY	04/07/2022	\$200.00
2222097001007				9010005384	RELEASE	JAN	01/17/2022	01/17/2022	Outpatient Xover	DENY	04/07/2022	\$200.00
2222090001032				9010005384	RELEASE	JAN	01/17/2022	01/17/2022	Outpatient Xover	PAY	04/01/2022	\$200.00
2222090001034				9010005384	RELEASE	JAN	01/07/2022	01/07/2022	Outpatient Xover	PAY	04/01/2022	\$200.00
2221349001032				9010005384	RELEASE	JAN	11/27/2021	11/27/2021	Outpatient Xover	PAY	12/15/2021	\$200.00
2221312001026				9010005384	RELEASE	JAN	11/05/2021	11/05/2021	Outpatient Xover	PAY	11/08/2021	\$200.00
2221214001013				9010005384	RELEASE	JAN	07/29/2021	07/29/2021	Outpatient Xover	PAY	08/02/2021	\$200.00
2221117001011				9010005384	RELEASE	JAN	04/25/2021	04/25/2021	Outpatient Xover	PAY	04/27/2021	\$200.00
2221069001025				9010005384	RELEASE	JAN	01/25/2021	01/25/2021	Outpatient Xover	PAY	03/10/2021	\$200.00
2220338001042				9010005384	RELEASE	JAN	11/27/2020	11/27/2020	Outpatient Xover	PAY	12/03/2020	\$200.00
2220310001004				9010005384	RELEASE	JAN	11/04/2020	11/04/2020	Outpatient Xover	PAY	11/05/2020	\$200.00
2220224001031				9010005384	RELEASE	JAN	08/09/2020	08/09/2020	Outpatient Xover	PAY	08/11/2020	\$200.00
5920142001007	2		2220107001045	9010005384	RELEASE	JAN	03/26/2020	03/26/2020	Outpatient	DENY	05/21/2020	\$100.00
2220142001025				9010005384	RELEASE	JAN	03/26/2020	03/26/2020	Outpatient	PAY	05/21/2020	\$200.00
2220142001023	1	Adjusted		9010005384	RELEASE	JAN	03/26/2020	03/26/2020	Outpatient	PAY	05/21/2020	\$200.00
5920142001008	2		2220142001023	9010005384	RELEASE	JAN	03/26/2020	03/26/2020	Outpatient	DENY	05/21/2020	\$200.00
2220140001015	1	Adjusted		9010005384	RELEASE	JAN	05/01/2020	05/01/2020	Outpatient	PAY	05/19/2020	\$130.00
2220140001042				9010005384	RELEASE	JAN	05/01/2020	05/01/2020	Outpatient	PAY	05/19/2020	\$110.00
5920140001014	2		2220140001015	9010005384	RELEASE	JAN	05/01/2020	05/01/2020	Outpatient	DENY	05/19/2020	\$130.00
2220107001047				9010005384	RELEASE	JAN	03/30/2020	03/30/2020	Outpatient	DENY	04/16/2020	\$200.00
2220107001048				9010005384	RELEASE	JAN	03/30/2020	03/30/2020	Outpatient	DENY	04/16/2020	\$200.00
2220107001050				9010005384	RELEASE	JAN	03/30/2020	03/30/2020	Outpatient	PAY	04/16/2020	\$200.00
					1	2 Next 🔶						and the second

Figure 10 Search Results Panel

To view a particular claim, click anywhere on the row to select it from the search results. The Claim Information page will be displayed.

1.3 Claim Search Bar

The claim search bar will be displayed at the top of the Claim Information page.

Claims » Institutional	~~~~~	\sim	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Next Search By: ICN	search	clear	New Search
Institutional Claim			0
Required fields are indicated with an asterisk (**).			
ICN 2222234001009		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Through the claim search bar, users may do the following:

- Perform a new search using an ICN.
- Return to the Claim Search panel to perform a new search.

Figure 11 Claim Search Bar

1.3.1 Perform a New Search Using an ICN

1. Enter a valid ICN in the ICN field.

Next Search By: ICN 2222235001023	search	clear	New Search
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Figure 12 Searching Using an ICN

E.

2. Click **Search**. If the number is a valid ICN, the Claim Information page will be displayed.

Note: Click **Clear** to erase any entries in the ICN field.

1.3.2 Return to the Claim Search Panel

1. To return to the Claim Search panel and perform a new search, click **New Search**.

Next Search By:	ICN	search	clear	New Search

Figure 13 New Search Button

The Claim Search panel will be displayed.

r Claim Search					3
Required fields are indicated with an	asterisk (*).				
Provider ID : 1234567890 NPI					
Internal Control Number(ICN)		Rendering Provider ID			
Member ID		Claim Type		•	•
Old Internal Control Number(ICN)		Status		-	
From Date of Service		Date Paid			
To Date of Service		Amount Billed	\$0.00		Search <u>*</u>
					Clear

