



### iCircle Services MLTC Clearinghouse Information

Following is a list of clearinghouses offering a web-based service to healthcare providers that allow online claim entry to create CMS1500, UB04, and ADA claims on their websites; or use your existing software to create and submit claims electronically. All of the listed clearinghouses have a current connection with **Visibiledi**.

NAME
Availity
Claim MD
Office Ally
Quadax
SSI Solutions
WayStar

Downloadable and fillable CMS 1500 HCFA claim forms are also available online for usage as well.

Check with your clearinghouse to confirm if the Payer ID is on their Payer List. If it is not, follow the clearinghouse’s direction to have it added. Likewise, your clearing house may or may not already connect to **Visibiledi**’s, so please double check with your clearinghouse provider.

Payer ID	Company	MLTC
ICRCL	iCircle	iCircle

See guidance below:

- For Providers that are connected to Clearinghouse **Availity, Claim MD, Office Ally, Quadax, SSI Solutions and WayStar** they should use Payer ID **ICRCL** and claims will be routed to VisibilEDI.
- For Providers that are connected to clearinghouse **Trizetto** they should use **'ICRC2'** for Professional (HCFA) and **'ICRCU'** for Institutional (UB) claims.
- If there are other Providers that use another clearinghouse not listed above they should default to using **'ICRCL'** and that clearinghouse should route to VisibilEDI. If they don't route to us, we can facilitate it quickly after "Go Live" as we should already have a connection.



## Claim Submission

### For Paper Submission:

- (1) CMS-1500 (formerly HCFA 1500) - This billing form is used for professional services. For instructions on completion of the CMS-1500 please refer to the "HCFA/CMS 1500 Tutorial" in the iCircle Care Provider Manual.
- (2) UB-04- This billing form is used when billing for home health care, skilled nursing, and nursing home room and board. For instructions on completion of the UB-04 please refer to the Centers for Medicare Medicaid Services website at <http://www.cms.gov> or in the iCircle Care Provider Manual.

Mail all paper claim submissions to the following address:

**iCircle Care**  
**P.O. Box 1320**  
**Webster, NY 14580**  
**ATTN: CLAIMS DEPARTMENT**

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## Care Management & Prior Authorization

To obtain a prior authorization, request a referral for additional services, and/or if you require assistance contacting a member or caregiver, please contact the iCircle Coordinated Care Unit Services at 1-844-My-iCare (1-844-694-2273). iCircle Care's business hours are Monday through Friday 8:00a.m.-5:00p.m. with 24-hour on-call assistance available for care management.

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## Referrals

Providers can make referrals to iCircle Care in the ways Listed below:

**Call:** 1-844-iCircle (424-7253)

**Visit:** [www.icirclecarecny.org](http://www.icirclecarecny.org)

**Email:** [enrollment@icirclecarecny.org](mailto:enrollment@icirclecarecny.org)

**Fax:** 1-888-519-2816

**Mail:** 860 Hard Road, Webster, NY 14580

To discuss ongoing referral programs or to receive an iCircle Services presentation / education about eligibility / covered service lines, please contact our **Community Outreach Coordinators** at [ProviderNetwork@iCirclecny.org](mailto:ProviderNetwork@iCirclecny.org).