

The following information will help Providers successfully complete the FirstSolutions Elderly Waiver Claim Form for reimbursement. Additional information is available on our [FAQ](#).

- Member ID Number: Don't forget the number "8" in the Member identification number on the claim form. This number should be the PMI with an "8" in front of it.
Example: 801234567
- Make sure you are billing the right services to the appropriate health plan. To verify this please check under the Tools list on the EW Services page under EW Services Paid.
- Make sure the service code does not require a modifier. You can verify by checking your service agreement authorization letter.
- Extended Supplies and Equipment (T2029) require a narrative. Please put the narrative in box 24 of the claim form.
- A Service Agreement authorization number is required in box 23a. The Service Agreement number is an eight digit number that is located in the upper right hand corner of the service agreement letter. It is called a Reference number:
Example : 88003366
- All corrected claims need to be submitted as a new claim with changes. A void/replacement claim will only need to be submitted when the claim has been previously paid and the provider is looking for an adjustment in payment.
- All services need to be submitted monthly. FirstSolutions cannot accept claims from providers that submit multiple months on one claim.
- All remittances are located on the IGI website under the ERA tab. For assistance in looking up this information please contact IGI directly at:
1-877-444-7194
or
www.MNEConnect.com



www.First-Solutions.org